

Conifers Rest Home Limited

The Conifers Rest Home

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?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

The Conifers Rest Home is a residential care home that provides personal care for up to 18 people aged 65 and over. There were 18 people living in the home at the time of the inspection.

People's experience of using this service:

People and relatives were exceptionally positive about the staff and the management team. People told us the service was like a family home, staff were longstanding and knew people extremely well. Staff told us that it was a very happy team and they all worked well together. People told us staff were very caring and compassionate. There was a very friendly atmosphere, and everyone appeared to know each other well, including relatives, staff and people living there. The registered manager was very visible and very person centred. People and their relatives could not speak highly enough of the example she set and caring values she promoted across all staff. Staff were very knowledgeable about people's needs and supported people to remain as independent as possible.

People received safe care and staff were aware of their responsibilities to keep people safe. Risk assessments to reflect people's changing needs, were well managed. Staff received effective training and there were sufficient numbers of staff to meet people's needs. The management team took a creative approach to ensuring staffing was safe and the needs of people and staff were both supported very well. Staff were very proud to work at the service and external healthcare professionals said it was an exceptional team that delivered an excellent service.

People received extremely good care that effectively met their needs. People were well supported to eat and drink and dietary needs were well managed.

The registered manager had implemented technology to provide good monitoring of people's healthcare needs, involving people in decisions about their health and care.

There was a strong person-centred culture throughout the service and staff were skilled at providing compassionate and caring support for people. People's dignity was managed with thoughtfulness. Care was individualized with people's choices and preferences respected. Information was provided in formats that were accessible to people. Complaints and concerns were comprehensively recorded and fully investigated with lessons learned and action taken appropriately.

The service was very well led. There was a strong emphasis on person centred care with support for people and their relatives to make decisions about their care. People's identity and needs were at the forefront of care planning to ensure their wishes were known. Staff felt well supported by the registered manager, who was open to change and had implemented excellent technology to assist people's wellbeing and care. Systems were in place to monitor accidents and incidents to identify any lessons learned and make improvements where required.

Safe recruitment was followed to ensure the staff employed were suitable to care for people and shared the values of the service. People received their medicine as prescribed and this was administered by staff who were competent. The provider was following relevant guidance for infection control. The environment was clean and well maintained.

The service was working within the principles of the Mental Capacity Act (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems were in place to support this practice.

There was a registered manager in post who was available throughout the inspection. 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.

Rating at last inspection:

The service was last inspected on 10 November 2016 and was rated good, with outstanding in caring.

Why we inspected:

The inspection took place on 26 March 2019 and was an unannounced, planned, comprehensive inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

The Conifers Rest Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was conducted by two inspectors and an expert by experience, this is a person who has personal experience of caring for someone who uses this type of care service. The expert by experience on this inspection, had experience of caring for older people with dementia.

Service and service type:

The Conifers Rest Home is a residential care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, both were looked at during this inspection.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information from the provider information return form, we require providers to send the return form to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We used a Short Observational Framework as part of our inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

On the day of our visit there were 18 people in residence. During our inspection we spoke with seven people living at the home and six visiting family members. We also spoke to four care workers, the registered manager, the deputy manager and a volunteer. We observed lunch and spent time in the lounge and dining areas. We looked at the care support records for four people and we reviewed parts of other records for other people. This included peoples' medicines administration records, accidents and incident logs, staff recruitment files and training records. We also reviewed quality assurance audits and policies and procedures, compliments and complaints, surveys from staff, people and relatives.

Is the service safe?

Our findings

Systems and processes to safeguard people from the risk of abuse

- People told us they felt very safe as the staff looked after them very well. A relative told us they had looked after their family member for years at home. Since their family member had been living at the service, they had been able to go on holiday knowing the person would be safe to leave.
- There were robust safeguarding policies and procedures in place to keep people safe and ensure they received safe care. Staff received training in safeguarding and whistleblowing and had excellent knowledge of recognising potential abuse and how to report incidents within or outside the home. Staff and relatives told us they were confident the registered manager would act on what was reported and follow the correct process.

