Water Hall Healthcare Limited

Waterhall Care Centre

Inspection report

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Tel: 01908640570

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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?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 09 February 2017 and was unannounced.

This was the second scheduled comprehensive inspection carried out at Waterhall Care Centre. At the last inspection on 22 July 2014 we found the provider was meeting the requirements of the regulations inspected.

Waterhall Care Centre is a 56 bed purpose built care home located in Bletchley, Milton Keynes. The home is situated over three floors, the ground floor is leased to the Primary Care Trust and the first and second floors offer permanent care in a residential setting for those with nursing, residential or dementia care needs. They also work in partnership with Milton Keynes Hospital to provide rehabilitation care. Each floor offers recreational and dining areas where activities and entertainment can be enjoyed and there is also a secure garden area. At the time of our visit there were 51 people using the service.

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

People were supported by very kind, caring and compassionate staff that often went the extra mile to provide people with excellent, high quality care. This high standard of care enhanced people's quality of life and wellbeing. The whole staff team were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations.

There was a strong culture within the service of treating people with dignity and respect. The staff and the registered manager were always visible and listened to people and their relatives/friends, offered them choice and made them feel that they mattered. Staff spent time with people to get to know them and their needs and this had ensured that behaviours that could be challenging for staff and distressing for people were minimised. People and the staff knew each other well and these relationships were valued.

Care was planned around people's individual preferences and this included their spiritual and cultural wishes. People's diverse needs were considered and their human rights were respected. The service had also developed a recognised approach to support people at the end of their lives to ensure that it was dignified and comfortable. People received exceptional compassionate care at the end of their life which was planned in advance with them. Health professionals told us the service provided excellent care and they were impressed with the knowledge of staff and their attention to end of life care.

There was a culture of openness and transparency at the service. Staff were extremely positive about the management and leadership which inspired them to deliver a high quality service. Exceptional leadership was demonstrated by the registered manager with a pro-active effort to encourage ideas from staff to

further benefit the people in their care and maintain a strong, stable staff team with a shared goal. People were looked after by staff who all shared the provider's commitment to running a good quality service. The staff shared the provider's vision and values to ensure people benefitted from the best possible care.

Feedback from people who used the service and their relatives was used to make changes to the service and to drive any improvements required to make the service better. Emphasis was placed by the management team on continuous improvement of the service. A robust system of monitoring checks and audits identified any improvements that needed to be made and action was taken as a result.

People felt safe. There were systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care. There were risk management plans in place to protect and promote people's safety. Robust and safe recruitment checks were carried out to ensure suitable staff were employed to work at the service. We found there was sufficient staffing levels to provide support to people as needed. We also saw that staff members could undertake tasks without feeling rushed when supporting people. Staff told us they had time to spend with people and this was promoted by the registered manager.

We saw that competent staff dispensed medicines, without interruption and at the correct times they should be administered. Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they always received their medicines at the times they needed them.

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs. They were well supported by the registered manager and had regular one to one supervision and annual appraisals. Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. We observed they had positive relationships with people who lived at the service to support them to have as much freedom as possible.

People were supported to access suitable amounts of nutritionally balanced food which met their dietary needs. A variety of meal options were available for people, which included specific health and cultural dietary requirements that were based upon their specific dietary needs. Staff worked closely with other professionals within the multi-disciplinary team to ensure people's health and well-being needs were fully met and to ensure that where possible, any rehabilitation goals were met.

The environment had been adapted to help to meet people's needs, in particular people living with dementia, and promote their independence. People had access to appropriate space at the service to see and look after their visitors, for meaningful activities and to be alone if they wished.

People received a personalised service which was responsive to their individual needs and there was an emphasis on each person's identity and what was important to them. There was a commitment to ensuring strong links with the community and an emphasis on enhancing people's lives through the provision of meaningful, imaginative activities and opportunities.

People felt they could raise concerns and any were taken seriously, investigated and followed up to develop the service.

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.

The service had procedures in place to protect people from potential abuse and unsafe care.

Detailed risk assessments were in place to identify any risks to people and written plans were completed to manage these risks and keep people safe.

There were processes for recording accidents and incidents.

Recruitment procedures the service had in place were robust and consistently followed.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the service.

