

# Parkcare Homes Limited

# Arthur House

## 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

Arthur House is a small care home which provides accommodation and personal care to older people, some of whom are living with dementia. The home is registered to care for up to 12 older people. At the time of our inspection there were nine people living at the home.

At the last Care Quality Commission (CQC) inspection in January 2015, the service was rated 'Good' overall and was meeting all the regulations we checked. At this inspection we found the service not only continued to meet the regulations and fundamental standards, they had also identified specific areas where they could further improve people's lives and experiences of receiving care and have acted on these.

Since our last inspection, the provider had appointed a new registered manager and deputy manager for the service. A registered manager is a person who has registered with the CQC 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 registered manager and deputy manager had had a positive impact at the service and were highly regarded by people and staff. Both ensured the provider's values and vision for the service were fully embedded in the service's systems and processes and demonstrated by staff through their behaviours and actions. Managers used the well-established quality assurance system to ensure all aspects of the service were regularly monitored. This helped them to check that people were consistently experiencing good quality care and support. Any shortfalls or gaps identified through these checks were addressed promptly. Managers encouraged and supported staff to deliver high quality care and recognised and rewarded them when they demonstrated excellence in the work place. Staff said they were well supported by managers and all told us Arthur House was a good place to work.

The managers continuously sought ways in which the service could be improved for people. They stayed abreast of best practice and current research in the field of dementia care and brought new ideas and techniques into the service in order to enhance people's quality of life. People and staff were encouraged to provide feedback which was used to make changes and improvements that people wanted. The provider ensured appropriate arrangements continued to be maintained for dealing with people's complaints if they were unhappy with any aspect of the support they received. People were confident any concerns they had would be appropriately dealt with.

People were supported to live an active and fulfilling life. Since our last inspection the service continued to remain focussed in finding new and creative ways to continuously improve peoples' wellbeing, to enhance their quality of life. Improvements had been made and people had access to a wide range of activities and events tailored to meet their specific needs. Staff were focussed and committed to people achieving positive and rewarding outcomes from these.

People continued to receive personalised support which met their specific needs. Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff continued to receive regular and relevant training and supervision to help them to meet people's needs effectively. Staff communicated with people using their preferred methods of communication. This helped them to develop good awareness and understanding of people's needs, preferences and wishes.

People said they were safe. Staff knew how to protect people from the risk of abuse or harm. They were kind and caring and ensured that people received care and support in a dignified, respectful way and which maintained their privacy at all times. Staff supported people, where appropriate, to retain as much independence as possible, when carrying out activities and tasks.

There were enough staff to support people and keep them safe. Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare. The provider continued to maintain their arrangements for checking the suitability and fitness of new staff employed to work at the service. All staff were aware of their duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before providing any care and support and followed legal requirements when people did not have the capacity to do so.

People said Arthur House was homely and comfortable. People were supported to maintain relationships with those that mattered to them and relatives and visitors were warmly welcomed when they came to the home. Managers ensured the environment continued to be safe and hygienically clean for people. Regular maintenance and servicing of the premises and equipment was undertaken. Since our last inspection, the service had improved their food hygiene rating issued by the food standards authority from '4' to '5'. We observed the environment was clean and staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene.

People were supported to eat and drink enough to meet their needs. The provider ensured mealtimes were an enjoyable and personalised experience. Staff regularly monitored people's general health and wellbeing. Where there were any issues or concerns about a person's health, they ensured they received prompt care and attention from appropriate healthcare professionals such as the GP. People who had suffered an illness or injury were supported to recover as quickly as possible so that they could regain their health and improve their quality of life. Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines when they needed them.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service was very responsive.

People were supported to live an active and fulfilling life. The provider was committed to improving the overall quality of people's lives. They ensured people had access to a wide range of stimulating and meaningful activities and events.

People continued to receive personalised support which met their specific needs. People's needs were reviewed with them regularly to ensure the support they received met their needs.

