

Care UK Community Partnerships Ltd

Mildenhall Lodge

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

Mildenhall Lodge provides accommodation, nursing and personal care for up to 60 older people. There were 51 people living in the home on the day of our inspection. This inspection took place on 15 November 2017 and was unannounced.

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

Mildenhall Lodge accommodates people across four separate units, each of which has separate adapted facilities. Two of the units specialises in providing care to people living with dementia, one unit is residential care and the fourth for people who have nursing care support needs.

At our last inspection on 3 February 2016 we rated the service 'Good'. At this inspection we found significant improvements. People continued to receive a very good level of care and further developments had been made under 'responsive' and 'well-led'. We have rated the service 'Outstanding' in 'responsive' and 'well-led' and therefore overall.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was extremely well managed by an accomplished, knowledgeable and highly motivated registered manager. There was lots of highly positive feedback about the home and caring nature of staff from people and relatives. The registered manager and staff were proud of where they worked and committed to delivering a high standard of care.

The registered manager had a clear vision and through a very comprehensive and detailed audit programme continually reviewed, assessed and monitored the home. A strong emphasis was placed on continually improving and further developing the home in response to and based on people's feedback.

The home was exceptionally responsive to people's individual needs and placed people at the heart of their care. Staffs' potential to deliver additional tasks such as dementia audits was recognised and promoted by the registered manager. Activities were planned by staff who worked to ensure that all people were able to be involved. People were supported to take part in activities of their choosing.

Staff understood the importance of safeguarding people from the risk of abuse and knew how to report any concerns. Risks to people's health, safety and wellbeing had been assessed and plans were in place to minimise any identified risks to keep people safe from the risks of harm or injury.

People were supported by staff who were trained and who received support from a manager. Staff felt valued and enjoyed working at the home. There were enough suitably trained staff to help keep people safe and to meet people's needs. Staff received the training and support they needed to meet people's needs effectively. Staff felt well supported by management and felt able to speak with senior staff at any time.

Care plans were personalised to reflect people's personal preferences. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring and treated people with respect. Staff knew people's likes and dislikes which helped them provide individualised care for people.

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.

People were supported by sufficient numbers of staff who had been safely recruited.

People received their medicines when they needed them.

Infection control procedures and cleaning schedules were in place and being followed to reduce the risk of infection.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training and support relevant for their role.

If people became unwell staff sought medical advice promptly to promote their health.

People received enough food and drink to meet their needs.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's rights to privacy were valued and respected.

People were cared for by staff who were kind and who delivered care in a compassionate way.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People's care needs were extremely well understood and responded to by staff who knew them exceptionally well.

People's views and opinions were actively sought throughout all aspects of their home and listened to and action taken in response.

People received care that was based on their needs and preferences and extremely person centred.

There were arrangements in place for people to raise any complaints or concerns. These were taken seriously and investigated fully.

Is the service well-led?

The service was extremely well-led.

There was a strong emphasis on continual improvement and best practice.

The registered manager provided strong, experienced and excellent leadership.

The service worked effectively in partnership with other organisations and created positive links with the community to improve the lives of people.

Outstanding 

Mildenhall Lodge

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 15 November 2017 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor. The specialist advisor was a nurse.

Before the inspection, we requested that the provider complete 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. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We looked at the care records of four people in detail to check they were receiving their care as planned. We also looked at records including staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with ten people who live in the home, seven members of care staff, a nurse, the chef, maintenance staff member, the deputy manager and the registered manager as well as one of the regional managers of the provider company. We also spoke with relatives of six people currently living in the home and another visitor.

Is the service safe?

Our findings

At our last inspection in February 2016 we were not confident that staffing hours always matched the needs of people using the service and as a result rated this key question 'Requires Improvement'. At this inspection we found improvements had been made and have rated this key question 'Good'.