Assessing risk, safety monitoring and management

- There were individual and person-centred risk assessments in people's care plans. Staff had good awareness of when people required support to reduce the risk of avoidable harm and could describe how they managed one person's fluctuating mobility needs to avoid falls.
- Where people had been risk assessed as having reduced mobility there was evidence in their care plans of how to support them, what they needed and how to maintain their independence. People told us staff supported them to move safely. When people were sitting in communal areas their walking frames were nearby and accessible and people had good fitting shoes to avoid falls.
- There was innovative use of technology, staff used digital scanners at night as they checked on people. This involved imputing electronic data as checks were done. Records included; if people were awake, if they needed personal care, if they needed a drink. This allowed the management team to audit night checks and pick up themes. We saw one person had become more restless at night – checks had been increased to maintain safety and we could see this on the data.
- Staff told us of incidents where people became distressed. These were recorded and reviewed by the management team for triggers and then staff were educated on how to avoid incidents occurring or how to de-escalate an incident. Incidents continue to be monitored weekly. If incidents continued to occur, the GP, Dementia Outreach team or Mental Health team were involved.
- There were up to date health and safety policies in place to keep people safe. Care records were up to date, stored securely and accessible to staff.
- Staff had fire safety training and gave detailed information on how they would respond to a fire and identified personal evacuation plans that were in place for all people.

Staffing and recruitment

- People told us there were enough staff available for their needs, and we saw staff spending time sitting talking to people. One person told us staff came quickly and didn't keep them waiting, we observed staff tending to people's needs without delay.
- Staff told us it was a close team who got on well. We observed a friendly team working cohesively to meet people's needs.
- The registered manager was proud that she had a stable workforce and never used agency staff.

Relatives told us that the registered manager, deputy manager and staff worked extra shifts if they were short staffed, to provide consistency for people, rather than employ agency staff who did not know the home or the people living there. The deputy manager also told us both she and the registered manager like to cover shifts. This allowed them to assess the workload for staff and ensure they had the correct equipment and enough staff for the needs of the people

- There was evidence of safe staff recruitment and the registered manager was undertaking DBS (Disclosure and Barring Service) checks on long standing staff, as many had worked there over 10 years.

Using medicines safely

- Medicines were managed safely and stored securely. People told us that staff brought them their tablets and a drink, told them what the medicines were, and waited until they had taken them.
- Relatives told us that even though their family member did not communicate well, staff seemed to be able to gauge their mood and expressions to know if they needed pain relief which was very reassuring. One relative told us their family member had not been taking medicines at home but since they had been at The Conifers they had been taking their medicines regularly and their health had improved.
- There were protocols in place for the use of medicines given 'as required' to ensure people received these safely when they needed them.
- We observed medicines being administered safely. Staff told us they received medicines training and their competency checks were done by an external pharmacist. The management team also reviewed staff knowledge.
- Effective audit of medicines was completed on a regular basis to identify concerns. The deputy manager acted to ensure issues were resolved.

Preventing and controlling infection

- The environment was clean, odour free, well maintained and tidy. Various areas of the home had recently been refurbished.
- Staff managed the prevention and control of infection well to protect people from the spread of infection. There were infection control policies in place to support staff knowledge. Regular cleaning took place. Personal protective equipment was available and used by staff.
- The service has a 5-star food rating, from the food standards agency. This is the top rating and shows appropriate systems were in place to ensure hygiene levels.

Learning lessons when things go wrong

- Staff knew what they needed to report and how to raise concerns. There was evidence to show themes were identified after accidents and incidents and learning took place to prevent a recurrence.
- Staff told us they regularly reflected on what they did during handover sessions. Staff told us of one example of a person at risk of falls, they discussed what measures could be put in place, for example lowering the bed and using a sensor mat to avoid further falls. This handover was also used to update staff on any other issues that affected people's care.
- There was an open honest culture towards incidents. We reviewed an incident that had occurred recently and saw the deputy manager had highlighted aspects that could have been improved upon. The information was clearly documented on the service's weekly handover sheet and discussed with all staff to ensure improvements would be made to effectively manage any future incidents of this kind. This assured us that the management team were ensuring learning took place from incidents and accidents at the service.

Is the service effective?

Our findings

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received support from staff which enabled them to live as independently as possible. Staff ensured the protected characteristics of the Equality Act were considered to ensure that people were not discriminated against because of a disability or specific support need.
- People's needs were assessed using nationally recognised assessment tools. The Waterlow score was used to assess people's skin integrity, and the Malnutrition Universal Screening Tool was used to manage people's nutritional needs. We saw the guidance from the assessment tools had been used to provide appropriate and effective care for people.

