

Ryefield Court Care Limited

Ryefield Court




Inspection report

Ryefield Avenue
Uxbridge
Middlesex
UB10 9DE

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14 March 2017

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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

The inspection took place on 14 March 2017 and was unannounced.

This was the first inspection of the service since it was registered in July 2016.

Ryefield Court is a care home for up to 60 older people in the London Borough of Hillingdon. The home caters for some people who may be living with the experience of dementia. At the time of the inspection 24 people were living at the service. Some of these people were there for short stay care. The service is run by Ryefield Court Care Limited, which is part of the Berkley Care Group, a national privately run organisation. The organisation had five care homes at the time of the inspection, with plans to open a sixth home in 2017.

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 and associated Regulations about how the service is run.

The service was exceptionally caring and people were supported to feel special. The leadership of the home and the staff worked in a natural and well-coordinated way to focus their attention on each person. Every interaction we observed showed how the staff treated people as individuals and appeared happy and confident in the way they supported them. In addition, people living at the service and their visitors reported this was always the case. People shared stories with us and the registered manager told us about examples where staff had gone the extra mile to give someone the care and support they needed. In these examples we saw how the staff considered the holistic needs of each person, thinking about their emotional wellbeing as well as their physical needs.

People's needs were met in an exceptionally person centred way. They were supported to plan their own care and to pursue the life they wanted to live. The staff showed empathy and understanding around the challenges people felt when they moved into a care home and tried to support people to ease this. Examples of this were supporting people with hobbies and interests and helping people to feel more confident and able to accept help and support.

The service was closely linked with the local community. Vulnerable and older local community members were invited to the home to take part in activities, share meals and socialise with people. This service was free of charge and people were offered transport to and from the home. This initiative was supported by Age UK and allowed some of the more vulnerable members of the local community to have access to support and services, including hot meals, which they may not otherwise have had. In addition the people living at the service enjoyed this aspect of the service, as local community members volunteered, socialised and spent time with them.

The arrangements for social activities and entertainment were innovative and reflected people's preferences and needs. The provider arranged for regular unique and interesting visiting entertainers. People enjoyed this. People also had access to community activities, including regular trips to places of interest and the theatre. The spa room offered treatments each day and people had unlimited access to the cinema room to watch films or sporting events. The provider had access to satellite films and sporting events and was a member of social media film clubs.

The provider had designed an all-inclusive luxury service. This meant that the environment, furniture and furnishings were all very good quality. The provider had a policy that any damaged items would be immediately replaced. The environment included additional communal features which people were able to use whenever they wanted, free of charge. For example, there was a cinema, which people could use to watch films or sporting events with their friends and families, a spa where people using the service and their visitors could receive treatments and a bar/bistro area where food and drinks were served throughout the day. People were extremely positive about the service and the environment. The all-inclusive nature allowed for them and their families to have unlimited access to the services at the home. They told us they appreciated this and enjoyed the way in which the service was run. The registered manager told us that allowing families and friends to have access to the same services as people who lived at the home had resulted in visitors staying longer and as a result this was better for the wellbeing of the people who they were caring for.

The quality of the food at the service was exceptional with all meals freshly prepared from food which was delivered daily. People were able to make choices about what they ate when they were served. There was a good variety of set choices, but people were also able to ask for something different and eat at different times of the day to set meals and this was accommodated.

The service was well-led. The registered manager operated an open door policy, telling us, "We never turn people away if they want to talk with us." People who lived at the service, staff and visitors confirmed this telling us the registered manager was approachable and valued them. There were comprehensive systems for monitoring the quality of the service and the provider was striving for continuous improvement based on feedback from their stakeholders.

People were cared for in a safe way. There were procedures designed to protect them from abuse. Risks to their personal safety and within the environment had been assessed. There were enough staff and there had been checks on their suitability whilst they were being recruited. Medicines were managed in a safe way. The staff worked with other healthcare professionals to make sure people's health needs were monitored and met. People felt that their complaints were appropriately responded to and felt confident speaking with the registered manager, staff and provider about any concerns.

The staff were appropriately trained and supported. They had regular training and commented that this was useful. They had the information they needed to carry out their duties and they told us they felt well supported by the registered manager and senior staff.

The provider acted in accordance with the requirements of the Mental Capacity Act 2005. They had assessed people's capacity, obtained consent for care and taken appropriate action where people lacked capacity to ensure care was delivered in their best interests.

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.

There were suitable procedures for protecting people from the risk of abuse and avoidable harm.

The risks to people's wellbeing had been assessed and the provider took action to minimise these risks.

People received their medicines as prescribed and in a safe way.

There were enough staff to keep people safe and meet their needs.

People were cared for by staff who were recruited in a safe way.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were appropriately trained and supported.

The provider acted in accordance with the requirements of the Mental Capacity Act 2005. They had assessed people's capacity, obtained consent for care and taken appropriate action where people lacked capacity to ensure care was delivered in their best interests.

The environment was suitable to meet people's needs.

People's nutritional needs were met. They were able to make choices about freshly prepared food and had unlimited access to food and drink.