At previous inspections we had been concerned that staffing hours did not always match the needs of people using the service. At this visit we found that improvements had been made. The registered manager told us that the staffing establishment had been reviewed and increased. People and their families felt there were sufficient staff to meet their needs. Staffing levels were based on the assessed level of support people needed. People told us that there were enough staff to give them the support they needed when they needed it. One person said, "I don't have to wait long at all for the staff to help me." The staff we spoke with all confirmed that there were enough staff on shift with an exception being if staff were away from work unwell. One staff member said, "There is a greater consistency now, we are not using agency staff as much and when we do they tend to be the same agency staff we have had before. 99% of the time there are enough staff." We found that there were contingency plans in place to cover any staff sickness and leave to ensure that the correct staffing levels were maintained.

People told us they felt safe living at Mildenhall Lodge Care Home. One person told us, "I love living here, it's really good and yes, I feel safe." Relatives were equally confident that their family members were safe living at the home. One relative said, "We don't have to worry about [family member] at all here [Mildenhall Lodge]."

People were supported by staff who had been through a suitable recruitment procedure. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services. References from previous employers and employment histories were also obtained. A person living at the home had volunteered to take part in the interviews as part of the recruitment panel which enabled them to have a say and be involved in deciding on the recruitment of staff who would work at the home.

The potential risk of abuse and harm was reduced because staff had the appropriate knowledge and understanding of safeguarding policies and procedures and had received training. All staff we spoke with were clear about their role in safeguarding and the part they played. They were able to identify how people may be at risk of different types of abuse and harm and what they as individual staff and as a team could do to help protect people. Staff knew the provider's procedure about how to report any concerns regarding people's safety. Staff members we spoke with confirmed that they had received training in protecting adults and that this was updated on a regular basis. Safeguarding procedures are designed to protect vulnerable people from abuse and the risk of abuse.

Staff had the necessary information to support people safely. Each person had an individual and person centred care plan within which were a number of risk assessments completed. These were regularly

reviewed in order to ensure people's needs were being met in a safe manner. We saw risk assessments had been completed that reflected people's individual needs.

We found that there were safe and effective processes in place for the safe management of people's medicines. Nursing and care staff who were responsible for the safe management of people's medicines had received appropriate training. In addition checks of their competency to practice medicines administration have also been undertaken. Room and medicine fridge temperatures were recorded daily. This meant they were stored at the right temperature. We looked at people's medicines administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and a document that staff sign when they administer the medicines. We also looked at storage, handling and stock requirements and were satisfied that the processes were safe.

We looked at the arrangements for keeping the service clean and hygienic. Staff had received training in how to reduce the spread of infection and how to therefore clean safely. We noted staff were consistently washing their hands before and after delivering care to help prevent the spread of infection. There were supplies of protective clothing, such as disposable gloves and aprons available to staff and these were seen in regular use around the home. The registered manager conducted an infection prevention and control audit and there were cleaning schedules in place to support good standards of cleanliness.

We spoke with the maintenance member of staff during our visit. They were extremely knowledgeable about the safety procedures at the home and the safety checks undertaken. We saw that regular fire alarm checks along with a comprehensive check of other areas of the home were also undertaken and recorded. These included checks of the water, the windows and any emergency equipment. Records showed staff had received training to deal with emergencies such as fire evacuation and first aid. People had a personal evacuation plan in place in the event of a fire or other emergency. This gave staff the knowledge of appropriate action to be taken in the event of an emergency.

Records were maintained of any accidents or incidents occurring in the home. Records included any immediate actions taken by staff in response to the accident or incident. The registered manager analysed all accident and incident forms in order to identify any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences.

Is the service effective?

Our findings

At our last inspection in February 2016, we rated this key question good. At this inspection we found that the home had sustained this rating.

People's needs were holistically assessed prior to them moving into the home, detailed assessments were available and had been undertaken by a senior member of staff. People's communication needs were considered as part of these inspections in order that staff would know how to support people effectively. Staff had an excellent knowledge of people and how to care for them and support them in an individual way. Following assessment people had care plans created that described their needs and included guidance for staff on how to best support them.

