Avery Homes (Nelson) Limited

Scholars Mews Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 9 January 2018 and was unannounced.

Scholars Mews is a care home which provides personal care to older people including some people who are living with dementia. Scholars Mews is registered to provide care for up to 64 people. At the time of our inspection there were 30 people living at the home, however one person was in hospital.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Scholars Mews was previously registered under the provider name of Avery Homes RH Limited and at our inspection in September 2016 we rated the service as 'Good'. Subsequently, the legal entity of the provider changed to Avery Homes (Nelson) Limited and Scholars Mews became newly registered under that provider name in December 2016. Therefore, this was the provider's first inspection at this location since newly registering with us in December 2016.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection the home had a registered manager in post.

People felt Scholars Mews was a safe place to live because there were always enough staff to provide their support. Staff understood people's individual risks to their health and wellbeing and took appropriate action to minimise them. They had received training in safeguarding and understood the provider's policies for safeguarding and whistleblowing. Staff recorded any accidents and incidents and these were analysed to ensure action was taken to reduce the risks of them occurring again. The safety of the environment and equipment was audited as part of the quality management systems within the home.

People were supported to see healthcare professionals for routine appointments or when a change in their health was identified. People received their medicines safely to protect their health and well-being. People's

care plans included their future wishes for end of life care and staff understood the importance of supporting people to receive a good end of life.

Staff received training, supervision and encouragement to gain further qualifications which supported them in meeting people's needs effectively. Managers and staff understood their responsibilities under the Mental Capacity Act 2005. People's rights were not restricted unless a decision had been made in a person's best interests, because they did not have the capacity to understand risks to their wellbeing.

People received care that was responsive to their identified needs because staff knew them well and understood what was important to them. Staff were thoughtful, kind and polite and had a positive attitude to their work and spoke with enthusiasm about caring for people. They promoted people's equality and diversity and respected who they were. Meals were a sociable occasion and people enjoyed the meals provided.

Systems were in place which continuously assessed and monitored the quality of the service and people were encouraged to share their views and provide feedback about the care they received. The registered manager promoted an open and transparent culture where accidents were learned from and good practice was celebrated. Staff felt Scholars Mews was a good place to work and felt supported by managers and each other.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were recruited safely and there were enough staff to provide safe care and respond to people's needs. Risk assessment tools were used to identify any risks to people's health and wellbeing. Staff and managers understood their responsibility to keep people safe and report any concerns. The environment was safe and clean and people received their medicines safely.

Is the service effective?

Good

The service was effective.

People's needs were assessed and they had confidence in the ability of staff to meet those needs effectively. Staff received training and support appropriate to the responsibilities of their role. Staff worked within the principles of the Mental Capacity Act 2005 and understood when to deliver care in people's best interests. People enjoyed the meals provided and ate and drank well. Staff knew people's medical needs and referred people to other healthcare professionals when a change in health was identified.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and polite and promoted people's privacy and dignity. Staff treated each person as an individual and respected their diverse needs. People were supported to maintain their independence and make decisions about how they spent their day. Friendships and relationships were supported and encouraged.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's physical, emotional and social needs. People's communication needs were assessed so staff

knew how to support them to understand information. Staff understood the importance of supporting people to have a good end of life. People were encouraged to provide feedback about the service and any concerns were taken seriously.

Is the service well-led?

Good

The service was well-led.

People spoke highly of the home and the quality of care provided and were encouraged to share their views and provide feedback. Systems were in place which continuously assessed and monitored the quality of the service. Staff felt supported by managers and each other and had opportunities to express their views about how the service could be improved. Links were being developed with the local community to promote the service and benefit the people who lived there.

Scholars Mews Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This fully comprehensive inspection took place on 9 January 2018 and was unannounced. The inspection was undertaken by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service.

The provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was reflective of the service provided at the home.

Prior to our inspection visit we reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. The commissioners did not share any information of which we were not aware.

During our inspection visit we spoke with six people and four relatives/visitors about what it was like to live at the home. We spoke with five care staff and four support staff about what it was like to work at the home. We spoke with the registered manager and area manager about their management of the service. We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

Some people who lived at the home were not able to tell us in detail, about how they were cared for and

supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Our findings

People and relatives told us Scholars Mews felt like a safe place to live because there were always enough staff around to provide support. One person told us, "I am safer here than my own home, people are always around us." A relative commented, "It is an excellent secure place. They keep an up to date record of visitors and professionals signing in for security purposes."