Staff support: induction, training, skills and experience

- People felt they were supported by staff who had the skills to manage their needs. People said staff were very gentle and knew what they were doing. Relatives told us they thought staff were well trained, up to date and could support people and manage behaviour very well. One relative told us that younger staff members were very well supported by other staff. Staff told us they had an induction period and thought the training was good. Staff told us they received regular supervised practice, and this was reviewed at their appraisal, so they could see their progression.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was nice and there was always a choice. The kitchen was well placed between 2 dining areas and there were two sittings for lunch spread over an hour, which allowed staff time to spend with people who needed help with their food. We saw a member of staff assisting one person to eat, the staff member was focused on the person, sitting at the same level and chatting quietly, encouraging the person.
- The dining areas were light and airy and had colourful set tables with a choice of drinks. Lunch was a relaxed and sociable event. Radios and televisions were turned off and staff chatted to people as they served meals.
- On the day we visited people were offered fish and chips from a local fish and chip shop. Staff told us this was a real favourite with many people and had been requested. People told us they were enjoying their lunch.
- There was a folder with pictures of meals in the kitchen to help people decide what they wanted. We saw a staff member discussing the menu choice with people who didn't want fish. One person was struggling to decide, the staff member used the visual aids which was effective in helping them choose their lunch.
- The cook told us they had information relating to people's dietary requirements and could list special diets for us, they said they had appropriate training and the manager was very caring and always made sure people got enough to eat and drink. If people didn't eat enough there were snacks and food available throughout the day.
- We saw examples in care plans of people's weight being monitored monthly, changing to weekly if staff were worried about weight loss with appropriate referrals to other healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care

- People were provided with timely care. One person whose records showed they had a loose tooth, had a

visit from a dentist to review their care.

- Relatives told us that staff were very proactive and used their intuition to spot what people needed quickly and could refer them to whatever service they needed.
- One person had lost weight and we could track what staff had done, including referral to a dietician for advice. The person was put on a 7-day food diary and received fortified supplements, staff had continued to monitor what they were eating as their weight improved.

Adapting service, design, decoration to meet people's needs

- The accommodation was in a residential area and comprised of two houses with a discrete connection between the two. There had been recent redecoration and redesign to ensure there was a larger communal lounge but also quieter areas for people to meet up with their families. There was a relaxation area with a fish tank for people to sit away from the other areas, but still in view of passing staff if they were needed. All rooms were single apart from one which two people chose to share together. Bedrooms were clean and personalised with items of peoples' own furniture, photos and memorabilia. People had chosen how their rooms were decorated. Corridors were brightened with photos and pictures. Most rooms had en-suite facilities.
- There was an accessible garden. Some residents had direct access to the garden from their rooms. Staff told us it was used a lot in the summer.
- The environment was well maintained, and equipment serviced regularly. Signage was in different accessible formats.

Supporting people to live healthier lives, access healthcare services and support

- The home was part of the Vanguard red bag system. When a person was admitted to hospital, their personal items, medicines and medicines charts, clothes and documents would all go in the bag and it would be tagged, and the contents logged. Information called 'This is me' would also go in the bag to give hospital staff an understanding of their personality and needs.
- All staff had completed a first aid course to ensure safety and to allow emergency assessment to be quickly carried out. One relative told us that people had good access to a local doctor if needed.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was working within the principles of the MCA.
- We saw in care plans, discussions with relevant people had taken place regarding capacity and responsive changes to plans were made, when a person's capacity was fluctuating.
- We saw staff asking people for consent before attending their needs and explain what they were doing. One person told us, "They are always asking me if they can help me, I would soon tell them if I didn't like something."

Is the service caring?