People were protected against the risks associated with the unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good

The service was effective

People were supported by staff that were sufficiently skilled and experienced to support them to have a good quality of life.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their dietary needs.
Staff supported people to access healthcare services swiftly to meet their health care needs.

The environment had been adapted to meet people's needs and promote their independence.

Is the service caring?

Outstanding

The service was very caring

People were supported by staff that were wholly committed to providing high quality care and had an excellent understanding of their needs.

Staff worked closely with people and their families to ensure they were always actively involved in all decisions about their care and treatment.

People's lives were celebrated and people's rights to privacy and dignity were highly respected and valued.

People receiving end of life care were treated with exceptional care and compassion, as were their relatives and those that mattered to them; both during and following the person's death.

Is the service responsive?

Good

The service was responsive

Staff had a very good understanding of people's needs and preferences.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People participated in a wide range of activities which kept them entertained and enabled them to follow their hobbies.

People told us they knew their comments and complaints would be listened to and acted upon.

Is the service well-led?

Outstanding

The service was very well-led.

People received a consistently high standard of care because the registered manager led by example and set high expectations of staff about the standards of care.

People, relatives and staff expressed high levels of confidence in the management and leadership at the service. Staff worked together as a team to support people and felt valued for their contribution.

The culture was open and honest and focused on each person as an individual. Staff put people first, and were committed to

continually improving each person's quality of life.

Extensive quality assurance systems ensured people received an exceptional quality service driven by responsive improvement.

Waterhall Care Centre

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 of Waterhall Care Centre took place on 09 February 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held on the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

During our inspection, we observed how staff interacted and engaged with people who used the service, in particular people living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with thirteen people who used the service in accordance with their communication abilities, and observed the way in which staff interacted with them. As some people were unable to express themselves fully due to their complex needs, we also spoke with seven relatives of people using the service. In addition we had discussions with three visitors to the service and eighteen members of staff from different departments. These included three nurses, six health care assistants and one team leader. We also spoke with four housekeeping staff, the activity coordinator, the chef, registered manager and relief area project manager. This gave us a wide insight into staff views across each of the departments. During our visit we were also able to have a discussion with a visiting healthcare professional to gain their views.

We looked at six people's care records to see if their records were accurate and reflected their needs. We reviewed six staff recruitment files, four weeks of staff duty rotas, staff training records and further records relating to the management of the service, including quality audits and health and safety checks.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes, I feel safe living here. I don't feel frighten or afraid because the staff look after me." Relatives spoken with made similar positive comments about how their family members were safe at the service. Staff told us and records showed, they had received appropriate training in safeguarding and how to protect people from harm and abuse. One staff member said, "If I ever witnessed any form of abuse, I would report it straight to [name of registered manager], I know she would report it to the authorities." Throughout our visit we observed that people looked comfortable and at ease in the company of staff. We also saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

Individualised risk management plans were in place to promote people's safety and to maintain their independence. There was a focus on positive risk taking so people could continue to live full and active lives. One person said, "Before I could weight bear the staff were using the hoist to transfer me from the bed to the armchair and they always made sure that it is two of them. I can now transfer with the use of my Zimmer so I only need one of them to assist me." Relatives told us that one of the strengths of the service was that people did not feel restricted by their care. One relative commented, "They [people using the service] are always doing something. They [staff] really try to make sure people stay independent for as long as they can be."

The registered manager was clear in her vision for the service that people should be supported to remain as independent as possible and to continue to lead a fulfilling life. Our conversations with staff highlighted that they too shared this commitment to risk management. One staff member told us, "We try to encourage people to take part in activities, any interests they had before they came to the home. We don't stop people doing things just because they have dementia."

We saw that risk management plans covered areas of needs such as, moving and handling, self-neglect, medication, nutrition and pressure area care. Staff told us and records seen demonstrated that they were reviewed regularly and updated when a person's needs changed. In addition we saw there were risk assessments and plans in place to safely manage behaviours that may require a positive response from staff. For example, there were specific positive behaviour support plans in place for some people living with dementia who needed them. Staff were clear about the strategies to reassure people and how to positively support people's behaviours that presented challenges to themselves and others.