Staff received training in safeguarding and understood the provider's policies for safeguarding and whistleblowing. They told us they had no concerns about how staff supported people, but would share any concerns with the registered manager. The registered manager understood their responsibilities under safeguarding procedures. Records showed the registered manager reported any safeguarding concerns to the local authority as required and had taken appropriate action to safeguard people from harm.

Risk assessment tools were used to identify any risks to people's health and wellbeing. This included risks around moving and handling, falls and nutrition. Where a potential risk had been identified, risk management plans informed staff how to manage and minimise the risks. People's care plans were regularly reviewed and their risk assessment scores were updated when their needs and abilities changed. Staff understood the support people needed to promote their independence, yet to minimise risks. One member of staff told us about one person who was able to walk independently, but was at risk of falling. They explained how they discussed risk management options with the person because, "We don't want to take away her independence, but we need to keep her safe."

As a result of their medical conditions, some people could become agitated, anxious or upset. Care plans guided staff how to support people at these times. For example, one person's risk assessment explained the signs that would indicate they were agitated and the actions staff should take to reduce their agitation. Staff demonstrated an understanding of the reasons why people displayed behaviour that challenged others and adopted appropriate strategies to support them. For example, staff responded to one person's confusion with a smile and reassuring words.

Relatives told us staff understood their relation's individual risks and took appropriate action to minimise them. One relative was happy that they always saw two staff supporting their relation with personal care and repositioning them in bed. This level of support minimised the risks of injury to the person. Another relative was pleased with the location of their relation's room. They told us staff were constantly walking past the door, so they were able to regularly check the person was settled, comfortable and content.

People told us, and we could see for ourselves, that there were enough staff to support people safely and to spend time talking with people about subjects that interested them. Staff worked at people's pace and at lunch time staff supported people who needed assistance to eat, without rushing them. During our visit an alarm bell sounded. Although the bell turned out to be a false alarm, staff responded quickly and calmly to ensure the person was safe and well.

Staff thought there were enough of them to meet people's needs and respond to their requests for assistance. They told us people could get up when they wanted to and if people wanted showers or baths, they had time to assist them. One staff member told us they had supported five people to have a shower on the morning of our visit.

Staff were recruited safely, in line with the guidance for safe recruitment of staff who work in social care. Where risks were identified in staff's suitability, the manager undertook additional checks and assessed the risks that were relevant to the staff member's role within the home.

People received their medicines safely to protect their health and well-being. Medicines were stored securely and at the recommended temperature to ensure their effectiveness. Medicines that required extra checks because of their potential for abuse, were managed in accordance with legislation.

Some people were prescribed medicines that were administered on an 'as required' basis such as for pain relief. There were guidelines to advise staff when, and in what circumstances, these should be administered. For those people who could not verbalise their pain, a recognised pain assessment tool was used to help staff identify the severity of their pain. Some pain relief medicines were administered through patches applied directly to people's skin. The site of the patches was recorded so staff could ensure the application sites were alternated to reduce the risk of skin damage.

One person's care plan said they should be given their medicines covertly, without their knowledge, because their health was at risk when they declined to take them. Records showed that the person's GP and family had agreed this was in the person's best interest and staff had obtained advice from the pharmacist to check this was a safe practice.

Care staff applied some prescribed creams when personal care was being provided. Staff signed a topical cream chart to confirm they had applied the cream, but often the only instruction was 'to apply as directed'. Care staff needed further information to assure themselves they were applying the cream in accordance with people's prescriptions.

The provider had recently had a medication advice visit carried out by the pharmacy. Our checks showed that action had already been taken to resolve the minor issues that were identified during the pharmacy visit. For example, limited life medicines were now annotated with the date after which they could no longer be used, once they had been opened.

The provider's policies and practices protected people from the risks of infection. The provider had appointed a champion for infection prevention and control, in line with the Department of Health (DoH) guidance. We saw the home was clean and the décor was well maintained, which made it easier to keep clean. Toilets were well stocked with toilet rolls, hand soap and paper towels. A relative told us their relation's bedroom and shower room were cleaned every day and said, "It is always incredibly clean."

