WCS Care Group Limited

Drayton Court

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection took place on 4 and 5 February and was unannounced.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

The service provides accommodation and personal care for up to 45 older people, who may have dementia. Forty-four people were living at the home at the time of our inspection.

People were at the heart of the service. The provider's philosophy, vision and values were understood and shared across the staff team. People were supported to maintain their purpose and pleasure in life. People's right to lead a fulfilling life was enshrined in a charter of rights, which was displayed in the entrance to the home.

People and relatives were delighted with the care and support provided by the staff, which exceeded their expectations. Staff took time to understand people's life stories and supported and encouraged people to celebrate important personal and national events. People were supported to retain an active presence in the local community and to maintain their personal interests and hobbies.

The provider employed a team of exercise and activity co-ordinators who were dedicated to supporting people to make the most of each day. The group activity sessions were effective and the positive impact on people's moods was visible; people continued to smile and sing after an exercise session ended.

People planned their own care, with the support of their relatives and staff, to ensure their care plans matched their individual needs, abilities and preferences, from their personal perspective. Care staff showed insight and understanding in caring for people, because they understood people's individual motivations and responses.

People who lived at the home, their relatives and other health professionals were encouraged to share their opinions in a format that was appropriate to their needs, to make sure their views drove planned improvements. The provider had researched and reflected on how international exemplar services provided care and planned to refurbish the home in accordance with current best practice principles.

The provider was innovative and creative and constantly strived to improve the quality of people's lives, by working in partnership with experts in the field of dementia care. Planned improvements were focused on improving people's quality of life.

All the staff were involved in monitoring the quality of the service, which included regular checks of people's

care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence. The provider shared their learning with all the homes in the group.

The home was divided into three 'households', each with their own lounges and dining rooms. Each household was individually supported by a care co-ordinator and three care staff. Care co-ordinators were part of the duty management system, which meant there was a named manager available to respond to issues and to support staff, seven days a week.

There were enough staff on duty to meet people's physical and social needs. The registered manager checked staff's suitability to deliver personal care during the recruitment process. The premises and equipment were regularly checked to ensure risks to people's safety were minimised. People's medicines were managed, stored and administered safely.

Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. Staff understood the risks to people's individual health and wellbeing and they were clearly recorded in their care plans.

Staff were attentive to people's appetites, moods and behaviours and were proactive in implementing individual strategies to minimise people's anxiety. Staff were proactive in ensuring people obtained advice and support from other health professionals to minimise the risks of poor health.

Staff received training that matched people's needs effectively. Staff received training in the provider's values and philosophy, which included, 'play, make their day, be there and choose your attitude'. The management team exemplified the philosophy in their interactions with people, which set the standard for staff to follow. Staff were encouraged to reflect on their practice and to develop their skills and knowledge, which improved people's experience of care.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having capacity, records showed that their advocates or families and other health professionals were involved in making decisions in their best interests.

Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs and people knew staff would support them to maintain a balanced diet.

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 understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The registered manager checked staff's suitability for their role before they started working at the home. Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective. People were cared for and supported by staff who had relevant training and skills. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards. People's nutritional and specialist dietary needs were taken into account in menu planning and choices. People were referred to healthcare services when their health needs changed.

Is the service caring?

Good

The service was caring. Care staff were kind and compassionate towards people and encouraged them to take pride in their lifetime's achievements. People were encouraged and supported to live with meaning and purpose every day. Care staff respected people's individuality and encouraged them to maintain their independence in accordance with their abilities.

Is the service responsive?

Outstanding

The service was very responsive. People planned their own care with support from relatives and staff. People's preferences, likes and dislikes were understood by the staff from the person's point of view. People were actively encouraged to engage with the local community, to maintain relationships that were important to them and to participate in new experiences. People's views were actively and regularly sought, listened to and used to drive improvement in the service. Complaints and concerns were listened to, taken seriously and responded to promptly.

Is the service well-led?