We also found that robust accident and incident recording procedures were in place. Staff confirmed that the registered manager was made aware when incidents occurred, and that action was taken where necessary. This demonstrated a positive attitude in promoting people's safety. We saw evidence that the registered manager or a senior member of staff was on call to provide advice and support to the staff team in an emergency situation or in adverse weather conditions.

Safe recruitment practices were followed. Staff confirmed they had undergone full pre-employment checks, and references had been obtained. We saw evidence within the staff files viewed that the necessary staff

recruitment documentation had been obtained before they commenced work at the service.

People using the service and their relatives told us there were sufficient numbers of staff available to meet their needs. One person said, "The staff answer my call-bell promptly. I never have to wait a long time, considering they have other people to look after." A relative commented, "There are always plenty of staff around. You never have to go around and find one." The registered manager and staff confirmed that the staffing numbers were sufficient to meet people's needs. During the inspection we observed there were staff available in the lounges at all times, to provide assistance to people if needed. The staff rotas confirmed that staffing numbers were consistent and sufficient to meet the needs of people using the service.

People's medicines were managed safely and administered at the prescribed times. One person told us, "I always get my medicine with my food which is what it says on the instructions." Staff told us that two people using the service had been assessed as competent to self-administer their medicines. One staff member said, "We take all the steps necessary to make sure people can administer their own medicines safely, if they want to." We saw risk assessments were in place to support this. Staff also told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "We are always being assessed to make sure we are safe." Records we looked at confirmed this.

We observed the morning medicine round and found that medicines were administered in line with current best practice guidelines. Staff were able to consistently describe how and in what circumstances any 'as needed' [PRN] medicines would be administered. This reflected the information included in people's care plans. We saw that people's medicine administration records (MARS) had been fully completed.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff know me very well and how I need to be cared for. I can't fault them they are angels." A relative told us, "The staff are very knowledgeable, they respond to any queries that I may have and keep me updated if there are any changes to [name of person] care needs." Another relative commented, "I am so impressed with the staff and management here, they are excellent when it comes to supporting the residents. They know what they are doing without exception."

Staff were provided with the appropriate support and training to enable them to carry out their roles. One staff member said, "I recently did the virtual dementia tour training. It was really good, it made you understand the difficulties people living with dementia have in understanding the world around them. I shared my experience with some of the relatives and suggested that they should be provided with the opportunity to have the training as well. It would help them to understand what their family member living with dementia is experiencing." We spoke with the registered manager about involving relatives in the dementia training. She told us this was currently being explored by the service and felt it would be a valuable experience for everyone and we saw evidence to support this.

Records demonstrated that staff had been provided with induction training and those new to the service were working towards achieving the care certificate. We also saw that on-going training for staff had been arranged and some senior staff had undertaken further specialist training to enable them to acquire the knowledge and skills to needs the diverse needs of all people using the service.

Staff were able to communicate effectively with people living with dementia. For example, we saw a moving and handling procedure being carried out for one person who was showing signs of anxiety. The staff knew how to support the person throughout the procedure and provided verbal and physical reassurance. This meant the person remained calm and felt assured they were safe. The registered manager told us that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Our observations confirmed that people's consent was gained before staff assisted them with care and

support. One person said, "The staff always explain to me how they are going to support me." Staff told us and records confirmed that they had received training as part of their individual training schedule.

The registered manager had an in-depth knowledge of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. At the time of the inspection ten applications had been made and approved. We did not observe people being restricted or deprived of their liberty during our inspection.

People were supported to eat and drink enough to maintain a balanced diet. One person commented, "The food is plenty and very nice. I have a small appetite and they cater for that." A relative explained that their family member had a poor appetite when they were admitted to the service. They said, "Since [name of relative] came here to live the staff have worked with not just [name of relative] but us as a family to improve her appetite. They asked us what she used to really enjoy for meals and drinks and have provided her with a lot of encouragement. Now she loves her food. Lunch is her favourite time of the day."

We spoke with the chef who said, "I get feedback from people on what they would like to have on the menu." The chef told us he visited every person using the service on an individual basis. We observed a four weekly menu in each person's bedroom, to enable them to plan what they wanted for meals. It also meant that this gave people time to change their minds and be provided with a suitable alternative.