People had high levels of satisfaction with the support they received. They knew how to make a complaint. The provider ensured appropriate arrangements continued to be maintained for dealing with people's complaints.

### Is the service well-led?

Outstanding ☆

The service was very well-led.

Managers were highly regarded by people and staff. They regularly checked people experienced good quality care and support. Managers encouraged and supported staff to deliver high quality care and recognised and rewarded them when they demonstrated excellence in the work place.

Managers continuously sought ways in which the service could be improved for people. They stayed abreast of best practice and current research in the field of dementia care and brought new ideas and techniques into the service in order to enhance

people's quality of life.

People and staff were encouraged to give their ideas about how the service could be improved. Their feedback was used by managers to make changes and improvements that people wanted.

# Arthur House

## 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated 'Good' at least once every two years. The inspection took place on 4 April 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to 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. We also reviewed other information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During our inspection we spoke with three people who lived at the home and four visitors. We also spoke with the registered manager, deputy manager, a senior care support worker, three care support workers, the activities coordinator, the chef and a member of the housekeeping team. We looked at records which included three people's care records, six medicines administration records (MAR), three staff files and other records relating to the management of the service.

We undertook general observations throughout our visit and used the Short Observational Framework for Inspection (SOFI) during the lunchtime meal service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People said they were safe at Arthur House. One person said, "I feel safe and well looked after." Another person told us, "[I] feel safe and they look after me and my things. They are very kind." And a relative said, "I have no doubt everyone is safe here and I've never seen or heard anything to the contrary."

Staff knew how to keep people safe from abuse or harm. The provider ensured all staff continued to receive regular training in how to safeguard adults at risk as well as in equality and diversity. This helped staff to stay alert and recognise signs that could indicate a person may be being abused or harmed and the appropriate action to take to safeguard and protect them. Staff told us there was a 'zero tolerance' culture in the service to abuse and the registered manager continually encouraged and supported them to speak out if they were ever concerned about poor working practices or behaviours that could pose a risk to people.

Where there were known risks to people's health, safety and welfare, the provider ensured measures were put in place to reduce them so that people could be appropriately protected. Senior staff assessed and routinely reviewed risks posed to people due to their specific healthcare needs. They ensured there was a clear plan for all staff to follow on how to reduce these risks to keep people safe whilst allowing them as much freedom as possible. For example for people that were at risk of falls, their support plans guided staff on how to ensure any risk to them of falling was reduced by supporting people to move and transfer safely and keeping the environment clear of trip and slip hazards so that people could move freely around. In our conversations with staff they were knowledgeable about the individual risks posed to people and able to explain clearly how these should be minimised to protect them.

Since our last inspection, the registered manager ensured the environment continued to be safe for people. There was an on-going maintenance and servicing programme in place for the premises and equipment which the registered manager monitored monthly. They followed up promptly on any maintenance issues that needed to be resolved to reduce any impact this could have on people. Since our last inspection, the service had improved their food hygiene rating issued by the food standards authority from '4' to '5'. This rating was awarded to services that have 'very good' hygiene standards. We saw the environment was maintained to a high standard and clean. Staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene.

There were enough staff to support people. The registered manager reviewed staffing levels every month using a dependency tool. This helped them to check there were enough staff to meet people's needs in the home and out in the community. Staff were visibly present and providing appropriate support and assistance when this was needed. Call bells were answered promptly. One person said, "They come quickly if you ring the bell. There is always plenty of staff. You never wait." Another person told us, "They come right away and always make sure when you are in your room that you can reach the bell." The registered manager monitored staff response times to call bells to check that people were not waiting for long periods of time for assistance. Records they maintained of these checks showed there were no issues or concerns identified by the registered manager about this.

Our checks of staff recruitment records showed the provider continued to maintain robust recruitment procedures. This helped to ensure that any new staff were suitable and fit to support people. For existing staff, the provider carried out criminal records checks at three yearly intervals to assure themselves of their on-going suitability to support people.