People told us staff were skilled and knowledgeable to deliver their care. New staff to Mildenhall Lodge completed a comprehensive induction programme and undertook the Care Certificate which gave them the knowledge and skills needed to carry out the job role. The Care Certificate provides a framework of training and support which aims to enable staff new to care to be able to deliver safe and effective care, to a recognised standard. Staff told us they felt very well supported during their induction period, with plenty of time allowed for them to 'shadow' and observe experienced staff working before being expected to work and support people themselves.

All staff completed the provider's national training program which included nutrition, end of life care, dementia and mental capacity amongst others. Staff told us they were supplied with annual updates and refresher training where needed and were reminded of these via text messages of the dates they needed to attend. Staff were positive about the training they received and the skills and knowledge it provided them with in order that they could provide people with effective care. One member of staff said, "I have found since working here [Mildenhall Lodge] that the training is far superior to other places I have worked." Another member of staff was as equally positive saying; "I have worked in the community and other care homes and find the training in this care home far better than other places."

Staff told us they were encouraged and supported to develop themselves by becoming a 'champion' of a care and support area in the home. The 'champions covered areas such as nutrition, dementia and dignity and staff we spoke with were proud of the additional roles they had undertaken. These additional tasks gave staff a focus area which meant they were able to attend additional training which they could cascade and share with their colleagues for the benefit of people living at the home.

Staff we spoke with told us and we saw records that confirmed that they received regular support, supervision and training from a senior member of staff. One member of staff said, "I get regular supervision, more if I wanted it. It's a good time to talk. I definitely feel supported." Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff or manager.

We observed the mealtime experience across the home. There was a relaxed atmosphere in the dining areas with friendly and well received banter and humour between staff and people. People who required physical

assistance with their meals received this in discreet and respectful manner. People we spoke with told us they enjoyed the food. One person said, "I like being able to choose from the menu." Food looked appetising and appealing and the temperature of the food was recorded before being served to people to ensure it was served safely and was hot enough.

We spoke with the chef as part of our visit. They told us they had an up to date list of people's food preferences and specific dietary needs available in the kitchen. They also told us that when people first moved into the home they visited them to ask about any favourites or particular needs. We saw people were regularly offered drinks and had access to snack plates throughout the day. Overnight, staff had access to the kitchens so they could access any food people may have requested.

People were supported to seek additional healthcare support to ensure their health and social care needs were met. When there were concerns people were referred promptly to appropriate healthcare professionals for advice and support. There was information within people's care records about their individual health needs and the actions staff were taking to support people to maintain good health.

The home is a purpose built building and was warm and well decorated. People were able to personalise their bedrooms with small pieces of furniture and accessories. People told us the home was comfortable and met their needs. Dementia friendly signage had been put up to support people to orientate to their environment. People had memory boxes on the wall outside their room where they could place items familiar and important to them. Individual and personalised door signs had been made for people's bedroom doors, these contained pictures of the persons choosing such as a favourite football team. The signs could be reversed to indicate people were receiving care from staff. Some areas were themed for reminiscence. One area had been set up with laundry items from a past era along with a pile of socks for sorting. Another area had a beach and coastal theme to it. Staff told us that people enjoyed accessing these areas and using them as an additional relaxation area.

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

The registered manager and staff demonstrated a good understanding of the MCA and DoLS. Staff were seen supporting people to make decisions and asking for their consent throughout our visit. People's capacity to consent to care and support had been assessed and where people lacked capacity, staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. We saw before providing care, staff sought verbal consent from people and gave them time to respond. Where people had capacity and were proposing to make a potentially unwise decision, we saw staff were respectful of the person's choices whilst also providing them with information in order that they could make an informed decision.

Is the service caring?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the home had sustained this rating.

People were treated with kindness and compassion. People told us the staff treated them with kindness and were respectful of their choices. A person's relative told us, "The care here [Mildenhall Lodge] is excellent. Staff are really kind and treat people with dignity and respect." Another relative told us, "This is a marvellous place here; [family member] gets looked after so well."

Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "I am very passionate about what we do here and I'm proud to work here."