The staff worked with other healthcare professionals to ensure people's healthcare needs were being met.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Care and support were person centred and focused on the needs and wishes of the people who lived at the service. Their individual needs were clearly recorded, but in addition to this the staff had an exceptional knowledge of the people who they were caring for and provided the support and care they needed.

The staff were kind, gentle and thoughtful and this made a difference to people's lives. There were examples of staff going the extra mile to make someone feel happy, more confident and special. Their interactions with people reflected each person's personality and wishes. The way in which the staff cared for people appeared natural and relaxed and created an atmosphere where people were universally content and felt special.

Is the service responsive?

The service was exceptionally responsive.

People received personalised care which met their needs and reflected their preferences. They were involved in planning and reviewing their care. Information about their needs was extremely personalised and the staff had a good knowledge of these. There was evidence that the care and support provided had resulted in positive changes for people who lived at the service and enhanced their wellbeing.

The service placed a strong emphasis on the importance of family and community. Personal visitors were given the same access to services and facilities that people who lived at the service were. The staff valued people's families and their involvement contributed to people's happiness and wellbeing. In addition the provider invited vulnerable older people from the local community to spend time at the service and be part of their community.

People had opportunities for entertainment and social activities which were varied and met their individual needs and interests. They had access to a wide range of facilities which they could use in different ways to reflect their individual needs. For example, watching live sporting events, films, visiting entertainers and accessing the spa and bar/bistro facilities.

People felt confident that complaints would be investigated and acted upon.

Outstanding 

Is the service well-led?

Good 

The service was well-led.

There was a positive culture and people living and working at the service were happy and well supported. There was extremely positive feedback about the provider on their website and from their own quality monitoring. This reflected the feedback which we received.

There were good systems for monitoring the quality of the service with good results. The registered manager was well respected, visible and supportive. Problems and concerns were identified early and acted upon to stop these escalating. For example, there were low rates of accidents, falls and incidents.

Ryefield 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 March 2017 and was unannounced.

The inspection team included 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 expert-by-experience supporting this inspection had experience of caring for older people.

Before the inspection we reviewed the information we held about the service. This included the information from when the service was registered, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the provider's own website and an independent care home review website where people who had used their service, and their representatives, had left feedback.

During the inspection we spoke with nine people who lived at the service and 12 visitors, including friends and family of people living at the service and one visiting social care professional.

We also spoke with the registered manager, operations director and other staff on duty who included, the deputy manager, care assistants, senior care assistants, team leaders, catering and hospitality staff, the activities coordinator, housekeeping staff and administrative staff.

We observed how people were being cared for and supported, including observations of support at mealtimes and during activities. Our expert-by-experience shared a meal with some people who lived at the service. We looked at how medicines were being managed, including the administration of these, storage and record keeping. We looked at the care records for seven people who lived at the service, the staff

recruitment records for five members of staff, staff training and support records, records of complaints, accidents, incidents, safeguarding alerts, paperwork for Deprivation of Liberty Safeguards, meeting minutes, audits and other information used by the provider to assess the quality of the service.

Is the service safe?

Our findings

People who lived at the service and their relatives told us that they felt the service was safe. Some of their comments included, "The staff pay attention all of the time so we know [our relative] is safe", "All of the time I have been here, nobody has ever upset me. [The service] is safe and friendly. They love us and we love them", "Since [my relative] moved here I sleep at night. I have no more worries" and "I love the new manager. Her cuddling me makes me feel safe."

One relative told us they were concerned about the security arrangements because there were often a great many visitors at the service. We spoke with the registered manager to assess what security arrangements were in place. The reception area was staffed at all times and all visitors were asked to sign in and show proof of their identity. In addition visitors were required to wear passes whilst they were at the service. Community visitors, not associated with a particular person living at the service were restricted to specific communal areas only and could not access corridors where bedrooms were located. These corridors and lifts were secured with number coded locks. The codes were shared with people who lived at the service and their personal visitors.

There were suitable procedures for protecting people from the risk of abuse and avoidable harm. The provider had information about the local authority's safeguarding procedures which were shared with the staff. The staff we spoke with demonstrated a good awareness of these. They told us they had received training and information about safeguarding adults. They knew who they would report any concerns to and understood about the different types of abuse. The registered manager had taken appropriate action when they had identified a person had been placed at risk of harm. They liaised with the local safeguarding team to make sure the concerns were fully investigated and action to prevent further harm had taken place.

The risks to people's wellbeing had been assessed and the provider took action to minimise these risks. The number of falls and accidents was very low compared to other services of a similar size for older people. The staff told us they thought this was because of the way in which people were supported and cared for. Written risk assessments were comprehensive and took account of a great many personal and other circumstances which might lead to injury or harm. The risk assessments for each different risk a person was exposed to were linked together and also linked to their care plans. This ensured that the staff reading these assessments had a holistic view of the person's needs at all times. Risk assessments were person centred and focussed on each person's specific needs. There were detailed plans for the staff to follow to avoid placing someone at risk and how to support someone in different circumstances. Assessments and the plans to manage risks were reviewed monthly. The staff had a very good understanding of each person's needs and the risks to them. For example, where people were at risk of falling the staff made sure they were available to walk alongside them or be close by. They did not restrict people and their support was unobtrusive. For example, during lunch in one dining room, two people stood and moved around the room and to other rooms on a number of occasions. The staff did not stop them but accompanied them in a supportive and friendly way, ensure the person was safe. The staff thought about environmental risks before these became a problem, for example one person wanted to sit next to a heated food trolley. The staff

repositioned the trolley and allowed the person to sit where they wished.