People continued to receive their prescribed medicines. One person said, "They bring me tablets when I eat breakfast and after dinner. They remind me to take it and tell me what it is for." Another person told us, "They give me my tablets in the morning and I swallow them and they watch...they do remind me what they are for but I usually remember." Medicines were stored safely. Staff maintained up to date information about people's medicines so all staff knew how, when and why people needed these. People's medicines administration records (MARs), completed by staff each time medicines were given, did not contain any gaps or omissions. This together with our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's MARs.



## Is the service effective?

### Our findings

People told us staff were able to meet their needs. One person said, "Yes they are very good. Very kind." Another person told us, "Yes, very hardworking and well trained. They make me feel safe in their care." And a relative said, "Oh yes they are very good at what they do and I have been told by residents they make them happy and feel safe."

Since our last inspection, all staff continued to undertake training in topics and subjects relevant to their roles. This ensured their knowledge and skills were up to date and reflected current best practice in supporting people effectively. New staff were required to successfully complete comprehensive induction training before supporting people unsupervised. There was a well-established programme of regular supervision (one to one meeting) and annual appraisal through which staff were supported to reflect on their work performance and training and development needs. Staff told us the registered manager encouraged them to talk about any issues or concerns they had about their work and supported them to identify practical solutions for how these could be resolved.

People's ability to make and consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. We saw staff prompted people to make decisions and choices and sought their permission and consent before providing any support. One person said, "They do ask me if it is okay to help me with the toilet and things like that. That is very good isn't it." Another person told us, "They ask my permission to give help in places like the bath." The registered manager ensured people's relatives or representatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We found applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation and the registered manager ensured these were reviewed to check that they were still appropriate and in the person's best interests.

Staff encouraged people to have enough to eat and drink to meet their needs. To support people to do this, staff ensured meal times were an enjoyable and personalised experience. We observed the lunch time meal. The atmosphere throughout was relaxed and unhurried and staff were attentive to people's needs and offered and respected their choices for what they ate. Meals appeared appetising and of good portion size and we saw by the end of the lunch time service all the food had been eaten. People enjoyed the meals they ate. One person said, "It's very nice. Lots of it and you can choose the night before and then if you want to

change your mind on the day you can." Another person told us, "You can eat where you want to. They give you lots of time to decide what you would like and it's good food." And another person said, "Food is very good, well cooked and displayed. I eat wherever I like and if I am in my room they ask if I would like company." Outside of meal times people were offered regular drinks and snacks. One person said, "I have a drink of water or squash on my table and in my room I have a jug of water at night and a cup of tea for bed. I did this at home. At lunch I have juice or wine and a cup of coffee after. They are always making sure you have drinks."

Staff continued to involve people when planning menus so that people could eat meals that suited their tastes. The chef sought people's views about meals by talking with them after mealtimes, encouraging them to leave feedback in a comments book and attending residents' and relatives' meetings. The chef was aware of people's individual dietary needs and able to cater for people with food allergies or special diets due to their cultural, religious or health needs. The importance of nutrition and hydration was regularly discussed at staff team meetings so that staff knew how they should support people to eat and drink enough to stay healthy and well. They recorded what people ate and drank to help them monitor people were eating and drinking enough. If they had any concerns about this they sought appropriate support for people promptly.

People also continued to be supported to maintain their health and overall wellbeing. One person said, "You see everyone, optician, dentist, doctor, hairdresser, nail person and they all come when you ask. Very organised, which is good because I forget." Staff carried out regular health checks and recorded daily the support provided to people including their observations about people's general health. This helped them identify any underlying issues or concerns about people's wellbeing. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant healthcare professional such as the GP.

## Is the service caring?

### Our findings

People said Arthur House was homely, comfortable and welcoming. One person said, "I've only been here a small while but it is nice and feels good." Another person said, "[It's] lovely and clean and a friendly atmosphere." A visitor to the home told us, "I've been looking at care homes for [my relative] and the minute I walked in here it felt different – in a good way though! Every member of staff I've spoken with appears genuine and really seems to know what they're doing." Visitors said there were no restrictions on when they could visit and enjoyed coming to the home. A relative told us, "It is very nice. Very welcoming." We observed artwork created by people and photographs of people and their families and staff enjoying various activities and celebrations were displayed throughout communal areas and in people's rooms which helped to reinforce the homely and welcoming atmosphere.