Our findings

Respecting and promoting people's privacy, dignity and independence

- One person was very involved in the home and liked to help staff with drinks and meals. The registered manager had assisted the person to obtain their food and hygiene certificate to continue their involvement. We saw this person independently laying tables at lunch time. The person told us they had a front door key and could leave the home and catch buses if they wanted to go out shopping. After risk assessment the person had been given a mobile phone and flash cards with emergency contact details and health information to take with them to increase their confidence going out.
- One person told us that staff help them to the shop each day to get a paper, if they were unwell the staff would go and get the paper for them. They told us that they liked to go out to the pub with a relative when they felt like it.
- Staff told us about one person who wanted to attend a relatives wedding abroad but was very frightened about going. Staff helped them to become physically fitter and manage their weight and confidence by going out more. The management team helped them apply for their first passport and supported them with a passport interview, shopping and packing for the event to enable them to attend.
- Staff told us a male member of staff had asked colleagues to show him how to apply make up for a lady who always liked to have her make-up done to ensure she felt good about herself, when he was supporting her.
- There had been 2 cats living at the home for 18 years, one person who had become very attached to the cats accompanied the registered manager to the vets for appointments when one of the cat became ill and eventually died. The registered manager told us how it helped the person cope with the loss of the pet, that felt like their own.
- Staff told us of one person who reverted to their original language due to dementia. Staff had used a translation service to create communication cards to ensure communication was as effective as possible and to avoid social exclusion.
- The registered manager told us how they had put a lot of effort into trying to trace a family member for a person who had no relatives. This had involved the use of an Independent Mental Capacity Advocate (IMCA) and Age Concern to carefully explore the persons wishes before any action was taken. Independent Mental Capacity Advocacy gives people who have an impairment, injury or a disability which results in them being unable to make a specific decision for themselves, the right to receive independent support and representation. Advocates support people who are unable to speak up for themselves. IMCA is a new type of statutory advocacy introduced by the Mental Capacity Act 2005. The Act gives some people who lack capacity a right to receive support from an IMCA.
- People told us staff respected their privacy and dignity and we saw staff knocking on doors and ensuring they were closed before assisting someone. We observed staff talking quietly to each other, so conversations could not be overheard and discretely when they were offering people personal care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives enthused about how consistently kind and caring staff were. There was evidence of an exceptionally caring culture embedded across the home. People told us staff were marvellous, nothing was too much trouble and staff came to them quickly if needed. Relatives told us staff were fantastic,

communication was excellent, and they were always informed if their relative was not feeling well. Staff interactions were warm and compassionate, consistently checking if people were comfortable and settled or needed some support. Staff monitored people and noticed when people were not well. We heard staff praising people when they supported people to move or mobilise.

- We observed one member of staff showing empathy and compassion when a person told them their ankle hurt. Staff immediately offered to rub it better and suggested a prescribed pain-relief medicine if it didn't improve. The registered manager told us that she was very proud of how kind staff were and how staff behaved, going above and beyond what she expected of them. If a resident had no family then staff brought in gifts and provided them with clothes and toiletries. The registered manager told us she valued staff. On receiving a comment about a member of staff at a chance meeting with relatives outside the home, she had bought the member of staff a bunch of flowers to show her appreciation for such positive feedback.

- Staff knew people extremely well and could tell us about people's life histories and their interests. We saw a staff member giving one person a book called, 'My life before the Conifers, and here', which had pictures of the person and comments about things they had done, information about their working life, comments from family and friends. We observed the member of staff sitting with the person and talking to them about their life which the person clearly enjoyed.

- People looked very well cared for. We saw a staff member manicuring a person's nails, and noticed several other people had their nails manicured and polished.

- We spoke to a visitor who visits the home as a befriender, after their relative died at the home. The person told us, they were well supported by the management team and still liked to visit because they felt like staff and people at the home had become part of their family. "I am always made welcome and I spend time chatting to the residents. It's a fantastic place."

- There was feedback from a healthcare professional who had sought advice from the registered manager about finding a placement for their relative. "Thank you for your openness, kindness and wise practical advice. Thanks also to your befriender who helped me to understand the impact it has on a family member, the example you set is so special."

- The registered manager told us she had located a dementia friendly dentist to support people in the best way for their needs.

- People told us they were treated fairly, with respect and were free from discrimination. They could discuss any needs associated with culture, religion and sexuality. People's religious and cultural needs were maintained. One person told us that she still visited her place of worship and the registered manager arranged for the religious leader to visit her at the home.

Supporting people to express their views and be involved in making decisions about their care

- People we spoke to were familiar with their care plans and told us they had been actively involved in creating the plan. One family member told us they felt involved in the care of their relative and were kept up to date of changes. One person told us they did their own care plan daily, this gave them choice and control over what happened depending on how they felt on the day.