We observed the lunchtime meal and saw that people using the service were provided with choices; and the meals were served in an unrushed manner. One person was half way through eating their meal and decided that they wished to have an alternative and this was provided. Another person needed to have their meal pureed and this was served in an attractive and colourful manner. The individual was able to identify what they were eating. We also saw within the communal areas that sweet and savoury snacks, crisps, biscuits, sweets, chocolates and fresh fruit was available for people to help themselves. Within the support plans we looked at we saw that there was documentation in relation to people's dietary needs and the support they required with shopping and purchasing food items.

We saw that people were supported to maintain good health and had access to a range of healthcare services. One person told us, "I only have to ask and they will arrange for me to see the doctor." A relative explained, "I will take [name of relative] for any appointments she has but the staff are very good at letting me know if there are any problems or if she needs to see the doctor."

We spoke with a healthcare professional during the inspection. They confirmed that good relationships with the registered manager and the staff team had been established. They told us the staff were experienced to recognise when they needed to seek the advice of other healthcare professionals. Staff told us if there was deterioration to a person's health they would seek their permission to report it to the registered manager or a relative and if needed contact the GP or health care professional for support or advice. Records demonstrated that people's health needs were frequently monitored and discussed with them and their families.

The environment had been adapted to help to meet people's needs, in particular people living with dementia, and promote their independence. We found that people were supported and assisted to be as independent as possible by the use of clear dementia friendly pictorial signage to communal areas and bathroom facilities. There were points of interest around the service and "landmarks" to help support people to navigate their way around, both inside and outside. We observed one person who had stopped to look at a picture. A staff member stopped by and drew them into conversation about the picture which then turned into a conversation about places they had lived in their life.

The environment had a variety of sensory objects available for people to engage with. For example, soft cuddly toys, dolls and prams, a wealth of items of memorabilia from different eras and musical instruments. In addition there were points of interest that contained objects people could easily recognise and relate to. For example; household cleaning and laundry objects, books, magazines and accessories such as hats and scarves. We also saw chests of drawers and baskets in the communal areas that were full of items for people to explore. This meant that people living with dementia were able to live in an environment that allowed them to feel safe and secure while it provided comfort, routine and social opportunities. This allowed them to experience more personal control and meant they could take part meaningful activities that they enjoyed.

Outstanding ☆

Is the service caring?

Our findings

Without exception, people and visiting relatives told us the staff were extremely caring, compassionate, attentive and dedicated in their approach. They commended the exceptional quality of the care they received. One person said, "They [staff] are wonderful, we get on very well. Nothing is too much trouble." A relative told us, "We have an excellent relationship with the staff. We are now on first term names and nothing is ever too much trouble for them." Similar positive comments were made by other relatives we spoke with.

Staff were patient and highly skilled at developing strong relationships with individuals who used the service. One person said, "I like the fact that people will sit and spend time with me without feeling they have to rush off." A relative added, "The atmosphere every time I come is relaxed with people in conversation with staff sitting around. It's very personal." Another relative said, "Relationships with staff and [name of relative] has grown and grown. They are like family."

We observed staff in all roles spending meaningful time with people. For example, we saw housekeeping staff stopping and sitting down with people who called out to them. We also observed the registered manager taking time out to support one person who became anxious and distressed. There was a high level of engagement between people and staff and this had resulted in people feeling empowered to express their views. For example, we saw one person who did not like the music that was playing at the time. They got up and commented they were going to change the music, which they did, to something more to their liking.

Staff were able to spend time getting to know people, their likes, dislikes and personal histories. One staff member told us, "We are never rushed and we have time to spend with people, it is wonderful." Our observations confirmed that staff knew people well. For example, we saw one person who was enjoying the music playing in the lounge. Without being asked, we observed a staff member approach the person and give them a harmonica which he played along with to the music. This showed that the staff member knew the person well and had anticipated what they had wanted to do.

We saw that with support from people's relatives, staff had developed life stories about people using the service. These were in the form of an album and gave a detailed history of the person, including photographs form their childhood, up to their present day achievements. We saw these included important events from their life such as marriage certificates, certificates of army education and photographs of achievements. For example we saw in one album a photograph of a painting that had been completed by the person and cherished by their family. Staff told us they had found these beneficial in learning more about the individual and things that were important to them. One staff member said, "I know more about [name of person] and the things they have done in their life. It helps to draw him into meaningful conversation and you can see him come alive."