People spoke highly about staff that supported them at Arthur House. One person told us, "They have always been so nice. They are very kind to people and chat and sit with me and help with anything you ask." Another person said, "They are super. Very kind." And a relative told us, "They are very good at what they do. Lots of consideration and empathy."

People told us staff knew them well and supported them to be as independent as they wished to be. One person said "They know what and how I like things and ask questions." Another person told us, "They give you time and involve you in things about your health and the care you need." Another person said, "I choose what I want to do, wear, eat and everything. I feel I am independent still and don't have to do as they say. They help me with things if I ask and they make suggestions." People's support plans contained detailed information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves. Staff told us they prompted people to do as much as they could and wanted to do before stepping in to help. We observed this happened during our inspection and saw staff encouraged and praised people to do as much as they could for themselves in order to retain as much independence and control as possible.

People's individual records contained information about their personal communication styles and preferences and how people communicated choices and decisions about their care and support. People's communication needs and preferences were well known by staff. This was evidenced through our conversations with staff who were able to explain how each person communicated and made choices about what they wanted. The majority of people preferred information to be presented in a format that was easy to understand and displayed in a visible and accessible way. Around the home there was lots of information, colourfully displayed to draw people's attention. Information was displayed in easy to understand formats making it easier for people to read about upcoming activities and events. To help people decide if they wanted to take part staff had created photo albums of previous activities that people had participated in. Staff sat with people and went through the album chatting about the pictures to help aid their memories. This was particularly important for people living with dementia.

We observed a wide range of interactions between people and staff during our inspection. People were always greeted warmly and by their preferred name. In the communal lounge, staff were friendly, chatty and

encouraged people to join in conversations and with any activities taking place. Staff made sure each person was invited to take part so that no one was excluded. If people chose not to take part, this was respected and a staff member would sit with them instead and chat or undertake an activity with them such as reading the newspaper or playing a card game. During conversations staff gave people their full attention, maintained good eye contact at all times and gave people the time they needed to communicate. One person said, "I natter to them and they have a chat back about all sorts of things and not just what they are doing." Another person told us, "They ask you all your news or chat about what's on the news and TV and how you want things done." When people chose to spend time by themselves staff were respectful and discreet so that people could relax in peace and quiet.

People said they were treated with dignity, respect and staff ensured they had privacy when this was needed. One person said, "They always knock and there is a key to my door. They are very respectful and offer to wait whilst I'm using the loo." Another person told us, "Yes they are good like that. They call you and knock." We observed staff knocked on people's doors and waited for permission before entering their rooms. People said they felt comfortable talking to staff in confidence. One person said, "Yes you can. They do not tell everyone or gossip." Another person told us, "You can talk to whoever you like. They are very discreet."

Staff were quick to alleviate people's anxieties or concerns if these should arise. One person said, "Yes, they are lovely. They hold my hand and we have a chat when I feel a bit sad. They do not rush away." When people required pain relief staff were prompt at making sure this was provided appropriately. One person said, "I can take painkillers when I want to and I ask them for them. They talk to me about my medication and ask me if I am happy with it and what the pain feels like."

## Is the service responsive?

### Our findings

People were supported to live an active and fulfilling life at Arthur House. One person said, "I like singing and I like the garden. I've just got here so I'm trying things. There is something every day." Another person told us, "I like having my nails done and singing. We do baking and sticking and I like that and I like going on trips. The parks around here are lovely and we go down to the café and bakers." And another person said, "There is always something to do and I particularly like chair exercises."