Outstanding

The service was very well led. The provider's philosophy, vision and values were shared by all the staff, which resulted in a culture that valued people's individual experiences and abilities. The provider worked with other organisations and implemented innovative technologies to improve people's experience and the quality of the service. People, their relatives and healthcare professionals were encouraged to share their opinions about the quality of the service, to ensure planned improvements focused on people's experiences.

Drayton Court

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.

The inspection took place on 4 and 5 of February 2016 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 care service.

The provider completed a provider information return (PIR). This 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 also 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.

We spoke with 10 people who lived at the home, nine relatives, one other visitor and external visiting healthcare professional. We spoke with the registered manager, a service manager, three care co-ordinators, six care staff, a cook and the deputy director of operations.

Many of the people we spoke with were not able to tell us in detail about their care and support because of their complex needs. However, people were happy to talk with us about their previous lives and we observed how staff engaged with people throughout our visit.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and observed how care and support were delivered in the communal areas.

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

Is the service safe?

Our findings

People told us they felt safe at the home. We saw people were relaxed with staff and responded with a smile when staff touched their arms or hands. Relatives told us, "We feel that "[Name] is quite safe here" and "[Name] feels secure and their anxieties disappeared overnight."

People were protected from the risks of abuse. Care staff told us they attended training in safeguarding and whistleblowing and understood the provider's policies and procedures for raising concerns. Care staff told us, "There is no mistreatment here, no raised voices or wrong body language" and "It is my job to protect people. I know about the whistleblowing policy, but I haven't seen anything to report." Records showed that the registered manager understood their responsibility to refer any allegations of abuse to the local safeguarding team.

The registered manager assessed risks to people's individual health and wellbeing. Where risks were identified, people's care plans described the actions care staff should take to minimise the risks. For example, for one person who was not able to move independently, their care plan explained which hoist, the size of the sling and the number of staff needed to support them to move. Care staff understood and explained the actions they took to minimise risks to individuals by name. We saw care staff supported people according to their needs, for example, by ensuring equipment such as call bells and walking frames were close to hand.

Care staff recorded accidents and incidents in people's daily records and in the daily handover book to ensure all staff were aware and took action to minimise the risks of a reoccurrence. The detailed records of the investigation included the location and time of incidents, and identified the probable cause and the actions taken, such as asking advice from healthcare professionals. One person told us when they fell, that care staff asked advice from the paramedic service, to make sure it was safe to move the person. Care co-ordinators reviewed people's risk assessments at their monthly care plan reviews to ensure any necessary changes in their care and support were included in the person's updated care plan.

The registered manager analysed people's needs and abilities to determine how many staff were needed on each shift. They told us care staff were allocated to each household, according to their skills and experience. People and relatives told us there were enough staff available to provide the care and support they needed and that they were regularly supported by the same staff group. A relative told us, "I think staff mainly stay on the same floor. Most have been here since [Name] arrived. I don't think I've seen many agency staff at all." A member of care staff told us, "We have three care staff and a coordinator in each household. The days are so different, but we usually have enough staff." Care staff told us the care co-ordinators dealt with paperwork but, "We can call on them to help if we need them." We saw there were enough staff to support people with their physical and emotional needs. Care staff took time to chat and encourage people to participate in the events of the day.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed new staff underwent an application and interview process so the registered manager could check their skills and

experience, and that their behaviours would fit well with the team and ethos of the service. The registered manager checked staff's identity and right to work, obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

The provider assessed risks to the premises and equipment and took action to minimise the identified risks. Records showed the provider had implemented a system of regular checks of the premises, the fire alarm and essential supplies such as the water, gas and electricity. Care staff told us they were involved in checking equipment, such as hoists, slings, wheelchairs and walking frames, was safe and fit for use. A member of care staff told us, "We check slings and report to the care coordinator if there is an issue and they are replaced."