Staff had a good understanding of protecting and respecting people's human rights. One staff member said, "No matter what religion or beliefs people have, we treat everyone as an individual." They also described the

importance of promoting each individual's uniqueness and were passionate about providing a non-discriminatory service. We saw that religious services took place regularly and we found evidence of the impact this had on individuals. For example, one relative told us, "It doesn't matter what religion or persuasion you may be, they [the service] will arrange for you to follow your faith. It's been very important to [name of relative] to be able to actively keep their faith, especially since [name of spouse] passed away." This meant that people were enabled to follow their faith, worship together and to take Holy Communion if they wanted to.

We spoke with the registered manager about the culture at the home. She told us people using the service were at the centre of everything they planned and did. She told us, "Our staff have developed professional relationships with residents and families and these relationships make us work as one family with a common goal to provide the best care we can."

Staff understood how to support people with dignity and respect. Without exception people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person told us, "They always knock on my door they never barge in. They listen to me and respect what I say. I feel like an equal." A relative commented, "I visit at different times and they treat both me and [name of relative] with respect. The manager is very hot on making sure people are treated with respect. She makes sure her staff treat people how they would want to be treated."

We observed many examples during the inspection of staff talking with people as equals, discussing the day and talking with people at eye level. For example, we observed a person who was upset and anxious. A staff member sat with them and gently held their hand and spoke with them. They led them to a more private area and spent a long period of time with them, holding their hand and chatting. We later saw the person smiling and walking back to a group of people and joined in with the conversation. We spoke with the staff member who said, "We know when someone is upset. It does not matter how long you spend with the person. The manager always enforces how important it is to maintain people's dignity and she is very supportive. There is no pressure to rush things. The resident is always the centre and the most important person here."

The registered manager told us that two staff were dignity champions. Their role was to encourage the involvement and participation of people in their day to day activities. She told us, "We have dignity champions who support residents, families and staff in ensuring residents living with dementia are treated with respect and dignity."

We saw that the service had a dignity pledge in place that had twenty eight pledges. Some of these included, 'We pledge to respect your personal space'; 'we pledge to preserve your modesty' and 'we pledge to alleviate loneliness and isolation'. The dignity pledge was re-enforced during daily meetings with heads of departments and during staff handover meetings and team meetings. Our observations throughout the day confirmed that people were treated with the upmost respect and as an individual with different experiences, wishes and needs. This culture of respect was evident from the senior management team through to the support and care staff. A news letter was sent out to staff, visitors and service users and we saw that the newsletter contained the dignity pledge that further re-enforced the culture of respect at the service.

The service demonstrated an extremely compassionate awareness and understanding to end of life care. For example the registered manager said they ensure that when people are receiving end of life care they play relaxing music and use scented candles and would put in place anything else the person may want. She also told us that if family members were not available she would roster an extra staff member on the rota to sit with the person receiving end of life care. In addition, for relatives that liked to remain with their loved

ones the service offered a bed for the night. This was also supported by a night time 'snack menu' available 24 hours for relatives.

Staff were interested in developing their end of life skills further and were supported by the registered manager to do this. A registered nurse said, "What I want is for families to walk away with all their wishes having been listened to. End of life planning can start on admission or soon after whereby we document the wishes of the resident and their family." The service has links with a local hospice which provides training and support for staff to provide high quality care for people nearing the end of their lives. Staff were trained under the Gold Standard Framework (GSF) to provide high quality end of life care. This meant the service reached quality standards which were recognised as offering a high level of palliative and end of life care for people. At the last GSF annual appraisal the service achieved re-accreditation.

We looked at end of life care plans for people which were recorded on a thinking ahead document for people with no advanced care plan on admission. These detailed how people wanted the end of their life to be and records showed that where people did not want to be taken to hospital at the end of their life, this was honoured. The service held regular GSF meetings with peoples GP's and group reflection meetings following a person's death to improve their practice in end of life care.

Through our observations and discussions we found that the standards laid out in end of life framework had benefitted people. For example, the registered manager told us about one person who had been on end of life care. Since commencing on the end of life programme the person had shown significant improvement and a remarkable recovery to the point that they were no longer receiving end of life care. A staff member said, "It is unbelievable [name of person] is doing so well at the moment." A relative said, "It is entirely down to the staff and their attitude and care they give."