Staff told us with ease about people's life histories, their interests and their preferences for how they wanted to receive their care. People were consulted about every aspect of their care such as being asked before any care was delivered. Choice, and alternatives were offered and decisions respected. One person's family told us how staff respected that their relative always liked to wear a scarf in the winter and that being colour coordinated was very important to that person.

The home had a relaxed and welcoming atmosphere. We saw lots of examples of amiable and meaningful interactions between staff and people. People were relaxed around staff and they shared mutual warmth towards one another. A relative told us, "This is a marvellous place. I love my [family member] being in here. They look after [family member] well and give them loads of cuddles." Staff supported people to maintain relationships with family and those closest to them where they wanted this. Relatives and visitors told us they were welcome to visit at any time and were always warmly welcomed by the staff. One relative said, "They [staff] go out of their way to be friendly to visitors and residents."

People were involved in planning their admission to the care home and if they could not do this their relatives were involved and spoke on their behalf. People all had care plans in place and these where possible contained their views and decisions. Wherever possible people were involved in the updates and reviews of their care plans.

The registered manager and staff sought to obtain people's views and actively encouraged and supported people to express these. People's views and opinions were sought in a variety of ways such as a home voting board and also through meetings. We saw minutes of meetings in which people who used the service were asked their thought and views. Recent discussions had included whether people wished to have a fireworks display this year at the home. During our visit the registered manager was in the process of collating some further feedback from people. Everyone living at the home had been consulted as to whether they wished to carry on having their main hot meal at lunch time or whether they would prefer for this to be moved to another time of the day.

Staff maintained people's privacy and dignity. During our observations staff spoke discreetly to people when

they asked about personal care and escorted people to bathrooms or their bedrooms to deliver this in private. Staff consistently knocked on people's bedroom doors prior to entering them and were respectful in their interactions with people.

Is the service responsive?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the home were now exceeding this rating and we have rated this key question outstanding.

People were receiving an exceptionally person centred service. The ethos of the home was one focused on people, what was important to them and how they wished to receive their support. People and their relatives told us they were tremendously happy with the care and support provided by staff and described it in outstanding terms. People also received care which was extremely flexible and responsive to their individual needs and preferences. One relative told us, "When my time comes to need care, I'll move in here too." Another relative told us, "I waited until there was a vacancy here before allowing my [family member] to move into residential care. My friend's mother had lived here [Mildenhall Lodge] and it was the only home I would have my relative move into."

Care planning was extremely person centred, and where people were living with dementia, their relatives and friends had been fully involved in the planning of their care to achieve personalised care plans according to their specific and individual needs. People were very much encouraged to have a voice and have input into their care. The home operated a 'resident of the day' scheme. Once a month each person had a day allocated to them where their plans were reviewed with them. All departments in the home such as catering and activities were involved in ensuring people were having their needs met as they wished. People's relatives were invited and if they could not attend in person they were telephoned so they could still have input into their loved ones care. Staff working on one of the units within the home told us how a bread machine had been purchased in response to one person's request. This enabled them to have the bread to eat as well as the aroma and smell of fresh bread baking in their environment

Staff recognised the importance of friendship and people maintaining relationships with their families. The home had a social media web page which was kept up to date primarily by the registered manager. The site was used to keep families and friends updated about events at the home. People who wished to, and who could consent, had photographs included which they shared.

People also told us they were able to and were encouraged to keep in contact with families and friends. Using electronic devices provided by the home people could contact and see their families when they couldn't visit in person. A lap top computer and additional tablet were available and easily portable for people to use to stay in touch with people who were important to them. In addition we saw that an upcoming in-house computer course for residents was being run, to enable people to develop their knowledge and skills around computer and internet use. This helped to protect people from the risk of social isolation.

Social inclusion was an important part of day to day life at the home. A central hub where people gathered throughout the day was the 'Lark Café'. This café was situated and integral of the main entrance hall to the home. We saw throughout our visit that it was a hive of social activity and a community in its own right within the home. People and their relatives, friends and guests could help themselves to homemade cakes

and drinks and share them with their family member. A wide selection of daily newspapers were available on tables and we saw several people come and use this facility to catch up on the daily news. On the day of our visit one person was celebrating their birthday along with their family. A special meal and gathering had been arranged for them in the café. We heard as the family expressed their gratitude to the staff and registered manager for making it a special occasion.