The provider had a policy and procedures to be followed in the event of an emergency. Care staff told us they knew the actions they should take because they practised the routine. A care coordinator explained, "We have regular fire drills and we have all had training with the equipment provided to take people downstairs if the lift is out of action." A member of care staff told us, "We move people to the safe zone, with two doors between the fire and us and we have a list of people's personal emergency evacuation plans to give to the fire officer." Records showed that fire drills included a question and answer session for staff, with a recommendation for staff to 're-read the policy and procedure and attend training' if they were hesitant about the answer.

People told us they had their medicines when they needed them. A relative told us, "Medicines are strictly controlled. Staff watch and check people take them." They told us their relation did not like taking tablets, but staff spent time encouraging them, and obtained them in liquid form whenever possible, which was easier for the person to swallow. We saw care co-ordinators took people's medicines to them, wherever they were in the home, which showed that medicines administration was focused on the individual's needs.

Medicines were managed and administered safely. Only trained staff administered medicines. We saw medicines were kept safely in locked cupboards. Medicines were delivered by the pharmacy in named, sealed pots, colour coded for the time of day they should be administered with an accompanying medicines administration record (MAR) and a picture and description of each medicine in the pot. Each person's MAR included their photo, the name of each medicine, the frequency and time of day it should be taken, which minimised the risks of errors.

The MARs we looked at were signed and up to date and included when people declined to take their medicines. Care co-ordinators told us referred to people's GPs if they regularly declined their medicines. For one person who did not have the capacity to understand the importance of taking medicines regularly, records showed their GP had discussed with their advocate which medicine they could be given covertly, that is without their knowledge, in their best interests. Staff kept a record of how much medicine was administered and how much was left, to make sure medicines were always available when people needed them. Records showed that care co-ordinators regularly checked that medicines were stored, administered and disposed of safely.

Good

Is the service effective?

Our findings

People and relatives told us they were cared for and supported effectively, according to their needs. One person told us, "Staff are so helpful and take everything in their stride." Relatives told us, "The staff are well trained" and [Name] has settled here. The staff are really good with them."

People received care from staff who had the skills and knowledge to meet their needs effectively. Staff's induction programme included observing experienced staff, reading people's care plans and getting to know people. Care staff who already had previous experience in care, told us the induction was helpful. They told us understanding people's individual needs and abilities was the most important aspect of delivering high quality person centred care.

Staff attended training in subjects that were relevant to people's needs, such as moving and handling, food hygiene and care for people living with dementia. Eighty five percent of staff had achieved a level two, recognised qualification in health and social care. Care staff were confident that training was available to ensure they could support people effectively, whatever their need. One member of care staff told us, "I asked for Parkinson's training at my supervision. They usually arrange what we ask for." Records showed that a course in caring for people with Parkinson's was on the provider's recently issued annual training plan, which ensured staff developed a wide range of skills, in readiness to meet people's potential needs.

Care staff were supported to deliver effective care. Care staff told us they had regular opportunities to discuss their practice and any concerns at one-to-one and group supervision meetings. Care staff told us, "It's a very good staff team, they help one another" and "You just come in and do the job and work as a team. It's really good and so smooth." Care staff attended annual appraisal meetings, to discuss their personal development. One member of care staff told us their career development included, "Manager training with the staff from the other homes' care co-ordinators. It opens your mind and boosts your confidence."

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 they lack 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities under the Act. In the four care plans we looked at, we saw the registered manager had undertaken mental capacity assessments, to determine which decisions the person could make for themselves and which decisions should be made in their best interests. Records showed the four people, or their legal representatives, had signed to say they consented to how they were

cared for, but the decision for them to live at the home had been made in their best interests by a team of healthcare professionals.

The registered manager had applied to the supervisory body, for the authority to deprive 38 people, of their liberty, because their care plans included restrictions to their liberty. For example, they could not go out independently, because they did not recognise risks to their safety outside of the home. The registered manager was awaiting the supervisory body's decisions at the time of our inspection.

The registered manager kept a copy of the documents issued by the courts so they could be confident that people's relatives and representatives had the legal right to make decisions on their behalf. People's liberty, rights and choices were not restricted unnecessarily. For example, we saw that people, who had the capacity to understand the risks of going out alone, went out for a walk, or to buy a newspaper on their own.