The registered manager told us they offer families the opportunity to continue to visit the service following the death of a loved one and remain part of the 'Waterhall family'. They also offer a bereavement service if families feel they need this. Following a funeral families were invited back to the service for beverages and to talk with staff. We saw that staff always attended funerals and this was encouraged by the registered manager. Compliments that relatives completed following their loved ones funerals showed that families appreciated this. Some of the compliments included, 'They all showed compassion and empathy. The staff looked after [name of relative] as if she was their own mother and for that I am truly grateful. [Name of staff member] was incredible. She brought light and life into the home.' A second comment included, 'I never had any doubts that [name of relative] was well cared for with the upmost dignity and respect from everyone'.

We saw the service had a memorial tree where the names of people who have passed away at the service are added for remembrance. We saw that one person was sat next to the tree and was looking at the names. A staff member sat with them and said, "Do you remember [name of deceased]?" Which they did and started to talk about them with affection. This showed that people's lives were celebrated by the staff at the service.

Good

Is the service responsive?

Our findings

All the people we spoke with and their relatives were overwhelmingly positive and praised the care given by staff. One person told us, "The staff know exactly how I like things to be done and also what I don't like. They respect my wishes and I feel they listen to what I say." Another person said, "I prefer to remain in my bedroom and read the newspaper and books. The staff come in and will often bring me a book or a magazine. They are so lovely."

People also told us that staff were very good at responding to any changing needs that may happen. For example any changes in health or family issues. A person who lived at the service said, "Straight away they will try and sort me out if I am not feeling myself. They make sure we are all okay. The staff respond really quickly when I am not feeling well, they are absolutely fantastic." One relative told us, "This is an absolutely excellent service. The staff know when [name of relative] is not himself. They contact me straight away and tell me what's happening. It is brilliant how well they know him." These examples demonstrated how well the service responded when someone was not feeling well or changes occurred in people's care.

We observed that people using the service received individualised care and support appropriate to meet their needs and personal wishes. For example, we saw that a relative of a person using the service dined with his family member on a daily basis. The service had purchased a table that seats two people. This was now their table and allowed them to dine as a couple, as they would if they were in their own home. This had been positively received from both of them and demonstrated that the care and support they had received had been tailored to meet both their needs. A member of staff said, "The care we provide to people is personalised to people's needs. Some people are here for rehabilitation and I feel rewarded when a resident is able to go home. It's real job satisfaction."

Staff told us that people's needs were fully assessed before a care package commenced and records we looked at confirmed this to be the case. Staff also told us that people's care plans informed them well, they said that they were very clear about what they must and must not do to support each person.

The registered manager confirmed that prior to receiving a care package people's needs were fully assessed. Care plans seen contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and were focussed on the outcomes that people wished to achieve from being supported. We saw evidence that when there was a change to a person's needs the care plan was updated to reflect the change. One staff member said, "We ask everyone involved if they wish for anything to be done differently or if the care that we provide could be improved in any way." Relatives confirmed that staff included them in the decisions about their family members' care or if the care provided could be improved.

The registered manager informed us, "We work with the person and other professionals to plan for changes, ensuring that the person's wishes and preferences are respected; care is partnership centred and collaborative. Records demonstrated that people's entire care package was reviewed monthly with them and their representatives to ensure the care they received was still relevant to their identified needs.

The provider had a 'resident of the day' initiative for a different person each day, every month. Whilst every day is special for every person at the service, the 'resident of the day' initiative makes a day in a month extra special for each person. People who had been the 'resident of the day' told us they enjoyed their extra special day. Staff told us this initiative helped them to understand what people needed to improve their life and that could make a positive difference to them. For example, the different heads of departments visited the person and discussed what they liked and didn't like about their care. People were able to enjoy as much social activity and meaningful interactions as they required. The 'resident of the day' ensured caring and housekeeping staff were involved in creating an environment to promote each person's wellbeing and quality of life.

People were supported to follow their hobbies and interests. One person said, "The activities here are very good, there is always something going on." Another person told us, "I enjoy going for little outings with the staff. They always have enough time for me. I'm very happy here."