Another key social area within the home was the in-house pub named by people living at the home as the 'QE2 Tavern'. This area was set out as a real pub with an oak bar, pub glasses, alcohol and a pool table. There were a number of bar stools and tables and people and their families could, and did, opt to eat their pub lunch within the pub. In addition the last Friday of every month was deemed 'pub night' in the home. As well as hot pub style food being served games of cards were held and a pub quiz competition was staged. One member of staff told us, "Families have pub lunches here with their relatives. They just let the kitchen know what they would like. Often it's scampi and chips, real pub food."

At the opposite end of the room where the pub was situated, a cinema had been installed. A large viewing screen was complimented by a range of comfy chairs. Each week film listings were displayed and people could choose whether they wanted to watch a film in the cinema, along with a choice of popcorn or snacks.

The registered manager had a very clear vision of how to deliver a service that was very person centred and highly responsive to each person's individual needs. A system of people taking part in a voting scheme was in place for making many decisions at the home. On our arrival we saw that the latest vote taking place was about the choice of theme for the home Christmas party. People were able to vote between themes such as 'ball gown and black tie event' and '1950's theme'. The voting took part on a clearly recorded large board in the communal café area at the home. The registered manager told us that people often voted and made their choices on the way to the café.

This method of gathering people's feedback and opinions had been used to make a number of other decisions at the home as well. We were told that a previous vote had been about whether the home should adopt a pet or not. The registered manager and staff told us that many people in the home loved animals and some had been distressed and upset at having to re-home their pet prior to moving into the home. As a result a home wide vote was held about whether to get a pet and if so what type of animal would be people's preference. Sinbad the dog, who had been given the job title 'canine relations manager' was present on the day of our visit and had been adopted as a result of people's voice. One person told us, "I love having Sinbad here. He reminds me of my last pet although my dog was a bit smaller and not so well behaved! When I feel well enough I sometimes accompany the staff when they exercise Sinbad which I greatly enjoy."

The registered manager told us, "People love him [Sinbad] and enjoy having a cuddle with him. The dog even has his own care plan for worming and flea treatments!" A member of staff told us, "We gave people the option to vote for a dog, cat or something else. 99.9% voted for a dog. We also spoke to all people individually to check they were happy with it. It's astonishing how he [Sinbad] makes people light up. One person who doesn't like to leave their room very much will come downstairs specifically to have a cuddle with Sinbad."

The registered manager had introduced a new twilight club at the home. They told us that this was in response to recognising that people, often those living with dementia, did not have regular sleep patterns and therefore during the night may spend many hours awake. As a result the twilight club had been introduced to offer people an alternative and to be responsive to their specific needs and preferences. The registered manager told us, "If someone can't sleep what is the point of staff keep saying 'go back to bed'.

This club is the chance to have a cuppa, a conversation and some meaningful activity." This was a new scheme and idea at the home however we were told that a couple of people had already joined in.

Staff went the extra mile in providing meaningful activities to meet individual interests. The home had an activities co-ordinator who was clearly enthusiastic and passionate about ensuring that people had access to a variety of social and leisure opportunities. In addition activities staff were also based on each of the four units within the home. Activities were based on people's preferences and interests and included things such as bingo, arts and crafts, quizzes and a popular nail bar/hand massage.

Life story books were an important communication tool in place. The activities co-ordinator used a CD of music when working with people to provoke and stimulate people's memories. An example was looking at a person's school day and asking them about their school memories. Information gathered doing these sessions was documented and then transferred to people's life story books. Staff used these to engage with people and as a conversation starter. Staff who were carrying out an audit of dementia care told us they were monitoring how many people had a detailed life story book in place. They said, "We've got 75% fully completed so far. The life story books are so important as it enables staff to get to know people better, understand their interests and their past. We pride ourselves on our person centred approach here." Life story books are a book compiled to capture people's histories, memories and stories about their own life, the purpose being to help staff deliver care which is focussed on the individual person.