Care staff told us they had received training in the MCA and DoLS and were able to explain the principles associated with the Act. We saw care staff followed the code of conduct of the Act and asked people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support.

People were supported to eat and drink enough and to maintain a balanced diet. People and visitors told us the food was, "Excellent", "Well cooked and presented" and "Very enjoyable". People told us they could have a cooked breakfast and a choice of meals. We saw fresh fruit, snacks and drinks were available all day. One person said, "You can have an omelette, jacket potato or a sandwich if you don't want the meal." A member of care staff told us, "People choose from the mid-day menu in the morning, but they can change their minds."

Menus were planned in consultation with nutritional specialists and offered a balanced diet with ingredients, such as cream, cheese and full fat milk, to help people with small appetites maintain their weight. Records showed there was a wide and varied choice of dishes at every meal. People's preferences, likes and dislikes were recorded in their care plans and care staff shared this information with the cook. For example, two people did not like onions, so portions of the curry on offer that day were made without onions. The cook told us the only special diets they currently needed to prepare were diabetic and soft meals. They told us they mainly cooked high calorie diets, but they could provide low fat diets when needed.

Most people chose to eat in one of the dining rooms at lunch time. There were menus on the tables, with pictures, to remind people of their choice. Lunch was served and eaten at a leisurely pace. Staff talked with people about their plans for the afternoon and encouraged them to socialise and enjoy the occasion. We saw staff put a meal aside for one person who did not want to eat a main meal at lunch time. People who needed assistance to eat were served first, and there were enough care staff to assist them one-to-one.

Care staff monitored people's weights and their appetites and sought advice from healthcare professionals, such as a dietician if, they were at risk of poor nutrition. One care plan we looked at showed the person had been prescribed nutritional supplements, which care staff recorded in the person's medicines administration record. A member of care staff told us, "We offer food first and the supplement after and we weigh [Name] monthly as per the dietician's advice."

People were supported to maintain their health and were referred to healthcare professionals, such as GPs, dieticians and podiatrists, when needed. Staff handover meetings were led by a care co-ordinator and care

staff from each household attended. Staff shared information about people's health needs, appointments with healthcare professionals and the advice the professionals gave. For example, staff identified when people were not eating well, when they declined their medicines and how staff should support and monitor people's health. The care co-ordinator told care staff, "Remember [Name's] food and fluid chart is in the office, as she likes to write messages on it."

People, relatives and a visiting health professional told us staff were observant and proactive at seeking advice when people showed signs of ill health. A relative told us, "They pick up on the slightest little thing. All aspects of her health are continually monitored." A visiting health professional told us, "I have no concerns about staff following my advice. I am confident they listen and take action. Staff are observant and call me back if needed."

Good

Is the service caring?

Our findings

People, relatives and other visitors told us care staff were kind and thoughtful. People told us, "They are all really good and helpful to me" and "They are good girls, the carers." Relatives told us, "They really go the extra mile" and "They have bent over backwards for us." A visitor told us, "The atmosphere is great, really comfortable. The staff are great. You can see the bond between people and staff."

Care plans were written from the person's perspective, so staff understood their needs and abilities from the individual's point of view. Care plans included a personal profile, entitled, 'This is me', as promoted by the Alzheimer's Society. The profile included a brief history for each person and details about their preferences, likes, dislikes and people who were important to them. People's relatives were encouraged to share their memories of their relation, so staff could get to know them better.

A relative told us staff 'went the extra mile' for their relation. They told us, "They knew him, knew what made him tick. They made time to talk to him, to take photos, to remind him about his life." In one household we saw staff and relatives had posted some people's life stories, with photos, outside their bedroom doors. This helped people remember which room was theirs and enabled staff and visitors to start conversations with people about topics that interested them. A relative told us. "Everybody has had a life and they encourage people to share their life stories. I like the life histories posted outside people's rooms. I read it and so do the staff."