Since our last inspection, the provider continued to seek ways in which people's overall quality of life could be improved through stimulating and meaningful engagement. They had appointed an activities coordinator to provide a dedicated permanent resource at the service for identifying and delivering appropriate activities and events for people to take part in. The provider had also signed up the service for membership to the National Activity Providers Association (NAPA), an independent organisation, which staff said was a useful resource to get ideas from about activities that could help motivate and promote people's wellbeing leading to improved quality of life.

The activities coordinator sought creative ways to stimulate and engage people and told us about a weekly activity they had introduced that had proven popular with people. Each week they used plants and herbs from the home's garden as well as perfumes and other scents to stimulate people's senses and encourage them to reminisce and talk about the memories these items invoked. These discussions gave staff a good opportunity to learn more about people's life histories and their likes and dislikes. The activities coordinator shared the information they learnt about people through this and other activities with their colleagues at team meetings. This gave staff good information about what was important to people so that they could tailor support to meet people's individual needs to help them lead a good quality of life.

The registered manager gave us examples where information learnt was used to personalise aspects of support provided. For example information staff had gained about people's favourite music was used to create an individualised playlist for each person that people could access on a mobile music device. When people wished to relax and listen to music they could take the device and listen to this wherever they chose. In another example, staff established one person had always enjoyed watching football and had expressed a wish to watch televised football games. As there was no demand from other people for this and the cost of a new television package for the service would have been prohibitive, the registered manager purchased a mobile tablet on which live football matches could be viewed via a subscription service. The mobile tablet was also used to help people stay in touch with relatives and friends through video calls. One person's relative was travelling the world and sent regular video diaries chronicling their journey which helped the person stay up to date and in touch with their progress.

We saw a wide range of activities on offer for people to take part in at home including pet and music therapy sessions, exercise classes, arts and crafts, puzzles and games and film nights. There were also regular trips and outings such as to local parks, the cinema or to restaurants for a meal. On the day of our inspection we observed the weekly chair exercise class which many people took part in. The music for the class was picked by one of the people and throughout the session staff checked that people were happy and comfortable

taking part and offering lots of encouragement and praise. The atmosphere was relaxed and friendly and the instructor incorporated information about people's lives into conversation so that people could feel included.

Themed events and activities regularly took place and were used by staff to positively promote people's wellbeing and celebrate cultural diversity. For example, the service participated in 'Nutrition and Hydration Week,' a global initiative aimed at positively promoting people's health and wellbeing. During this week the chef introduced new drinks such as healthy milk shakes and smoothies and fresh exotic fruit and people were encouraged to try these out whilst staff shared information with them about how these contributed to good health. The registered manager said this had been very successful as many of the drinks and food introduced were now permanently incorporated into weekly menus at people's request.

The chef also regularly planned themed menu days based on cuisines from around the world to introduce new foods for people to try whilst learning about new cultures. A recent example of this was Chinese New Year celebrations where a special menu was created and people learnt about the significance of this event. These events had been popular and people were able to request specific cuisines they wished to try. Families and friends were encouraged to take part in events which helped people to maintain these relationships and enjoy activities together. The registered manager encouraged relatives and friends to attend by holding more events in the evening and offering musical entertainment and wine and cheese to make these fun social occasions to enjoy with family members.

The registered manager encouraged people and staff to participate in a range of initiatives and fundraising events to raise awareness and funds for charities that supported people living with dementia. The registered manager had recently invited one charity into the home to deliver an awareness session about dementia with people and staff. Some of the people using the service were in the early stages of dementia, but not yet comfortable talking about the longer term effects and impacts of this on their lives. This session provided them with a safe and comfortable environment to ask questions and take away more detailed information in leaflets and booklets.

The registered manager was building good links within the community and raising awareness of dementia by utilising their skills as a 'dementia friends champion'. A 'dementia friends champion' is a volunteer who encourages others to make a positive difference to people living with dementia in their community. The registered manager was leading on a project with a local primary school to deliver workshops for children about what life is like for people living with dementia and how they can be supported with this. The registered manager was actively involving people to take part in these sessions and utilising their life skills to assist, for example one person was a former teacher and looking forward to using their teaching skills to help deliver these sessions.