Engaging and participating within the local community was a key part of the home. The registered manager told us how they tried to encourage a presence within the local community for the benefit of the people who lived at the home. The home hired a 16 seater minibus complete with wheelchair access which enabled people to leave the home as part of arranged trips both locally and further afield. Recent excursions had included trips to the seaside as well as to another care home in the nearby area. In keeping with the culture of the home and as with other decisions made, people used a voting system to select where they wished to visit and only those people who wished to take part attended. This respected people's rights to choose what activities they took part in.

The home had linked up with another local care home to hold a sports day for people and staff. Six people from Mildenhall Lodge had attended the occasion and had chosen a name for their team which was 'The 'Mildenhall Spitfires'. We were told that staff and people took part however lots of people mainly enjoyed the cheering, eating hot dogs and ice creams.

A community event had been organised with a local motorbike group who had attended the home and helped open up a new garden area which they had previously raised the money for. Volunteer builders helped lay a garden area and complete the planters. The activities co-ordinator had started an initiative with people whereby they were supporting people to pack shoe boxes of gifts for homeless people. They told us that people living at the home were going to help with wrapping the boxes up.

Some people were invited to a Christmas party by a local school along with another invite to attend the young children's nativity play. On another occasion a school were due to come into the home to sing Christmas carols with people.

Complaints and any concerns were taken seriously by the registered manager and staff team and clearly used as a means and opportunity to improve the service and make any necessary changes. We saw that any complaints received had been investigated and followed up in detail in line with the provider's complaints policy and it was evident that where any issues had been raised, they had been addressed to a satisfactory resolution.

People and their relatives were encouraged to discuss any concerns at the earliest opportunity in order that they could be resolved speedily. People's relatives told us they felt confident that they could raise a concern or complaint if they needed to in the knowledge that it would be dealt with professionally. One relative said, "I would not hesitate to raise concerns with the [registered] manager or deputy, in fact any of the staff."

People and their relatives were given support when making decisions about their preferences for their end of life care. The registered manager had ensured that people were involved in conversations about their wishes where this was something they wanted. People with specific healthcare needs were supported discreetly and with compassion. People's end of life care plans covered more than their basic care needs, their intimate and personal preferences were included such as what music they would like or maybe they wanted a specific aroma in the air, something that reminded them of home for example. The registered manager told us that some people had requested to have Sinbad the home's dog with them which had also been arranged. We were told, "We make sure people's last hours and minutes are special. We moved away from whether people want to be buried or cremated to what really matters." Another member of staff told us how the staff worked hard to ensure people had their wishes made at the end of their life, "We make people's wishes come true. One person used to be in the circus and wanted to go again so we made that happen."

Is the service well-led?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the home were now exceeding this rating and we have rated this key question outstanding. At this inspection we found that under the leadership of the registered manager the service had continued to improve and develop with outstanding leadership demonstrated. The registered manager was clearly extremely enthusiastic about the home and the care delivered to people and was passionate about the care people received. This means that because the key question of responsive is also rated outstanding the home is rated outstanding overall.

The registered manager was extremely relaxed in their role and very welcoming. They were clearly very keen to share their knowledge, the good work happening at the home and their experiences as registered manager. People and their relatives that we spoke with considered the leadership of the home outstanding and the culture excellent in meeting people's needs in a person centred way. We found the registered manager was very competent and knowledgeable and was successfully leading the staff team to deliver an outstanding service to people.

Staff were extremely complimentary and positive about the management and leadership which inspired them to deliver a high quality service. Staff were incredibly enthusiastic and committed to people who lived at the home and ensuring they received the very best care. This was clearly a culture that was led by the registered manager. We observed excellent leadership and found the registered manager to be extremely knowledgeable about people as individuals, their families and her staff team. One staff member told us, "[Registered Manager] goes above and beyond her duty." Staff praised the registered manager for her leadership and the great improvements she had made since being at the home. The staff member also told us, "[Registered manager] includes all staff when making decisions, and encourages staff to progress in their own roles."