One person told us, "You can do just as you like." They told us they felt valued because care staff remembered little things, such as fetching the paper for them every day. Staff knew people's diverse cultural and spiritual needs. Staff were able to give us detailed information about the care, support and treatment people needed and about people's preferences relating to their daily routines and choices. The information matched the information in the records, which showed staff knew people well.

Care staff understood people who were not able to communicate verbally and supported them with kindness and compassion. A relative told us, "It's just little things that make the difference." Care staff explained their actions as they supported people and watched people's facial expression and body language to gauge their response and level of interest. For example, a member of care staff knew what one person was searching for under their knee blanket and helped them find their handkerchief. The person did not respond verbally, but they stopped moving around and settled back into their chair in response to the handkerchief being found.

Staff were highly motivated and inspired to offer care that was kind and compassionate. All staff had signed up to a dementia care pledge, which included understanding how a person who lives with dementia perceives the world around them. Care staff told us their training helped them understand people's behaviour and needs. We saw care staff were observant and proactive in minimising anxiety when people appeared anxious. We saw care staff holding people's hands, encouraging people to move to a comfortable room and inviting them to have a cup of tea together. A member of care staff told us, "I like to think I am making a difference. Interaction with people is the best bit."

The registered manager and care staff had decorated the hallways and communal rooms to help people find their way around and to promote memories and conversations. Toilet doors had picture signs and walls were decorated in themes, such as, transport, the royal family, seaside, pets, weddings, and black and white photos of the local area, according to people's interests.

People were invited to regular meetings with the registered manager and staff to discuss how the home was run and to ask for their suggestions for events they would like to attend. People were encouraged to invite their relatives to join them in celebrating important events in their lives. The registered manager told us relatives had joined them for Christmas lunch and a special meal was planned for people to celebrate Valentine's Day with their partners. Relatives told us, "We were invited on Christmas Day. We had a lovely day with [Name] and all the other people here."

People and relatives told us care staff treated them with respect and promoted their dignity. During the shift handover meeting we heard care staff spoke about people with consideration, respect and affection. Staff adjusted people's clothing when they supported them to mobilise, to protect their dignity. A relative told us, "[Name] is supported with personal care and goes to the hairdresser every week. [Name] is so much better in herself (since moving into the home)."

Outstanding ☆

Is the service responsive?

Our findings

People and their relatives told us they planned their care with support from their relatives and staff. One relative told us, "The manager came out to our home to assess needs and to check it was the right place for [person]. The relative was pleased the manager was interested to understand how their relation would interact with people who already lived at the home because that reassured the relative they would be equally concerned for their relation in the future.

The registered manager and staff were flexible and responsive to people's individual needs and preferences and ensured people were enabled to live as full a life as possible. People told us they spent their day as they wanted, for example when they got up and went to bed; and were supported to maintain their interests and preferred pastimes. We saw everybody had a 'daily planner' to remind them of the opportunities for purposeful activity that interested them every day. One person had chosen to bring their piano to the home with them. The registered manager had made space in the lounge for the piano and we heard the person playing it during our visit. We saw that other people and care staff shared their pleasure when they stopped and listened to the person playing it.

One person told us they liked to sit in a certain place in the lounge that was quiet, but where they could look outside at people passing. They told us about their recent visit to the community centre across the road, where a children's group had prepared food and played games, which they had enjoyed. They told us, "Staff always ask you what you want to." They told us they had invited the children to the home, so they could cook for the children in return. The registered manager had passed on the invitation to the children and hoped they would soon reply and suggest a date. An external health professional told us they saw how involvement in the community was beneficial to people's wellbeing.