- Relatives told us they were made to feel very welcome and the home had a real sense of being part of a family. We observed that all the visitors talked to other people's relatives alongside their own.

- One relative told us they felt very guilty about their relative going into a home, but the registered manager had been extremely kind and reassuring and had made sure they were involved in all aspects of their relatives' care planning and had allayed their anxiety.

Is the service responsive?

Our findings

End of life care and support

- Staff were skilled in exploring and recording end of life planning. It was clear from care plans that people and their relatives had discussed detailed end of life wishes and these were clearly documented.
- The service was particularly skilled at helping people and their families or carers to explore and record their wishes about care at the end of their life. People received personalised support to plan how their wishes would be met so that they felt consulted, empowered, listened to and valued. There were positive examples of how people were supported with their religious beliefs.
- People's communication needs had been considered as part of the end of life care plan, taking into account their language, their ability to understand and their capacity around decision making.
- Relatives told us staff were skilled at helping people and their relatives explore and record their wishes about the end of their life. This enabled people to have more control of their care delivery at this time.
- Staff told us they were all trained in end of life care and when someone was at end of life, their spiritual, religious and any advanced wishes were always considered. They also told us that time was taken to make sure people were comfortable and as pain free as possible and that the environment was peaceful. During these times, staff played people's favourite songs and make sure that people's physical and emotional needs were met. One person had requested they left hospital to return to The Conifers, because it was a familiar environment they considered their home, where their family could be with them for their last days.
- The registered manager told us, "We work closely with GPs and the care home team nurses who come in daily to ensure people have a comfortable dignified and pain free death." This helped to make sure that end of life care for people was always managed at the home if possible and a rapid response to people's changing needs and anticipatory medicine was available when needed.
- Staff told us, relatives were welcome to stay at the home and were provided with exceptional emotional support and physical comforts including food, drinks and a bed. The registered manager said, "I couldn't think of anything worse than people having to go into hospital and be alone."
- Feedback received from relatives who had been supported during these times was extremely positive. One relative told us when their family member died, the care the person and their relative received was second to none. The relative said, "Staff were brilliant, I had a bed in the room and they kept bringing me tea and one of them would sit with me for a while. When the time came they brushed my relatives' hair and put some powder and lipstick on her, that was important because she always like to look her best." We saw lots of thank-you cards, expressing thanks for the support relatives had received.
- Staff also supported families with funeral arrangements. One person had requested their ashes scattered in the garden of the home, with a tree planted. Relatives said that the person had considered the registered manager like a daughter and thought it was fitting they remained at the home. Others had requested a small memorial in the garden. Funeral processions could leave from the home, so people and staff could pay their respects.
- Due to the exceptional care and support that relatives had received during these times; several relatives still visited the home even when their relations were no longer living there. This enable them to maintain the relationships they had made with people using the service and had a huge impact on people with no family. We saw one visitor who had brought in a person's favourite sweets.
- Staff demonstrated compassion and the registered manager told us that when one long-standing resident