The staff asked people who were seated in wheelchairs when they entered a room, if they wished to remain in these or be seated. When they supported people to move they did this appropriately ensuring the person was safe and communicating clearly with the person, so they did not have any surprises and they felt safe and comfortable at all times.

The provider had taken steps to make sure the environment was safe. They undertook regular health and safety and infection control audits. There was evidence that equipment was regularly checked and appropriately serviced. The provider had a contingency plan for dealing with different emergency situations. There was an appropriate fire procedure and fire risk assessments. People living at the service had individual personal emergency evacuation plans which outlined the support they would need to evacuate the building. Risk assessments and information about environmental safety were kept up to date and regularly reviewed.

People received their medicines as prescribed and in a safe way. We observed how medicines were administered. The staff responsible for this had been appropriately trained and their competency had been assessed. We saw evidence of these assessments. They were patient, kind and considerate when administering medicines allowing people to take their time and explaining what they were doing. People living at the service and their representatives told us they were happy with the support they received with medicines. One relative told us, "The staff seem very knowledgeable and keep on top of the right medicines for [my relative's condition]." Another relative commented, "They inform me of any changes in [my relative's] medicine or care plan."

Medicines were appropriately stored in secure rooms. The staff regularly checked the temperature of medicine storage areas and this was within appropriate ranges. The provider undertook daily, weekly and monthly audits of medicines. There was evidence they had identified any errors/problems with medicine management and addressed these straight away.

There were clear individual records of the medicines people were prescribed, why these were prescribed and any special instructions or side effects. People's allergies were clearly recorded. There were protocols for PRN (as required) medicines stating the circumstances when people should be administered these. The staff had completed administration records for all medicines. These were clear and included information about refusal or any other non-administration.

There were clear procedures for medicines management and the staff were aware of these. They explained that they had received relevant training. The care plans for each person contained details of their current medicines and risk assessments associated with medicines or medical conditions.

There were enough staff to keep people safe and meet their needs. The registered manager told us the staffing level at the service at the time of the inspection had been assessed to meet the needs of up to 40 people. They told us this would be increased when occupancy reached this number. The provider employed a range of hospitality, catering, domestic and housekeeping staff. The registered manager told us this allowed for the care staff to focus on their role of caring and not have to worry about other jobs. The care workers were supported by senior care workers, team leaders, the deputy manager and registered manager. There were clear lines of responsibility and the staff we spoke with were aware of these.

People using the service and their relatives told us they thought there were enough staff. They said that they did not have to wait for care and their needs were being met. They said they were able to take part in different activities, move around the home and have showers and baths when they wanted because there

were enough staff to accommodate their needs. We observed that people's needs were met promptly and no one had to wait for care or attention. The staff were calm and did not rush people or ask them to wait. They were attentive and managed potentially challenging situations well by giving everyone who they were caring for the support they needed when they needed it. People were supplied with call bells in their rooms and in communal areas. The staff were able to tell us about people who were not able to or may not wish to use these. They demonstrated that they undertook regular checks on people's wellbeing. We saw the staff paying attention to people who were in their bedrooms and checking on them. They had a good knowledge of all the people who they were caring for, how they had been the previous night and their wellbeing at any given time. Records showed that the staff made regular checks on people throughout the day and night and their wellbeing was recorded.

People were cared for by staff who were recruited in a safe way. A representative of people who lived at the service was involved in interviewing potential staff along with the registered manager. They were able to give their feedback about the suitability of the candidate. The provider undertook a number of checks on potential staff including references from previous employers, checks on their identity, eligibility to work in the United Kingdom and criminal records. We saw evidence of these checks in the staff files we viewed.

Is the service effective?

Our findings

People living at the service and their relatives told us they thought the staff were well trained and had the skills they needed to care for them. Some of their comments included, "Staff are very well trained here. They pay attention", "The staff are always around, they care for the residents and the visitors, it is good team work", "People feel comfortable here with the staff" and "The staff make sure everyone feels important."

The staff we spoke with were very positive about the training and support they received. One member of staff told us, "I feel so supported, there is an open door policy and the manager is always available if we need her, the deputy manager is fantastic, we are very lucky, I have never worked in a place like this before." Another member of staff said, "The training is fantastic, the best I have ever had."

There were appropriate systems for inducting new staff, which included shadowing experienced workers. The staff were provided with a range of training which reflected nationally recognised standards for training care staff. Training was updated when needed and there was a clear record of all staff training achievements and when updates were due. Non care staff were also provided with the same training the care staff received, so they had a good awareness of the holistic needs of the service. We asked the staff about some of their training and they demonstrated a good knowledge of this, including information around safeguarding vulnerable people, the Mental Capacity Act 2005 and dementia awareness.