People were encouraged to build and maintain links with their community by taking part in local events and by inviting people and organisations to visit. The registered manager had been interviewed by a local newspaper and had taken the opportunity to explain the vision and values of the home, and to invite volunteers to get involved. One person had been invited to join the local Mayor and unveil a local art display. Another person, who had previously worked with horses, was treated to a surprise visit to the home by a Shetland pony on their birthday. The home was opened to the public on the National Care Home Open Day. The registered manager and staff had organised a rock and roll themed event, which included dressing up in 1950s style clothes, an Elvis impersonator and an American diner. People had enjoyed the Elvis impersonator so much they asked the registered manager to invite them to the Christmas Party.

One person told us, "Staff write a daily report. It's behind the door. You can read it when you want. They take photos of you, and put them in the book." Relatives told us they liked looking at the daily planner because they knew what happened when they were not around. One relative told us, "[Name] is knitting again recently and has been making cards. They record milestones in people's achievements." People's care plans included a social history record, which outlined people's previous lives, family, work and experiences. This gave valuable information for staff to know and understand how people might choose to live their life now, dependent upon their hobbies, interests and cultural and religious preferences. Care staff took photos of

people engaged in activities which were displayed in the corridors and pasted into their daily diaries. A visiting health professional told us staff were consistently focused on the individual and they supported people to, "Maintain a life."

A visiting religious leader told us people were supported to attend services at the home and to spend time with them on a one-to-one basis, if they preferred. People were asked whether they had any specific cultural or religious needs during their initial needs assessment, and there was a dedicated page in the care plans to record these. In the care plans we looked at, people had not requested support for any specific cultural practices. A relative told us care staff respected their relation's values and beliefs and recognised the importance of enabling them to take comfort from their traditions. The relative told us they had arrived to find staff were already playing culturally specific music to soothe their relation, when they were too ill to respond verbally.

Relatives told us care staff knew about people's individual interests and supported and encouraged them to try out new activities. One relative told us, "They promote socialising, sitting with others, leaving your room for an occasion. They make every day special. They do everything they can to keep people engaged physically." The registered manager had recruited three activity and exercise coordinators, who had attended accredited training to deliver a programme of personalised activities and exercise for five hours a day, seven days a week.

We saw people taking part in a group activity session, which included a musical quiz and catching a beach ball for prompts, moving to music and singing to well-known songs from the 1940s and 1950s. The session prompted some reminiscing and a lot of laughter about misremembered song titles and lyrics. The music had a lasting impact and we heard three ladies singing their way along the corridor later in the day. An activity coordinator told us they enjoyed their role, because, "The people are lovely. I have come back to work here because I missed the variety and how much they get out of the activities." Relatives told us they noticed the difference in their relations' moods. One relative said, "[Name] has come back to life here. There is such a difference in her now."

Care staff spent time with people who did not want to join in the activities programme in different ways, such as playing dominoes, cards and jig saw puzzles. For people who could not engage verbally, there were pictures, memorabilia and 'rummage boxes' along all the corridors to capture people's interest and promote memory. Two rooms were decorated and arranged as1940s style 'tea rooms', which offered people a 'destination' and recreated the sense of 'going out' for tea. Visitors told us, "We are delighted with the home" and "This is great, really impressive. It's a nice place to be. I enjoy visiting."

Monthly care plan reviews included a review of risks to people's health and wellbeing and care plans were updated when people's needs changed. A relative told us, "A relative told us, "I suppose it is about every three months that we have a chat about [Name's] care. If anything happens in the meantime they always give me a call or discuss it when I come in". Relatives told us they were always welcome and could let themselves and make a cup of tea, just as they would if it was their relation's own home. A relative told us, "Staff are always the same, friendly and helpful. It is relaxed and just like home."

The provider's complaints policy was shared with people and their relatives. There were complaint forms in the corridors and 'comments, suggestions and complaints' books in each household, so anyone could leave feedback about the service. No-one had made a complaint in the books, but they had written some compliments.

The registered manager showed us two complaints they had received, one from a person who lived at the

home and one from a relative. Both complaints had been investigated promptly and resolved to the complainants' satisfaction. One person told us that their complaint, that meals were not cooked or presented to their taste, had reached a satisfactory resolution with the registered manager. The person planned to spend time in the kitchen and show the cook how they used to cook and present meals when they were younger.