died, staff came in from home to show their respect. A large proportion of staff had also attended the funeral. Staff told us the support for one another and the relatives was exceptional.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The use of Innovative technology had impacted on improving the physical health of people and supported swift access to advice or emergency services if needed. The home had signed up to a telemedicine scheme using a videophone to access health professionals twenty-four hours a day. If staff were concerned about a person, they could call and get advice. The video-link enabled the health professional to view the person and speak to them to gain information. This then linked to local services for example, if medicines were needed or an ambulance was required. The registered manager told us it was a fantastic service as it had aided them in avoiding unnecessary hospital admissions for people, which could be very distressing and disorientating. It also avoided waiting for GP or hospital appointments and ensured people were treated quickly. We were told about one person who recently received antibiotics for a chest infection which enabled a speedy recovery.
- The registered manager told us about a person who had lived at the home for several years. When their partner had become too unwell to live alone any longer, family members had requested they live together at the Conifers. The registered manager had changed the physical structure of the home by moving the lounge to allow space for a double bedroom to accommodate the person's spouse to join them in the home. The family were grateful that their parents could stay together as they wished
- People told us staff had exceptional knowledge of their lives before they moved to the Conifers. Care plans we saw were very detailed with personal information about the person before they moved in, their likes and dislikes, interests and hobbies. This promoted a person-centred culture and resulted in staff having an in-depth understanding of people's individual needs and preferences.
- Staff were committed to supporting people to live their lives in a way that promoted independence, belonging and purpose. People told us staff always gave them choice of when they got up, when they washed, and what clothes they wore and when they went to bed. People told us they could decide how to spend their time or where they went out. One person told us that if they decided to go to the shops a member of staff would go with them. Another person told us they liked to go out for lunch with their family and enjoyed sitting in a quiet place to read a book. One person told us, "I please myself where I want to be, it's up to me." Staff told us they were proud that everyone was treated as an individual and received person centred care trying to maintain their previous lifestyle.
- A relative told us that their family member had a detailed support plan that reflected their physical and emotional needs which was updated and accessible to them anytime. There was also a personal journal that was regularly updated with comments and photos, this gave relatives information about people's recent social activities to aid conversation when they visited.
- Within a person's care plan we saw that where a risk to their health and wellbeing had been identified, staff had taken appropriate action to promote a healthy life style and monitor the risk. The registered manager had ensured that up to date, good practice information and recommendations was available for staff to access. There was also a page of information for staff and the person explaining what their medicines were for and any side effects. This meant all staff and the person were up to date with best practice and knowledgeable about the persons changing health care needs. Another person had become restless at night and moved around in bed. To prevent a fall, staff responded immediately and increased checks to half hourly, as a result, we could see no falls had occurred.
- Arrangements for social activities enabled people to live a full a life as possible. There was an excellent variety of daily activities to suit everyone's needs. The home had also purchased a tablet type computer and had compiled playlists of each person's favourite songs and films for them to enjoy which encompassed peoples' diverse taste and cultural preferences. One person told us, it's very nice here you can please yourself what you do, we have entertainers that come and sing, you can join in if you want to, but no one

forces you.

- Active involvement in the local community and building further links and contacting other community resources had been encouraged and developed. Staff had also gone the extra mile to support people's past interests and accommodate them. One person had been very involved in a local community group for some years. Staff arranged to continue to take them to the group and gained their permission for other people that were interested in the activity, to join them there. Children at a local nursery school visited to do activities with people, staff told us the interaction gave great pleasure to all involved. Relatives were also involved in activities, arranging animals to visit, flower arranging, painting and reading. The registered manager told us staff went beyond her expectations when they came in on days off to take residents out.
- Some people regularly attended a memory café and a community 'dementia sing along' at a pub. This involved people and their families learning about different types of music and instruments each week. Staff told us this created new friendships with people from different backgrounds, cultures and religions. This had an emotional impact on one person who had recognised the music that had been played on their wedding day at an old-time music session, Staff told us everyone had enjoyed being involved as it was a fun day out with lots of interaction between people. People told us about going to visit a fast food establishment – they said it was the best meal ever, there were no knives and forks and they loved eating with their fingers.
- A family atmosphere was maintained at the home. One person had an event to attend in the summer, we heard the registered manager talking to the relatives on the phone, telling them they would get their relative ready and bring them to the event, so they could concentrate on all the other arrangements, to make it less stressful for them. One member of staff regularly brought their children in and one person had commented that they were like their own grandchildren.
- Relatives suggested having a beauty day, the management team told us that rather than organise for a beautician to come in and see a few people, they decided to make it into a 2-day event that everyone could enjoy. People, their relatives and staff all joined in, having massages, facials, manicures and pedicures. Staff said it was great and enhanced the experience for everyone doing it together over two days and making it into a special event that was thoroughly enjoyable.

Improving care quality in response to complaints or concerns

- Regular resident/relative's meetings were held, and the management team responded to concerns. One relative was concerned that they did not understand their relatives' behaviour. The registered manager helped the relative access an understanding dementia training course, this relative went on to gain a Level 2 certificate in dementia care which gave them greater understanding of, not only their relatives behaviour but also other peoples. This led to a rolling program of education, Age concern had been invited to talk to relatives about finances and power of attorney. Other topics covered were strokes, best interest decisions and mental capacity assessments.
- Staff told us of a person's family who were concerned they were at high risk of falls even when supervised due to dementia. Staff arranged a move to a downstairs room to minimise the risk of falls and ordered a bespoke chair for comfort, this led to less episodes of anxiousness and agitation and eliminated the need for medication. The family fed back how proactive staff had been in supporting their family member.
- The registered manager was responsive to complaints and making improvements. We saw one complaint about personal care before days out with families, the registered manager explained how they could address the issue and communicated it via a newsletter to relatives and to staff, to resolve the problem for future days out.
- Relatives told us the manager was very visible and they would be happy to bring up any issues. Staff told us there were complaints forms and a complaints policy and they knew the management team would deal quickly and efficiently with any complaints.