At an award scheme held in the county where the home was situated, the registered manager had won an award in 2016 for motivational leadership. It was evident that this was reflective of the registered manager's work ethic and style of leadership. It also demonstrated the service and registered manager had a track record of providing excellent care. On a local level and within the providers own organisation we saw that that individual staff at the home had received national awards for their high standards and commitment to people.

Monitoring of the home was very thorough and was an integral part of the successful running of the home. There were detailed and thorough systems in place to monitor and review the quality of the service. There was an emphasis on review, analysis and continually looking for ways to improve the service for the benefit of people. The extensive auditing enabled the registered manager and staff to evaluate the quality and safety of the service and care delivered to people and to ensure that where improvements were needed this took place.

The continuous training and development that the staff received had embedded a culture of promoting person centred care and of reinforcing to staff the importance of recognising and respecting peoples

individuality. Staff we spoke with were clearly passionate about dementia care and best practice and as a result two of the staff had been nominated by their colleagues to be dementia champions for the home. The registered manager told us champions were nominated by the staff for their passion about a topic which enabled them to then receive additional training that they shared with the whole home. We spent time talking to the two dementia care champions who were carrying out a dementia strategy audit during our visit. One told us, "We talk to staff to gain insight into their understanding of living with dementia. We want new staff to understand; it helps them and suggests ways of working." We were also told, "Champions are voted for by colleagues. I am so proud. I always researched dementia myself anyway but now its official." The dementia champions told us about the difference their work was having, "We are making staff see through the dementia and see the real person." This additional work was aimed at promoting staff awareness and a person centred approach towards people.

People were empowered to be involved in all aspects of running the home and contribute towards the providers' procedures. Asides from the methods in place to seek people's feedback a scheme that appointed a 'resident ambassador' had been introduced by the registered manager. This person was an instrumental part of the home who was supported and empowered by the registered manager to take part in the recruitment of staff for the home. During our visit we saw that this person was interviewing new and perspective care workers alongside the home management who were also interviewing.

Wherever possible the staff looked to support people as well as their wider families. A number of initiatives had been set up and introduced by the registered manager. On the day of our visit a falls event had already been organised for the afternoon. This had been opened out to people, their relatives and to the wider community who may have benefited from it. The purpose of the event was to offer people advice on how to prevent a fall. Following the information session an exercise class had been held. Another initiative had been set up by the deputy manager, the 'stroke club'. This was a support group held at the home set up specially to support people or their families about what a stroke was and the outlook. A member of staff told us it was, "somewhere people could just talk if they wanted to. "

There were regular staff meetings held, which were used to keep staff up to date and to reinforce the values of the home and how the registered manager expected staff to work. The registered manager shared with staff the standards of care expected and they discussed with staff to decide how these would be implemented. Staff were empowered and clearly felt part of the home and proud of where they worked. This management style engaged staff and was instrumental to the success of the home.

The registered manager described the quality assurance process that they used and that was in place. We saw some of the feedback that had been received. It was all positive with comments such as 'thank you for making a real difference.' House meetings were held to discuss any concerns or issues that people had or to hear any positive feedback. We looked at minutes from recent meetings and noted that discussions had taken place to seek people's views. The whole culture of the home was about seeking people's feedback and responding appropriately. People were able to confidently make suggestions for change and steer the direction of the home with confidence that action would be taken. On the day of our visit the registered manager had collected in questionnaires from people that had already been completed. The purpose of this feedback was to ascertain what time of day people preferred to have their main meal of the day. As a result of the unanimous feedback the main meal was being kept at lunch time.

The registered manager kept herself up to date with current thinking and the latest developments in dementia care. As well as hosting events such as a falls awareness afternoon, regular dementia workshops were held. The registered manager told us that she attended a regular dementia care forum to keep herself up to date.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the home and found that incidents had been recorded and reported correctly.