The provider had issued guidance to staff about how to keep the home clean and hygienic. For example, they had provided colour coded mops, buckets and cloths for housekeeping staff to use for different parts of

the home. Care staff wore personal protective equipment when they supported people with care and ensured any soiled linen was put in degradable red bags that were put straight into the washing machine. The laundry was arranged to support best practice, which ensured dirty and soiled items were kept away from freshly laundered items.

The cook ensured food was stored and served at safe temperatures by checking the temperature of the fridges and freezers and by checking that meals were at a safe temperature before they were served. Kitchen staff kept the kitchen clean and took responsibility for checking the cleanliness of the kitchenettes on each unit, including the fridges and freezers. The home had a 5 star rating by the environmental health officer.

The provider had systems and processes to check the environment was safe for people. Staff logged any repairs in a maintenance book and maintenance staff carried out regular safety checks. We saw that equipment such as hoists, stand aids and bath chairs had been serviced by an external contractor and staff checked equipment before using it to ensure it was in good working order. The safety of the environment and equipment was audited as part of the quality management systems within the home.

Staff were aware of their responsibility to record and report any accidents and incidents and used body maps to show when people had marks or bruising to their skin. The registered manager reviewed the records to identify if there were any changes in people's needs and to look at ways of reducing the risks of it occurring again. For example, one person was assessed for bed rails and for another person it was identified their slippers did not provide adequate support. One staff member confirmed how incidents were shared with staff so they could discuss any learning that could be taken from them. They explained, "We will look at the times to see if there is a pattern to anything and we will always discuss strategies to alleviate the problem."

People's care plans included their personal evacuation plans for staff support in the event of an emergency. Their names on their bedroom doors were colour coded to show how many staff were needed to support them to evacuate their rooms in an emergency. A member of staff told us their training in health and safety and fire safety was thorough, and they felt well prepared to act effectively in an emergency situation.

Good

Our findings

Relatives told us their relation's needs were met because they were supported and cared for when and how they needed. They told us they had confidence in the staff who had a good understanding of their relation's health, social needs and preferences. One relative told us, "The standard of care here is fantastic. [Name] wouldn't be here if it wasn't."

There was a detailed pre-admission assessment before people moved to the home which led to the development of a care plan. People's care plans included an assessment of their needs and abilities and guidance for staff to support the person to achieve a planned outcome. For example, the stated aim of one person's communication plan was, "To maintain social contacts and prevent isolation." We saw staff encouraged and supported the person to spend time in the lounge with other people. Care plans included risk assessments using recognised risk management tools, in line with NICE guidance.

Staff told us they had completed the training they needed to be confident in their practice and their training matched the fundamental standards as laid out in the Care Certificate. New staff worked with experienced staff during their induction period, to make sure they had the confidence and skills to work independently with people. When new staff had previously worked in a care service, they were still required to attend the provider's own training to ensure all staff acted in the same way. A new member of staff told us they were not able to use equipment to support people to mobilise until they had completed the provider's moving and handling training.

Staff were positive about the variety and quality of training. The registered manager told us the provider placed no restrictions on training and they were able to source external training if they wished to. They explained, "The provider will fund any training that is relevant to our role and will provide better care for our residents." They also told us staff were given opportunities to do extra training if they lacked confidence in any aspects of their work. This was confirmed by one staff member who told us, "Any training you want, you just go and tell [registered manager] and she will try and find it for you."

Staff told us they were encouraged to work towards nationally recognised qualifications in health and social care. One senior member of staff told us they had recently completed an 'advanced senior carer' training programme. They said they had 'learnt a lot' and the course had improved their skills and knowledge. They said they felt more confident having completed the training, particularly in leading, motivating and supervising other staff.