Outstanding ☆

Is the service well-led?

Our findings

People and relatives told us they were happy with the quality of the service and their views were listened to. Relatives told us, "If I have concerns they listen. I'm thoroughly impressed." and "We knew it was the right place as soon as we walked in. It had the homeliness we were looking for." A member of care staff told us, "It passes my mum's test. My mum (who did not live at the home) said, 'If I get dementia, make sure you bring me here'."

The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked what people thought of the quality of food, their care, the staff, the premises, the management and their daily living experience. The provider took action to improve the quality of the service based on the results of the surveys. For example, in response to issues raised about staff availability at weekends and in the evenings, the provider had introduced a seven day laundry service and a seven day duty manager system. This meant people, relatives and staff had a senior member of staff with the appropriate authority, to refer to between 7:00am until 10:00pm, seven days a week.

People were encouraged to share their opinions informally through comment cards in reception and via a hotline number to the Chief Executive. The provider made sure people knew they listened to people's views. They explained the results of the surveys and the actions they had taken in response to the questionnaires and comment cards through a regular newsletter that was posted in the entrance hall. We saw the duty manager's name was displayed in the reception area, so visitors knew who to ask for if they had any concerns, whenever they visited.

The provider's service manager monitored the quality of the home through regular visits, during which they checked the registered manager's records, looked around the home and spent time listening to what people and visitors had to say about the service. For people who were not able to express themselves verbally, a service manager spent time sitting and observing, using a recognised care evaluation tool, which allowed them, to assess whether an individual obtained a good quality outcome from any everyday event or interaction with staff.

A member of the board of trustees had visited the home to observe and speak with people and staff, to find out on behalf of the board whether the activities and exercise programme was implemented effectively. Their written report included areas of good practice and actions for the registered manager to take to make improvements.

The provider sought feedback about the quality of the service from other agencies, for example, from Age UK. Records showed an expert by experience from Age UK had spent time at the home observing and listening to people's experience of the service. The provider responded to feedback that medication trolleys 'rattling' along the corridors was not a good experience for people. They planned to introduce a more personalised approach to medicines' administration. Plans to keep everyone's medicines in a locked cupboard in their own room were part of the provider's refurbishment programme, which was due to start in

June 2016.

Following feedback from the visit by Age UK, that the call bell system was a noisy distraction for people, they planned to replace it with an 'acoustic monitoring system'. When a call bell is pressed, a message is sent directly, but silently, to care staff's work mobile phone so they know who needs attention. The monitoring system includes voice recognition, which can be programmed to a person's voice if they are unable to use the call bell, and can be monitored remotely.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned. They had worked at the home for 38 years, had been the registered manager for 14 years and had consistently met the Regulations since first registering with the Commission.

The provider's improvement plans included a clearly described staff retention and development programme. They had appointed care co-ordinators, to improve management level skills and support at the home and to support staff's career development. Care co-ordinators were attending a leadership training programme to ensure they were equipped with the skills and knowledge they needed to be successful in their role. The programme included care co-ordinators across the provider's group of homes meeting together to share information and ideas. One care coordinator told us, "I am doing the manager training with the staff from the other homes' care co-ordinators. It opens your mind and boosts your confidence."

Care staff told us they felt well supported. They said they received the training and development they needed to be confident in their role and felt well informed about the home, their responsibilities and areas for improvement. A member of staff told us, "We can make suggestions. I could talk to the manager and the management team at any time." Staff had been consulted about proposed changes and their opinions were taken into account. For example, the proposed new uniform, of different coloured t-shirts to denote their roles, did not include pockets. The provider listened to staff's feedback and agreed the uniform would include a bag that clipped around their waist.

Relatives and staff told us the managers were approachable and supportive and the registered manager operated an open and listening culture. A visitor told us, "This is great, really impressive. It's a nice place to be. I enjoy visiting." A member of care staff told us, "The manager is very approachable, I love working here, we are a very close-knit team."