The service employed an activities co-ordinator to support with activities, who helped people enjoy their chosen interests in a group or as a one to one support. A relative said, "This is one of the best things about this home and where it excels." We saw that one to one activities were also provided to people who were cared for in bed to provide companionship and reduce social isolation. The activity coordinator said, "I spend time with people on a one to one level, sometimes doing a relaxing hand massage or painting their nails."

The service had an activity programme, which enabled people to participate in activities outside and inside the service. Entertainers regularly visited the service to perform. We saw there were pictures displayed at the service of activities that people had participated in. These related to day trips, birthday celebrations and theme events such as summer barbecues, Christmas and Easter parties.

Each day a person using the service was able to participate in a dining experience. The activity coordinator dined with the individual and obtained feedback from them about what was good or bad about the food. Their comments were acted on and fed back to the chef. We observed during the afternoon people and relatives who were visiting participated in a group exercise. There was lots of laughter and everybody was included.

People were confident if they raised a complaint it would be addressed. One person told us, "I know how to make a complaint but I have never had the need to make one. I am confident if I did raise one it would be addressed." One relative said, "No complaints whatsoever; a fantastic home. I would speak with [registered manager] if I had any concerns."

We saw that a copy of the complaints procedure was displayed in people's bedrooms. This ensured that people had the information they needed if they wished to make a complaint.

The complaints records showed that concerns had been dealt with appropriately because the manager had fully investigated the issues, taken action and informed the complainant of the outcome. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

Outstanding ☆

Is the service well-led?

Our findings

There was a positive, open and inclusive culture at the service. People, relatives and staff expressed great confidence in how the service was being run. One person said, "We know the manager by her first name and she is always there if you need her." A relative commented, "This home is very well organised and is well run for the benefit of the people who live here."

Relatives spoke highly of the service and said, "This is a brilliant home. It has to come from the top and the manager is a good role model for the staff. We are so lucky to have [name of registered manager]. The slightest thing and she is on the phone and won't stop until the problem has been solved." Another commented, "This home provides excellent care and I would recommend it to a family member or a friend without hesitation. It really is excellent." All of the people we spoke with told us they would recommend the service as a really good place to live. A relative added, "When we were considering the home, the manager explained the ethos to us – a friendly, positive place, with a huge emphasis on human dignity, no restrictions on how the room is decorated to integrate and familiarise and make it a safe place. We have found this to be the case. I wouldn't put [name of relative] anywhere else. This is the best you can get."

The continuous training and development staff received had embedded a culture within the service that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. Staff said, "It's all about enabling people to live life to the full." Staff clearly all shared this ethos and people living at the service agreed.

Staff felt that communication within the staff team was important. One member of staff told us, "There is very good communication throughout the whole service. The manager shares everything with us and that means we feel valued and included." We were told there was a daily 'heads of departments' meeting to catch up on events over the last 24 hours, and how they have impacted on people. We joined one of these meetings and found that all heads of departments participate in problem solving and decision making during the meeting. Action points were raised and delegated to individuals to act on. Staff were also supported by a clinical lead nurse on day to day clinical issues. They completed a daily report for senior management with information from each department to ensure the service was safe and any risks identified were swiftly addressed.

Staff practice was kept under review and their behaviour and attitudes were monitored. One staff member said, "We have champions in place for various things such as end of life and dignity." We saw that staff who were nominated as champions regularly attended training and meetings with other colleagues. They were expected to cascade and share information about best practice with the staff team. This meant that good practice was shared to ensure all staff were knowledgeable and skilled enough to deliver the best care to people using the service.

The staff praised the culture and support they received at the service and felt really valued whatever their role. The registered provider also encouraged and valued staff at the service. Staff were supported in their role and their performance and contribution to the service was recognised. Staff were nominated by the

registered manager for the provider's 'employee of the month'. The successful employee was celebrated at an annual award ceremony.

We saw there was a twelve month dementia care strategy in place. This covered areas such as friends and families, end of life care, the environment and the company culture. There were actions plans in place to make improvements to the care that people living with dementia received. This meant that the service was proactive in ensuring people living with dementia and their families were valued and the service strived for continuous improvement in the care for people living with dementia.