The registered manager checked staff work practice through regular supervision and an annual appraisal of staff's work performance. Supervision is an opportunity for staff to discuss their roles and work practice with the registered manager and identify any training needs. The registered manager explained the importance of such meetings – "It is an opportunity to build a rapport with staff so they feel they can approach you if they need any support or training." Senior staff and team leaders also carried out observations to ensure staff implemented their training into their everyday practice within the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When an assessment shows a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff had completed training in and understood the principles of the Mental Capacity Act 2005. A member of staff was able to explain that, 'capacity should be assumed' and people should be supported to make their own decisions. They told us that people's rights were not restricted unless a decision had been made in a person's best interests, because they did not have the capacity to understand risks to their wellbeing. We saw staff offered people choices and sought their consent before they supported them.

One relative told us their relation's decisions were respected by staff and their relation did not feel obliged to receive support if they did not want it. Another relative we spoke with understood their relation was always supported by two or more staff in their best interests. This was to make sure at least one staff member was available to distract the person because they were resistant to being supported by staff to be clean, dry and comfortable which had a potential negative impact on their health and wellbeing.

Where the provider had reason to question a person's capacity to understand information about risks related to their care and support, their care plans included a mental capacity assessment. The assessment explained that staff should make decisions about administering medicines and seeking healthcare advice in the person's best interests, because the person might not recognise signs of ill-health themselves. Where people had capacity, they had signed their care plans to agree to being cared for and supported in accordance with their plans.

People's care plans included the RESPECT form, as agreed with the local clinical commissioning group. The RESPECT form confirmed that the person or their representative and other healthcare professionals had been consulted about their wishes in the event of the person going into cardiac arrest in the future.

Where restrictions on people's liberty had been identified, the appropriate applications had been submitted to the authorising authority. The registered manager maintained a 'tracker' of the applications so they could submit new applications before the original authorisations expired.

People enjoyed the meals provided and ate and drank well. One person commented, "Food is terrific. I enjoy the food the chef produces." A relative told us, "The food is fantastic," and told us they had joined their relation for lunch during the seasonal celebrations. People had a choice of meals and could eat in the dining room or their own bedroom, according to their personal preference. One person told us, "I prefer to eat in the restaurant where you can meet with the other residents." The main meal was served during the evening, and at lunch time people were offered soup, a choice of sandwiches, hot sausage rolls and a desert. The menus in the dining room included the choices for breakfast, lunch and dinner so people were able to plan

what they would like to eat that day.

At lunch time, tables were laid with tablecloths, napkins, cutlery and glasses, which encouraged people to recognise lunch as a social occasion. There was quiet music playing in the background and the meal was not rushed. People were supported to eat as much as they wanted to eat. One person who needed prompting and assisting to eat was supported by a member of staff who sat beside them, offering words of encouragement. Staff also promoted people's independence at lunch time. We heard a member of staff ask, "[Name], can you remind me what sort of sandwiches you like?" A relative told us they visited every day to support their relation at lunchtime. They told us their relation was always offered a 'fork mashable' meal in accordance with specialist advice.

People's care plans included their food likes, dislikes and any allergies or specific dietary needs. The cook told us the registered manager advised them of each person's needs and allergies when they moved to the home. The cook then introduced themselves to the person and had a conversation with them, to make sure any specific requests and preferences were known. A record was maintained in the kitchen to remind all the kitchen staff of people's individual requirements.

The provider had appointed a member of staff to lead in nutritional risk management. The member of staff had attended advanced practitioner training to equip them for the role. They worked with the cook to plan meals with maximum nutritional balance, which met people's likes, dislikes and preferences. The cook told us they added cream, butter, milk powder and honey to meals, for those people who were at risk of losing weight and needed a fortified diet to improve their calorific intake.

Some people had their food and fluid intake recorded because they were at risk of not eating and drinking enough. The records were monitored to identify when people needed to be given extra support and encouragement to maintain their nutritional intake.

People were supported to see healthcare professionals such as the dentist and optician to maintain their health, and the local GP visited once a week to deal with people's routine medical needs. The registered manager had arranged for community nurses to store people's treatment records and supplies in people's own bedrooms, which enabled nurses to visit and treat people promptly and privately, rather than needing care staff's support. Staff told us they had good relations with the community nurses and information was shared through a communication book.

People's care plans included details about their medical history and their current medical risks and needs, to enable staff to identify any signs of ill health. Where people's health declined, they were referred to doctors and specialists for advice, support and treatment.