There were systems for supporting the staff. These included handovers of information and allocations of duties for each shift. The staff were able to tell us about their allocated responsibilities and said that they had enough information to enable them to fulfil their roles. There were regular team and individual meetings with the registered manager and these were documented. We saw that the staff were praised for hard work and areas of development were appropriately discussed.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the person, if possible, people who know the person well and other professionals. The staff we spoke with demonstrated an awareness of the MCA. Care records for people who had been assessed as having capacity showed that they had been asked to consent to their care, to information being recorded and shared, to photographs being taken and their medicines administered. There was information to show their care plan had been discussed with the person and they had signed their agreement to this. People we spoke with told us their care plan had been discussed with them. The records for people who lacked capacity to make certain decisions included a clear assessment of this which outlined the different decisions they might need to make and their capacity in relation to these. Where people lacked capacity there was evidence that the provider had met with their families or other representatives to discuss how care could be provided in their best interests.

Throughout the inspection we saw the staff explaining what they were doing when they supported people and obtaining their consent. For example, when supporting someone to move from a wheelchair to a chair,

the staff asked the person what they wanted to do. They then described what was happening and what they were going to do next so that the person felt well informed. They allowed the person to take control of the situation by telling the staff when they wanted to stop or rest.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The staff understood their responsibility for making sure the least restrictive options were considered when supporting people and ensured people's liberty was not unduly or unlawfully restricted. The provider had submitted DoLS applications for authorisation for some of the people living at the service. However, they also took steps to offer care in the least restrictive way, allowing people free movement around the service and the ability to make choices about how they spent their time and lived their lives. We saw that people felt free and unrestricted and the staff behaviour showed that they respected people's decisions.

During the inspection visit we met a local authority best interest assessor who was visiting the home. They spoke positively about the provider's approach to DoLS stating that they submitted applications in a timely way and that the care files contained all the relevant documents needed to assess the application.

The provider had designed the environment with the aim of luxury living and the home was designed and furnished to a high standard. Bedrooms were a good size with en-suite facilities and either a queen size bed or a profiling bed depending on the person's needs. Bedding, soft furnishings and towels were made of high quality materials. The registered manager told us the provider had said that if any furniture was damaged or marked it would be immediately replaced. People were able to bring their own furniture and belongings and we saw that some people had personalised their bedrooms. There was a number of different communal facilities which included a cinema, spa treatment room, bistro/bar area, fine dining room, library and a lounge and dining room on each floor. The garden was nicely maintained with sculptures and water features and was secure with level walk ways and seating.

The second floor was dedicated for people who lived with the experience of dementia. Whilst all floors were light, airy and had wide corridors with handrails, we noted that the second floor did not include many way finding clues to support people who had difficulty orientating themselves. We discussed this with the registered manager and operations director. They said that they considered the individual needs of people living at the service when designing the environment. They reported that they had visual notice boards and memory boxes which they would use for individual people if this was needed, but at the time of the inspection no one needed these as they were able to find their way around the environment and to their rooms. The registered manager had undertaken an assessment using a nationally recognised dementia friendly environment assessment tool. They showed us how this had assessed the environment for encouraging the wellbeing, comfort, safety, security and orientation of people living at the home. They said they would regularly review this if people's needs changed or they admitted people with different needs. We noted that there were no clocks on display or pictorial menus for people with dementia. The registered manager told us they had already identified this as a problem and had large clocks on order which they would install when they received them. They also said they were in the process of photographing all their dishes so that these could be used to accompany the menu for people who needed visual clues. During the inspection we observed lunch time service on the second floor. The staff spent time explaining about the dishes on offer and described what the food was. They also allowed people to make a different choice once they had seen food served up. The registered manager told us they aimed for the staff to show people the different meal options ready plated to help them make their choices.

People's nutritional needs were met. They were offered a choice of freshly prepared food made from good

quality ingredients. People living at the service and visitors told us they liked the food. One person told us, "The quality of food is brilliant. There is an element of choice. They guide the residents to make a choice." Another person said, "If you don't like anything from the menu they prepare anything you like."

Nutritional needs were assessed when people moved to the service and then reviewed monthly. Each person had a care plan regarding their needs and how these should be met. Where people were considered at nutritional risk there was a separate assessment outlining the risks and the action the staff needed to take to support people. We saw evidence that people had been referred to specialists where needed. Information about people's dietary needs and preferences were clearly recorded both in the care plans and in the kitchens. The catering staff demonstrated to us that they had a very good knowledge of individual needs. People were weighed monthly or more often if needed. Changes in weight were recorded and there was evidence the staff had taken action where they identified significant weight loss.

People living at the home were able to invite visitors to join them for any meal and food and drink was unrestricted for people and their visitors. There was a bar/bistro area where people could enjoy alcoholic and non-alcoholic drinks and snacks throughout the day and evening. Each floor had a small kitchen area where snacks and drinks were prepared by the staff if people needed these. People were also able to request hot and cold food from the main kitchen throughout the day. The chef told us they provided additional snacks for the staff to give out overnight if needed when the main kitchen was closed. The chef told us there were no restrictions on the amount and quality of food they wished to purchase. All meals were freshly prepared from fresh meat, fish, fruit and vegetables which were delivered daily. The registered manager told us that they did not use frozen or pre-prepared products.