The provider's vision and values were imaginative and person-centred and put people at the heart of the service. The Chief Executive had personally delivered training sessions to managers about their vision, values and philosophy, 'To make a difference,' and training was planned for all staff. The training included all staff signing up to, "Play, make their day, be there and choose your attitude (by parking the personal)." The vision and values included a charter of what people should be able to expect of the organisation. Not all the staff had attended the training, but the ethos had already cascaded down to them through the management team's leadership and behaviour. Relatives told us, "You can see the bond between people and staff", "They make every day special" and "The atmosphere is great, really comfortable."

The provider promoted an open culture by encouraging staff and people to raise any issues of concern with them, which they always acted on. All the staff team were involved in monitoring the quality of the service through regular audit checks of, for example, people's care plans, the premises, equipment, food and medicines. Where gaps or omissions were identified in recording, staff were reminded of the importance of keeping good records at or at group or one-to-one supervision meetings.

The provider had created cleaning and safely audit schedules for daily, weekly and monthly checks with designated responsible staff. Recent housekeeping checks by the housekeeper resulted in new linen and towels ordered for three rooms, a lightbulb being replaced in one room and a socket repaired in another room. Errors, trends and issues of concern were recorded and reported to senior staff through household meetings and team meetings.

The registered manager's role included checking that staff monitored and reported their findings to make sure appropriate action was taken when necessary and to minimise the risk of a re-occurrence. Records showed, for example, accidents and incidents were analysed by the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to healthcare professionals, refresher training for staff and sharing information with relatives, the local safeguarding team and CQC.

The registered manager delivered monthly reports to the provider so the provider could be assured that care was delivered and monitored consistently across the group of homes. The provider produced monthly statistics for a range of indicators, which enabled managers to compare their performance and learn from others. For example, the provider monitored how many people were at risk of poor nutrition, the number and causes of accidents, incidents and falls and how complaints were handled. The registered manager attended regular meetings with other registered managers to discuss the monthly reports, to reflect on their practice and share ideas.

The provider learnt from their experience and took action to improve. When issues arose at any of the homes in their group, they investigated the issue and applied their learning across all the homes. For example, the provider had recently reviewed and updated their policy for assessing people's mental capacity and for how they recorded when they made decisions in people's best interests. The updated policy and procedures were shared immediately by email and then through workshops for all staff who were responsible for implementing the policy. The registered manager had enacted the policy and completed mental capacity assessments for everyone at the home. They had subsequently applied to the supervisory body for the proper authority to restrict the liberty of those people who were assessed as not having the capacity to recognise risks to their wellbeing.

The provider's emphasis was on continually striving to improve by implementing innovative systems and practices. A management team had visited an internationally recognised provider of excellence in dementia care, to learn about their methods and planned to introduce their methods into the home. The registered manager told us their refurbishment plans were based on the design principles of the exemplar organisation. The plans included an extension with additional bedrooms, redecoration throughout and to create a café and shop on the ground floor, to promote people's sense of independence. The Deputy Director of Operations told us how the provider's experience was used to promote and influence best practice in dementia care. An organisation that offered training in care staff led activities and exercise programmes had recently used one of the other homes in the group to film a teaching video, to demonstrate how the programme could be used.

The Deputy Director of Operations told us about the progress they were making with the provider's improvement plans, as described in the PIR. The provider had worked with an external specialist in dementia care, to develop a leadership training programme to encourage and support change, creativity and innovation. The recently appointed care co-ordinators at the home were all attending the course at the time of our inspection.

The provider planned to deliver up to date training in, for example, end-of-life care and management of

specific conditions such as diabetes, epilepsy, strokes, "Or anything that reflects residents' needs." The Deputy Director of Operations told us the new training would be followed by appointing trained staff as champions in individual specialisms, such as dignity, dementia care and Parkinson's care, to cascade their knowledge and skills. Staff had been asked to reflect on their interests and to consider whether they would like to become a champion in a particular specialism.