The premises had been designed and decorated to support people to move easily from their own bedroom and around the communal areas of the home. There were several rooms and areas where people could sit and read, rest or watch what was going on around them. We saw people who were able to mobilise independently moved freely between the communal areas and their own bedrooms. One person told us, "It is an extremely tidy place with wide and bright corridors so there is less fear of falling." The lounges did not have televisions, but did have soft music, to encourage people to socialise in communal areas.

People were provided with a television in their own bedrooms, so they could watch their preferred programmes at any time. People were provided with extra wide/ queen size beds, which matched most people's experience in their own homes and minimised the risk of falling out of bed while sleeping. People were offered a choice of four different types of pillow, to make sure they were comfortable and had a restful

sleep. People's en-suite shower rooms included pull down grab rails and shower chairs, which meant they were always available, but could be pushed up out of the way if not needed.

On the unit for people living with dementia, memory boxes outside bedroom doors contained items that were significant to the person, and enabled them to find their room more easily. The signs for the toilets included pictures to help people understand the words. The lift and external doors for each unit were number coded, to make sure people who needed support from staff to go outside, could not go out unobserved.

The shared facilities on-site included a hairdressing salon, a private dining room, small library room and a cinema, which supported people's social needs and wellbeing. There was a secure garden which was accessible to everyone. For example, some of the flower beds were raised for people with limited mobility and hanging baskets were lower so people in wheelchairs could easily see and appreciate them. One relative told us their relation really benefited from the facilities. They told us their relation enjoyed spending time outside in the garden, regularly visited the hairdressers and watched a film in the cinema almost every afternoon.

Good

Our findings

People told us staff were caring, kind and polite. Comments included, "Staff are wonderful, very kind" and, "Staff are very kind and polite." One relative told us, "The staff are genuinely kind and respectful. I've never heard an unkind word."

Staff we spoke with demonstrated a positive attitude to their work and spoke with enthusiasm about caring for people. They all told us they enjoyed working at Scholars Mews. Staff told us, "It's a lovely home, with lovely residents" and, "I would rather work in care than anywhere." One staff member particularly told us that all staff shared the same commitment to providing kind and compassionate care. They explained, "The staff, they all care. They all feel they belong because we are a tight group. They all treat the people who live here as their family, their parents and grandparents. They take their time with people and make sure they look nice."

Staff told us they always supported the same people regularly so they could get to know their individual likes, dislikes and preferences well. The member of staff said, "It's important, so that they recognise you."

We saw staff were thoughtful and 'went the extra mile' for people. For example, the laundry assistant told us they did small repairs and alterations to people's clothes, for those people who had no-one else to assist them. They showed us a pair of trousers they had altered for one person who had lost weight to make sure they fitted the person better. One person commented, "Staff are very helpful – some of them go out of their way to help"

Records showed people who had the capacity to discuss and agree how they were cared for and supported had signed their care plan, which demonstrated their involvement. Staff continued to involve people in making day to day decisions about their care and support throughout our inspection visit.

We saw people were supported to maintain their independence and staff only assisted them if they wanted assistance. One relative told us that staff respected their relation's decision to decline advice and support with a specific aspect of care, and this was written in their care plan.

Staff promoted people's equality and diversity and respected who they were. One staff member described how important it was to give people time to talk about their backgrounds so, "You have a better understanding of who they are and what they are about. We allow them to have time to talk about their lives so we can give them the dignity and respect they deserve." They described how one person had always lived

alone so they understood this person appreciated their own space. However, another person had always been very busy and active and, "Would get depressed sitting in their bedroom." Knowing this information allowed them to provide appropriate support that made people feel that their feelings mattered.

The registered manager and provider were committed to ensuring people's well-being was promoted. They were introducing 'well-being plans' to identify what staff could do to increase people's wellbeing further. This included a new initiative where each person's name was written on a slip of paper with an idea for a 10 minute activity which might enhance the person's day. All the names were put in a jar and each day every member of staff pulled out a slip of paper and completed the activity with the person named. The registered manager explained, "The idea is to give each resident a special moment each day."

A relative told us staff respected people's privacy. They told us staff always cleaned their relation's bedroom before they arrived to make sure their visit would not be disturbed. They told us staff always delivered personal care when they were outside their relation's bedroom, to maintain their relation's privacy and dignity. Records showed in one person's care plan, staff were told to make sure the person's bedroom door was always shut when they were not in their room. This was because the person was not able to understand other people were living with dementia and might mistakenly go in there.