The food at the service looked and smelt appetising and attractive. People enjoyed the food they were served on the day of the inspection and a considerable number of people were joined by their relatives and friends for lunch. The main meals of the day included a meat, vegetarian and fish option. The chef told us, and people confirmed, that if people did not want one of the main options an alternative would be prepared for them. People were able to have a cooked or continental breakfast and we saw that pastries and fruit were available for people throughout the morning.

There was a clear focus on individual needs and wishes with regards to mealtimes and food. We saw examples of this, where people chose to eat their meals outside of the normal meal times, and in the way food was presented to people, considering their likes and portion sizes. The staff demonstrated a very good knowledge of individual preferences and needs. Hospitality staff made sure people and their visitors were offered food and drink throughout the day. The appearance of the dining rooms and crockery and cutlery were of high quality and we observed that people experienced service as they would in a restaurant. However, the atmosphere at mealtimes felt relaxed and not overly formal so people enjoyed the experience. People ate well and those with small appetites were encouraged to eat regularly and things which they would enjoy.

The provider offered a fine dining experience which was a twelve seated private dining room which people could book for a family gathering, special event, or just because they wanted a different experience. There were no restrictions on the booking arrangements and there was no charge for the person or their family. The experience included a silver service waited three course meal with alcoholic and non-alcoholic drinks. The registered manager told us this allowed people to feel they were hosting a special occasion. It also allowed people who had specific needs, such as for assisted toilets, to enjoy a restaurant experience if they found the experience of going to a restaurant in the community challenging.

The kitchen was well maintained and the catering staff undertook appropriate checks on safety and

cleanliness. They had regular meetings with the registered manager to discuss the menu and also met with people who used the service to ask for their ideas and input. The chef told us that they visited people in the home each afternoon to obtain feedback on their meals.

People's healthcare needs were met and they told us they had access to health services when they needed them. Relatives commented that they found people's health care needs were well met. They told us that the staff alerted them to any changes in their health condition. They also told us the staff had a good knowledge of people's individual healthcare conditions. One relative spoke about an emergency situation where their relative became unwell. They explained how the staff had responded and felt this was very good, communicating with the emergency services and the next of kin.

Healthcare needs were clearly recorded in people's care plans. There was information in each care plan from the NHS summarising the person's health conditions and common presentations and treatment. The care plans also included individual information about these needs and the support they required. People's health was monitored and recorded daily and there was evidence the staff made appropriate referrals for changes in health condition.

Is the service caring?

Our findings

People who lived at the service and their visitors told us the staff were kind, caring and polite. Some of the things they told us were, "They are looking after me. They are nice", "They look after me very well and I am very comfortable here", "The staff are respectful and caring", "I am welcomed at any time when I visit", "They respect and know [my relative's] choices", "[My relative] is engaged here, the staff always make sure she is included", "It is a pleasure to see people here, it is a great atmosphere", "I very much trust the staff here", "They are all very kind" and "We tried a number of different care homes for [my relative]. I can honestly say that when we picked this one she got her life back."

One visitor told us how the staff had gone the extra mile to meet their relative's needs. They said, "Knowing that [my relative] was a teacher in the opposite school they accommodated her in a bedroom facing the school. One day one teacher recognised [my relative]. They spoke with the carers and the manager to organise a surprise visit to see her. She was so happy."

The staff were exceptionally caring, putting the people who lived at the service at the heart of their work. We saw frequent examples throughout our visit where the staff encouraged, reassured and comforted people. For example, we saw one person becoming disorientated and showing signs of confusion and distress. The staff member in the room sat next to the person gently touching them and reassuring them with phrases like, "I am not going anywhere" and "Don't you worry." They stayed with the person until they were more settled and were not distracted by other tasks, even though they had left another task to sit with the person. The staff supporting people who were eating spoke gently with them telling them, "You take your time" and "Just relax." Everyone entering the dining rooms for lunch was greeted and treated as a special individual by the staff. They took their time to approach each person and offer them the support they needed. For some people this was offering them a waitress style dining experience, for others the staff spent time explaining about the food options, sharing a joke or orientating them when they became confused.

There was a close bond between the people living at the service and the staff. The staff knew each person they were caring for extremely well and were able to tell us about their individual personalities and preferences, as well as how they were that day and any specific requirements they had. The staff appeared happy and relaxed and approached each person smiling or showing understanding where people were distressed. The staff entering bedrooms and communal rooms always greeted people positively and asked about their wellbeing and comfort. They treated people equally but differently according to the person's wishes, for example giving one person a gentle hug and shaking another person's hand. When the staff were sitting with people or supporting them they held their hands if they needed comfort, reassured them that they had their handbag when they were concerned about their belongings and encouraged people to speak and sit with each other and share an activity. For example, we saw a member of staff supporting one person who was agitated. They encouraged another person to sit with them and initiated a conversation about a shared interest they knew the people had. They stayed with both people for a while and then returned to check on their wellbeing at regular intervals.

The staff were considerate of people's feelings and wishes. They provided discreet care and support. For

example, one person needed assistance with their false teeth. The staff handled this sensitively and in a way that was not obvious to anyone else. The staff knocked on doors before entering rooms and spoke quietly to people about their personal needs, for example if the person wished to go to the toilet.