Is the service well-led?

Our findings

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives told us the registered manager was, "All for the residents, they come first." We observed staff were friendly and warm towards residents and with each other, creating a relaxed atmosphere. There were plenty of staff available in communal areas. People told us the registered manager was always visible around the home and very approachable. People told us the manager was kind. Families told us she was brilliant, one relative said, "She will roll her sleeves up and muck in if something needed doing." Another relative said, "If you have a good manager you will have good staff and she is one of the best."
- The registered manager was clear about duty of candour responsibilities and notified us of significant events. They were open about a recent incident which had been picked up by audit, and we could see clearly how effectively the deputy manager had identified the incident, with immediate action to correct the problem and then inform staff via the newsletter of how to avoid a reoccurrence and improve care.
- People and relatives praised the registered manager for setting high standards and promoting high quality, person centred care across the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was good leadership and robust governance. The management team and staff were clear about their roles and understood quality performance risks and regulatory requirements.
- Staff told us communication was good, the team worked well together, and they were proud of the care and support they could offer people.
- The management team worked well together and had good oversight of the service. The rota showed us that the registered manager and deputy manager worked different shifts to support staff, assess the workload and get oversight of people's routines to ensure they worked.
- The management team had a culture of openness and welcomed feedback from staff, relatives and people and we saw evidence of how they had responded positively to good feedback and complaints. There was a regular staff newsletter to keep them up to date of changes.
- Staff told us that the management team were receptive to change, and they could suggest ideas. One idea was to change meal times, this resulted in two meal sittings and allowed staff more time to help people which promoted a calm environment and allowed staff to help people effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Information on people's views of the service was gathered in different ways to give everyone a voice and were used to help develop and improve the service.
- There were regular staff surveys, all the feedback we saw was very positive, staff commented they thought the home was well run, well maintained and that they received the right amount of training and support to carry out their roles.
- There was a relative's survey, feedback from this included, relatives complementing staff on their dedication and care. Feedback from people included statements that, people felt safe, well cared for and

felt they could talk to staff, feedback forms included pictures to aid understanding.

- Staff told us meetings were held regularly and they looked at things they could improve, the registered manager said. "The meetings ensure staff are all singing from the same hymn sheet, by keeping them up to date with any news, training and changes."
- There was a formal employee of the month award which was given for anything above and over what was expected, often acts of kindness. Staff, relatives and people could all vote. Staff received a certificate a gift and the nomination slips so they could see the comments made about them. This supported team building and to showed staff how they were appreciated.

Continuous learning and improving care

- We saw feedback from a recent survey that relatives had completed. Questions around food and menu were answered but had been taken further by the management team, by asking relatives to speak to the deputy manager who would go through their relatives' weight history and explain the Malnutrition Universal Screening Tool assessment to relatives.
- Staff told us the weekly handover sheet kept them up to date with things that had happened in the previous week so staff could pick up on themes and gain an overview of what was happening with people. They looked at things that had gone well, and issues staff could improve on, any training available and equipment information.
- There were lead roles for staff, including a MCA champion, Dignity in care champions, and Dementia ambassadors. Their role ensures that information is cascaded across the workforce and to relatives. Staff told us the roles promote person centred care, privacy and dignity and empowers people's independence and rights to ensure wellbeing.

Working in partnership with others

- The management team supported staff nights out to encourage team bonding and allow staff to get to know each other outside work.
- The service had an excellent relationship with a local GP practice, one of whom commented they felt the service was outstanding in all areas. Other GP comments included, staff were always helpful, caring, good with people, very approachable and they would always recommend the home.
- We saw feedback in one persons' care plan which had a comment from an external healthcare professional which said. "Your carers are marvellously supportive, enabling and skilled at mealtimes, please continue the good practice".