In the reception area on the ground floor people and visitors were able to help themselves to drinks and snacks. The comfortable chairs were arranged to enable small groups of people to sit and spend time with their visitors, or with other people, away from the main lounges. Relatives told us they always felt welcome at the home and could visit as often as they liked. The home had 'wi-fi' and there was a computer room where people could 'skype' family and friends who lived further away and were not able to visit so often. This helped to ensure relationships and friendships were maintained and people did not become isolated from those who were important to them.

Good

Our findings

People told us staff were responsive to their needs and understood what care they needed. One person told us, "It is a wonderful service they provide."

Each person had a care plan that identified their care needs and how staff should meet those needs in a way the person preferred. Records showed people's care plans were regularly reviewed and were updated when their needs and abilities changed. People were invited to participate in planning and reviewing their care, although some people told us they chose not to be involved because they were happy with the care provided.

People's care plans included a brief life history, which included information about the person's work and home life, their important relationships and any cultural or religious beliefs and traditions. This enabled staff to get to know people well and to understand what was important to them. Care plans included a section entitled, 'Typical day', to enable staff to understand people's preferred routines, habits and interests. People's daily records reflected the care plans and people's expressed interests.

The registered manager showed us the outcome of some 'life work' staff had been progressing. They planned for each person to have a picture frame in their bedroom with photos and information about them and their life experience. This would provide an overview of the person's life story and give staff prompts for meaningful conversations with people.

People's communication needs were assessed and guidance for staff explained how they should support the person to understand information. For example, one person's care plan identified they might be confused by 'too many options', which reminded staff not to overwhelm the person with information. Another person had limited eyesight. We saw staff ensured the person had their preferred magnifying glass with them so they could read the daily newspaper independently.

Relatives told us staff understood their relation well and responded to them as individuals. One relative told us staff were always supportive and made sure their relation's television was on for their preferred programmes, because their relation was unable to change the channels themselves. The relative said they still liked to provide some of their relation's care, and staff respected that and worked with them to support the best interests of their relation.

The registered manager told us how they had responded to people's needs related to sharing their home

with others. One person had been agitated when a person living with dementia went into their room by mistake. The registered manager had supported the person to move to another unit in the home, to make sure the two people would not come into contact with each other without support from staff.

People's care plans included their future wishes for end of life care, in the event they became unable to express themselves or state their preferences. One person's care plan clearly stated that if their health deteriorated, they wished to be cared for at the home, rather than be admitted to hospital. The plans also contained some information about what was important to people at the end of their life, for example, whether they wanted any spiritual support and who they would like to be with them. Staff understood the importance of supporting people to have a good end of life. One staff member explained, "We like to get as much information about our residents and what they like before it gets to that point. It is very important to get it right and the team here take great pride in that." Staff worked with other healthcare professionals to ensure people had a comfortable and pain free death.

We saw that some of the positive feedback from relatives had specifically been around the care given when their relation died. One relative had written, "[Name] died peacefully in such good hands, exceptional care. She was surrounded by love at the end of her life." Another had said, "It was wonderful the way she was looked after in the final days of her life."

People were offered opportunities to engage in activities and events they were interested in. A newly appointed activities co-ordinator told us they were spending time talking with people to ensure that activities were meaningful because they were planned around people's interests, hobbies and preferences. Activities planned for the week of our visit included pilates, armchair exercises, poetry, arts and crafts, flower arranging and the 'Scholars bar'. On the day of our visit, some people enjoyed music therapy. The session was very lively and the 11 people who joined in clearly enjoyed the engagement with staff and each other. The home offered regular church services for those who wished to attend.

However, staff understood that some people preferred their own company while others preferred engagement on a one to one basis. Staff told us they had time to spend with those people and one person confirmed they were, "Satisfied with the company of staff." Another person explained how they preferred to stay in their room and staff respected that. They went on to say, "I am quite content by myself as long as I have a book to read. I am lucky to have good staff who supply the books and make sure I have enough to read."