We saw evidence of and heard about examples where the person centred approach of the service had made a difference in people's lives. For example, one person was known to have worked with children in the past. They told the staff that they missed this. The staff arranged for the person to visit a local school the next day and to attend the school assembly. The registered manager told us the person had enjoyed this very much and had helped them to think about and discuss some of their happy memories.

In another example, the registered manager asked a person who lived at the home to be part of the interview panel for the staff. The person had held a position of professional responsibility in their working life and appreciated the chance to use some of their skills in this way. The person developed a set of questions for staff based on the views of people living at the service which allowed more people to be involved in the procedures for selecting staff. The registered manager told us the person brought a new perspective to the interview panel and also allowed the panel to view the disposition and awareness of the staff when communicating with an older person who used the service. The registered manager told us that other people were asked to give feedback about staff as part of their probationary reviews at the end of staff induction.

The registered manager told us about a person who had refused assistance with personal care when they first moved to the home because of their feelings around their self-image. The registered manager spent a long time talking with and reassuring the person. They then assigned a specific member of staff to establish a relationship with the person talking about the person's interests and getting to know one another. The person decided to accept some assistance from the member of staff and has since been happy to have this support.

People living at the service were supported and encouraged to share their views on other aspects of the service. For example, each communal room had access to a computerised tablet which controlled the music. The playlists created on different tablets reflected the musical tastes and choices of the people who used the room regularly. In addition, people gave feedback about the volume music was played at and this was adjusted according to the tastes of individuals in the room. People told us they were asked to give their feedback on the playlists which had been created.

The provider placed a strong emphasis on the importance of family and friends in ensuring people were happy, comfortable and well. People were able to invite visitors to join them for any meals, activities and entertainment. All food and drink were provided free of charge for visitors. In addition there was a spa at the service with daily pampering sessions and massages available for people living at the service and their visitors. The registered manager told us that treating the visitors this way allowed the person using the service to treat their guests as they wished. They also told us they felt that families and friends staying longer and sharing these activities with people resulted in fewer accidents, better health and better emotional wellbeing. The registered manager told us about one person whose family lived abroad. They supported the person to use the internet and webcams to have face to face conversations with them. They told us they made sure they shared photographs of special events and activities with families who could not visit regularly.

The staff and provider put people first. The registered manager told us, "We never ask a relative to book an appointment and will see them as soon as possible – we are never busy for our residents and relatives as they take priority. We would rather stay late to finish paperwork than ask them to come another time." We

saw evidence of this in the way in which the staff, registered manager and operations director responded to and interacted with people during the inspection. For example, the staff left non-care based tasks to speak with people living at the service and visitors and to respond to their requests. The positive team-working approach which existed amongst the staff team meant that we saw how other staff stepped in to complete any other duties so that the home ran seamlessly at all times.

People were supported to maintain their independence. We saw that people were free to organise their own routines and the service was flexible around these. For example, on the day of our inspection some people chose to stay in bed for the morning and were supported to have breakfast later in the day when they woke up. One person told us, "The staff are here if I need, if I want a bath I can have this anytime, they are all very attentive, if I call out they come." People who were able to were supported to do things for themselves at mealtimes, such as making themselves a drink, buttering their own toast and helping themselves to condiments. The staff were available to offer the support the person needed and wanted, checking with them about whether they wanted assistance or not. People living at the service had input into the menus, activity planning and ideas about running the service. The registered manager regularly sat and spoke with individuals and groups to obtain feedback as well as through organised meetings.

Throughout the home the atmosphere at the service was friendly, welcoming and positive. The staff were gentle, thoughtful in their approach, calm and professional. People using the service looked well cared for and content. People were offered choices with regards to everything they ate and did and the staff respected this. For example, we heard one person requesting a cup of coffee. Whilst the member of staff was making this they asked another member of staff for a cup of tea. We heard the staff discussing this in the kitchen and agreeing to take the person both drinks to offer them a choice.

Is the service responsive?

Our findings

The service was responsive to people's individual needs and preferences and found creative ways to enable people to live full, safe, happy and content lives. They paid particular attention to the challenges people experienced with the transition into a care home. For example, the staff were able to tell us about different individuals who had found moving to the home difficult for their own different reasons. Each of them had withdrawn from spending time with groups and had chosen to spend time alone in their bedrooms. The staff talked with one person about their interests and found they had a passion for gardening. They found out where the person's favourite garden centre was and took them on an outing there. The person enjoyed the outing and had since felt more relaxed and willing to join in other activities and outings outside of their room. Similarly, another person did not want to leave their room. However, they enjoyed reminiscing so the provider organised for staff and volunteers to visit them each day so they could do this. Through these conversations the staff found out about a particular interest in a theatre the person had enjoyed visiting when they were younger. The provider organised a trip to the theatre for the person. Since this time, they had also enjoyed more trips and events. The registered manager told us about a third person who was withdrawn and did not like to interact with others. The staff supported the person to feel valued, encouraging and supporting them and making sure they had special attention. The person had since felt more relaxed and able to leave their room and spend time with others.