Records confirmed that nurses and team leaders were supported to improve their knowledge and skills by attending external trainings such as Milton Keynes End of life programme, pressure ulcer prevention, management of anaphylactic shock and observation checks, catheterisation and phlebotomy. This meant that staff had the opportunity to diversify their training, to gain enhanced skills to ensure they were able to meet the diverse needs of everyone using the service.

People were encouraged to comment about the quality of the service through satisfaction surveys. For example, we saw that people who used the rehabilitation and respite service had completed surveys about their experience. One person had commented that before leaving the hospital they did not know anything about the rehabilitation unit at Waterhall Care Centre. In response to this feedback the registered manager had designed a leaflet which was well received by people using the service. Copies were given to the link nurse to distribute to people going to the service for intermediate care from hospital. A further development from this has resulted in the link nurse providing talks to prospective users of the service and explaining what the service aims to provide. Further comments from surveys included, 'The care and attention you get is high quality' and 'Thank you so much for these two delightful weeks experience which have really opened my heart towards the care and support and love shown to the residents. From what I have seen it is the most exemplary loving and caring nursing home anyone could imagine.' An analysis of these surveys showed a positive, constant increase for people who benefitted from a safe discharge.

The registered manager analysed feedback from the questionnaires to assess if there were any themes or patterns. The results of the surveys were displayed for people to see. For example, 'you said, we did' listed the improvements made; this included changes to the menu and different activities being made available. We saw these had been implemented by the service. We also saw that everyone using the service was visited weekly by a delegated staff member to find out what they needed for the following week, such as a haircut, nails cutting or any activities they wished to take part in. This demonstrated that people were listened to and actively involved in developing the service.

Regular food surveys were completed and these were fed back to the chef. If any areas required improvement then an action plan would be put in place and areas addressed. For example, it was suggested that the menu could be made available in pictorial form. We saw this had been actioned and there were albums of different meals around the service and accessible to people to look at any time.

Family members of people using the service had an opportunity to attend relatives meetings. We looked at the minutes for these and saw that subjects raised at the meetings included the provision of activities, staffing levels, meals and the environment. In addition people, visitors, relatives and health professionals were able to access questionnaires on the quality of care using forms that were available and accessible on the provider's website.

We found that the service worked with numerous other organisations to make sure they were following current good practice. For example, the registered manager informed us that the service works in

partnership with the High Impact Team (HIT) to improve care delivery. The HIT provides training for staff in areas such as catheter care and constipation prevention. The aim is to equip staff with the knowledge they can use to prevent hospital admissions. We saw evidence that as a result of this, admissions to hospital had reduced.

The registered manager had also volunteered to participate in the pilot study on completing passport books for people going into hospital for admission. The information in the book helps the staff in hospital to provide appropriate care for people admitted in the ward. The hospital on return will discharge the person with a passport book called 'hospital to home'. Staff at the service provided positive feedback on the benefits of using the passport book such as less calls from the hospital asking for more details. Staff also reported that when people were transferred back with a passport book from hospital; the information they needed to provide continuity was documented.

We looked at documentation to see how staff recorded and responded to accidents and incidents that happened at the service. Documents included an outline of how accidents occurred, what actions were undertaken and how they planned to reduce the risk of similar events. In addition interventions and lessons learnt from incidents were also recorded. The registered manager additionally completed a regular accident/incident audit. The purpose of this was to monitor for any themes, check associated recordkeeping and assess actions taken. The registered manager had put systems in place to analyse and minimise the risks to people of receiving unsafe care.

There were extensive and effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the service and there was continual oversight by the provider. These had assessed areas such as the cleanliness and safety of the environment, the accuracy of people's care records, falls prevention, people's nutritional needs and the management of people's medicines. In addition we saw that peoples DoLS documents were audited every month for any changes in people's conditions and whether they needed to be reviewed. The clinical lead undertook checks of clinical areas such as the catheter register and identified when people needed their catheters changing. The clinical lead provided feedback to the nurses and areas for improvement were discussed. We also saw that regular spot checks were undertaken by the registered manager of bedrooms, medication, recruitment files, housekeeping and care plans to ensure a continuous drive for improvement.

The manager ensured that CQC were made aware of any issues or concerns that took place. The provider notified us promptly of any incidents as they are required to do we could take appropriate actions.