The home had its own minibus, which enabled people to go out on trips easily. The registered manager told us the provider paid for all trips out, including entrance fees, to make sure everyone had equal opportunities for and access to community events.

People were encouraged to share their views and raise concerns. The provider had a complaints policy that included information about how to make a complaint and what people could expect if they raised a concern. The policy was displayed within the entrance to the home. Records demonstrated the registered manager had a positive approach to feedback and informal concerns were investigated and responded to with the same thoroughness as formal written complaints.

People and relatives told us they would not hesitate to complain if they needed to. They told us they had a good relationship with staff and any concerns raised had been resolved promptly and without detriment to their relationship with the staff or the registered manager. One relative said, "The problem was dealt with quickly and they apologised."

Good

Our findings

People spoke highly about the home and the quality of care provided. One person described the home as "Incredible" and another person told us the facilities were "Wonderful".

Staff spoke consistently about Scholars Mews being a good place to work and felt supported in their role by managers and each other. One new member of staff told us the registered manager was, "Very professional" during their interview and their induction to the home. They told us the staff were, "Really nice" and worked well as a team. Another staff member said, "I love it here because we have got a really supportive manager and the team is lovely."

The registered manager explained that the ethos of the service was to provide a homely environment where people could go on living their lives. They explained, "We don't do a life history, we do a life story because they have come here to continue their lives." They told us this message was shared with staff at regular staff meetings because, "They haven't come to work at Scholars Mews. They have come to support people in their home." Minutes of meetings showed these values were shared with staff who were encouraged to express their views and make suggestions about how the service could be improved. For example, menu choice forms had been discontinued after staff felt people should be able to choose what they wanted to eat at the time of their meal, rather than having to choose earlier in the day.

The registered manager told us they were keen to promote an open and transparent culture where staff felt able to share any errors or concerns. They explained, "I'm quite open and transparent and have encouraged staff to be as well. We don't have a blame culture. We will have a reflective meeting and discuss what we have learnt from the incident and what we can do better." One staff member confirmed they would feel confident to report any mistakes they had made and that learning was shared.

Equally, the registered manager wanted staff to feel appreciated when things had gone well. In order to identify and celebrate good practice, the registered manager had started to complete 'case studies' of people's care. The first case study was of a person whose mental health had significantly improved in the six months they had lived at Scholars Mews. The study demonstrated how staff had achieved such a positive outcome for this person.

People and their relatives were encouraged to share their views and provide feedback about the service. Regular resident and relative meetings were held and people were encouraged to have a say on the day to day running of the home. Minutes of these meetings showed they offered people an opportunity to raise

issues and ask for explanations so they had a better understanding of the processes and procedures within the home. There was a comments book in the dining room to encourage people and relatives to comment and make suggestions for improvements to the meals and dining experience. The cook did a survey when they introduced the 'winter menu' to check people were happy with the range of meals offered. A relative told us they had been invited to complete surveys about their experience of the home. A copy of the last survey was available in the entrance to the home and demonstrated a high level of satisfaction with the service provided.

People were given regular opportunities to talk about how they wanted their care to be delivered. Every month each person at the home underwent a review of their care and support, which was described as 'resident of the day'. This review included staff from a number of departments who chatted to the person, and asked for their views on different aspects of their care. For example, kitchen staff asked the person about their choices of food and activities staff asked for feedback on the activities provided.

Systems were in place which continuously assessed and monitored the quality of the service. This included audits of care plans, medicine management, the environment and food safety. The provider also visited the home regularly. Some visits were to assess and check on the quality of care, and others were to provide support and guidance. For example, the provider's dementia support advisor was assisting staff with the development of people's life stories.

Information and communication between registered managers across the provider's services was encouraged. The registered manager attended regular meetings with other managers in the group to exchange information, and to learn from each other about events that had happened at other homes.

The registered manager worked in partnership with the local community to promote the service and enhance people's enjoyment of activities and events planned at the home. For example, the registered manager had recently given a talk at the local school to pupils completing a course in health and social care. The pupils had visited the home and as a result, some had forged pen pal links with people living there. People at the home also visited a local 'dementia cafe' and links were being developed with another service to share the facilities at Scholars Mews. The registered manager explained these developments would help to improve the care people received and ensure people maintained their sense of belonging to the local community.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service.