People living at the service and their relatives told us that their needs were being met. They were involved in planning their own care. We saw that people had been involved in developing their care plans and they confirmed this. Care plans were extremely person centred. The template for the plans did not contain many prompts and the operations director told us this meant the staff had to think and write about the individual. We saw this to be the case. Care plans recorded specific preferences, people's strengths and needs in great detail and the support the staff should give. The care plans were regularly reviewed and updated. Each care need was closely linked to other needs giving the reader a holistic view of the person. The care plans were very detailed, however the staff demonstrated a very in-depth knowledge of each person. They were able to tell us about individual preferences, personalities and needs. They also demonstrated their knowledge by caring for people in a very individual way. For example, offering people different things to do, having different conversations with people based on the person's interests and understanding and allowing people to make choices throughout the day. For example, we saw that one person could not decide about the food they wanted to eat or where they wanted to sit in the dining room. The staff allowed the person to make different choices and accommodated this, providing different meals and moving the person's food to where they were sitting. No one was told what to do, where to sit or how to spend their time, and when people wanted to do something out of the ordinary, such as leave the dining room for a short time during a meal and then return, this was supported with no fuss, allowing the person to feel completely at ease and supported in their decisions.

The staff had consulted with people and their families when creating and reviewing care plans. There was detailed information from families about the person's life before they moved to the service, interests and aspirations. This information was reflected in the care plans created for each specific need, with particular focus on people's preferences. The staff recorded how people had felt each day, how they had spent their

time and any changes in need. The information was incorporated into care plan and risk assessment reviews. We saw that people were offered lots of different opportunities each day and had fulfilling lives which reflected their needs and known preferences.

People living at the service felt valued by the provider. They confirmed this by telling us that they felt listened to and their wishes acted upon. They were involved in making decisions about all aspects of the service, such as menu planning, music, activities and feedback about the staff. The registered manager demonstrated to us how individual interests had been incorporated into the activity schedule and food on offer.

The provider held an important role in the local community reaching out to older people who lived locally and were vulnerable. They had liaised with a national charitable organisation who supported older people and who had put them in touch with older members of the local community who lived alone. The provider invited these people to all activities and events at the home, provided them with meals, hairdressing and treatments free of charge. In addition, they arranged transport to bring these people to the service and take them home. The registered manager spoke with us about one particularly vulnerable person who visited the home each day and shared a hot meal and company with the people living at the home. The day of the inspection was a coffee morning at the service. This was open to any members of the local community who wished to attend. We met some of these people. They spoke positively about the experience. The registered manager said that the provider recognised the importance of caring for and looking after vulnerable older people, particularly those who lived alone. One visitor told us, "They make me feel so welcome." The provider had offered the building as a venue for various local community groups to meet. This included communal worship, which local community residents and people living at the service could be part of. Some of the comments from visitors included, "When the care home opened last July, we were invited to the opening. It was great!", "If the people who live here can't go into the community, the community comes here to them", "We are very much involved here and we love it", "Amazing relationship with the community" and "'Here the residents benefit from the local community who pay a visit here."

The registered manager told us that people living at the service benefited from the number of visitors and being part of the local community. We witnessed how visitors and people living at the service spent time together socialising and playing games. The registered manager said this enhanced the wellbeing of people. We saw that people who were living with the experience of dementia were as involved with community activities as everyone else, socialising with visitors and having the same opportunities to take part in events. In addition, the people who lived at the service had access to a mini bus and a chauffeur driven car to visit the community if they wanted. For example, one person who lived at the service had their own business, which was being run by family members. They had found moving to a care home challenging including the loss of control and access to their business. The provider arranged for them to visit their business and check on how things were being managed. This helped them to feel more settled and comforted, knowing they could do this at any time. In addition to the support to physically visit their business, the staff demonstrated empathy and appreciation for how the person felt and what was important to them.

The arrangements for social activities and entertainment were innovative and reflected people's preferences and needs. People had access to a range of facilities at any time, free of charge. For example there was a cinema room. There were organised film events which were open to everyone. In addition, the provider showed major sporting events in the room, creating an atmosphere where people felt part of the community through sharing a sporting interest. The provider had access to satellite only sporting events, such as the Ashes and some football games. This meant people had unrestricted access to watching the sports they enjoyed the most. People were able to use the cinema room for events with their families. For example, if the family wanted to share a specific film together, they could use the room. The staff provided snacks and

drinks for everyone to enhance their viewing experience. There was a hairdressing and spa room where people were offered daily therapies, treatments and massages. The hairdresser visited three times a week. The registered manager said that once the home was at full occupancy this would be increased to five times a week.

There was a programme of organised activities. The activities coordinator planned this after consultation with people who lived at the service. There were multiple activities on offer, which were both in-house and external events. The provider ran regular trips to the theatre and people were involved in choosing what they wished to go and see. In addition, there were regular in house entertainers. Again, these were chosen in consultation with people. One person told us, "Every Thursday evening we have a band or a singer and we enjoyed with the visitors. It's an amazing atmosphere." The activities coordinators met with individuals to discuss their needs and preferences. They had a record of these and we saw that activities were planned to meet these needs. People had access to a minibus and chauffeur driven car to access the community as they wished, for example to visit friends, to go shopping or to visit their home. People completed feedback forms following their participation in social activities. These were collated and analysed by the activities coordinator to ensure improvements could be made where people wanted them. In addition to the organised activities, the staff offered different things for people to do throughout the day and evening. We saw evidence of this with people being offered the opportunity to walk to the local park, spend time in the garden and play games in the home. The service had strong links with local schools who visited.

There was an appropriate complaints procedure and people were aware of this. People living at the service and their relatives told us they felt concerns were listened to and acted upon. Details of the procedure and stages of investigating a complaint were outlined in a guide in each bedroom. We looked at the provider's records of complaints and saw that these had been investigated. The registered manager had responded to the complainant with details of the investigation and outcome. There was evidence they had changed practice as a result of complaints to improve the service.

Is the service well-led?

Our findings

Everyone we spoke with who lived, visited or worked at the service praised the service and the way in which it was managed. Some of the comments from people living at the home and their visitors included, "I don't think there is another place like this where they make you feel so welcome and cared for", "The laundry service is brilliant. We never lose anything here. The service is on time", "The community coffee mornings are such a good idea!", "The staff know what they have to do always" and "The staff are in control of [my relative's] health and they have good awareness of dementia."

Some of the things the staff told us were, "I feel supported and motivated to do more and more here", "We have head of department meetings every day to make sure we address any problems straight away", "I am very pleased of the new manager appointment. I feel freer with her. Staff morale is high", "I sometimes can forget the time here because I really enjoy working here" and "I feel motivated and encouraged by the manager."

The atmosphere at the service was positive and happy. People living at the service, staff and visitors all expressed their happiness at the service. People were relaxed and appeared content. The staff told us how much they liked working for the provider and how they felt they were treated better and had better opportunities than previous employers they had worked for.

The service had made a positive difference in people's lives. The registered manager told us that they addressed concerns and feedback straight away before these escalated into larger problems. For example, one person was refusing to eat. The staff observed that they would eat when visiting the bar/bistro area. They arranged for the person to be served all their meals in this area and this had resulted in them eating more and being happier. In another example people had expressed that they were not always happy with the choice of soup. So they had arranged for there to be three choices of soup for people to choose from. The registered manager told us they had observed that some people did not enjoy group activities so they had arranged for individual activity provision based on these people's interests and wishes.

People felt involved and valued. There was a representative from the people who lived at the service who was involved in discussions with the manager, the recruitment of staff and planning. People living at the home told us they knew who the representative was and felt able to speak with them if they had any concerns. They also confirmed they were asked for their opinions about different aspects of the service. They told us they spoke with the chef, activities coordinator and senior staff each day to discuss their experiences. People felt the home was well maintained and clean and the staff were kind, supportive and knowledgeable. There were enough staff to meet people's needs and keep them safe. This was confirmed by people living at the service and staff alike. One person told us, "The staff have time to be involved in reminiscence sessions and activities and also just to chat to people. It's so important but in other homes there's often never enough time to do this properly." Another person said, "The manager comes round all the time to talk to people and check that everything is ok."

The provider asked people to complete written surveys about their experiences, which we saw. They were positive and people had rated the service highly in all areas. Some of the comments in the surveys included, "Excellent, everything is first class", "Management are always there and very approachable", "[The service] has given me a new outlook", "[The staff] are always pleasant and helpful" and "Amazing team made a huge difference." People had also given feedback via the provider's website and a national care home reviewing website. We looked at this feedback which was universally positive and included some very complimentary comments about people's experience of living at and visiting the home.

The registered manager was an experienced manager of care services. They told us they had found the provider's concept and the way in which they ran services very exciting. They said it had been inspirational working at the service and that the provider was very supportive. The operations director and non-executive director visited the service regularly, offering support and auditing the service. People using the service and staff praised the registered manager's open door approach. Comments included, "We can talk with [the manager] whenever we need", "The service has improved so much since the appointment of the new manager" and "Nothing is too much trouble for [the manager], it feels like she listens and wants to be there for us." The registered manager praised the staff team and said, "I have a good team and a great deputy manager who supports me." The registered manager also said, "We put residents at the centre of the service and ensure their decisions are always respected and implemented. No issue is too small and we are very happy to go the extra mile and deliver excellent care at all times." This sentiment was echoed in the feedback we received and through our own observations.

The registered manager and senior staff met daily to discuss the service and any areas for improvement. They also met with groups and individual people living at the service. Where people were not able to give their views the registered manager told us she met with families and advocates to make sure everyone's views were represented. We saw meeting minutes from formal meetings and people told us that the registered manager was visible throughout the day and evenings so they had opportunities to speak informally.

The provider had systems for auditing and monitoring the quality of the service. These included regular audits of medicines management, care plans and other records, health and safety audits, infection control audits, managerial walk arounds, surveys, meetings with people who lived at the service and staff and feedback forms for people to complete after meals and activities. The provider carried out monthly visits where they assessed the service and looked at specific areas of care. The audits and quality monitoring was well recorded. We saw that where concerns had been identified there were plans of action to make improvements.

The provider ran four other care homes in the United Kingdom and were in the process of opening others in 2017. The operations director told us that as the home had not yet been open for one year (at the time of the inspection) they had not started work towards professional care accreditation. They said that once the service was established they would be seeking this.