People continued to receive personalised support which met their specific needs. One person said, "They know how I like things. I think it is because they let me do things how I like and what I want to do." Another told us, "They know what they are doing and make sure they read all about you and ask you how you are." Another person said, "I know all about my care plan. They sit with me regularly and we go through it and they ask me how I am and feel and what I think is working. It is very good so everyone knows what is going on with me." Each person had an up to date support plan which set out for staff how their needs should be met. People's plans were personalised and contained information about their likes, dislikes and preferences for how care and support should be provided to them. People were supported with their cultural and religious beliefs. One person said, "They have respected everything I believe in and they arrange visits to the church for us if we want to." Another person told us, "Everyone is equally treated."

Support plans were reviewed monthly with people, or sooner if there had been changes to people's needs. Where changes were identified, plans were updated promptly and information about this was shared with all staff. This was particularly important when people needed extra help and support to recover from illness or injury so that they could regain their health and improve their quality of life. For example, one person suffered an injury following a fall which affected their mobility so that they were heavily dependent on support from staff to move and transfer. This person wished to regain their mobility as quickly as possible and staff agreed with them recovery goals to be achieved through a programme of physical therapy and exercise. With staff support they achieved their recovery goals and able to walk independently again. All the staff we met were enthusiastic and committed to providing support to people that was highly personalised and which catered to their needs. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

Comments we received from people indicated a high level of satisfaction with the service. We asked people what they liked about Arthur House. One person said, "The food is excellent and they make me happy." Another person told us, "They look after me, do everything I need help with and keep me happy." And a relative said, "They make it feel homely and a safe place that is stimulating." The provider consistently received positive comments about the service via quality surveys, with people frequently praising and commending staff for the support they provided. We also saw the service had been rated in 2016 as one of the top 20 care homes in London based on feedback and recommendations from people on the independent reviews website, [carehome.co.uk](http://carehome.co.uk).

People were positively encouraged to give feedback, especially if they were unhappy about any aspect of the service, so that the provider could respond appropriately either by learning from mistakes that were made or making changes that people felt were necessary. One person said, "They say they like feedback so I tell them things." A relative told us, "They like feedback." One way people could give feedback was through comments books. These were available around the home for people to fill in at any time. The registered manager reviewed people's remarks left in the books each day and acted on any suggestions made. For example, we saw one person had asked for more options for hot beverages in the evening such as hot chocolate or malted drinks as they did not always want a cup of tea at night. This was introduced immediately the following day and was now an option available to everyone each night if they wanted this.

People said they knew how to make a complaint and told us they were confident that any concerns they had would be dealt with appropriately. One person said, "I've never had to [complain] but they would listen. The manager would deal with it." Another person told us, "Never needed to, but I would complain to the managers or above them." The provider had ensured appropriate arrangements continued to be maintained for dealing with people's concerns or complaints. The complaints procedure was readily available and on display in the home and used pictures and simple language to help people state what had made them unhappy and why.

We saw when a concern had been raised the registered manager had conducted a thorough investigation, provided appropriate feedback to the person and checked that they were satisfied with the actions taken to resolve the issue raised. The registered manager ensured any issues or concerns people raised were discussed at staff team meetings to share learning and ways working practices could be improved to stop mistakes reoccurring unnecessarily.



## Is the service well-led?

### Our findings

Since our last inspection, the provider had appointed a new registered manager for the service. A deputy manager had also been appointed in February 2017. People and staff spoke highly about both managers and said they had had a positive impact at the service. One person said, "They listen to you. They do things you ask and help out all the time." Another person said, "I like them. They are very kind and good at listening and reassuring." And a relative told us, "They are very nice and very professional in a relaxed way." People and staff said the managers were visible, accessible and involved with all aspects of the service. They had an 'open door' policy and people and staff said they were encouraged to pop in and chat with the managers at any time. One person said, "There are two chaps and they ask all the time how I am or sit and have a natter." Another person told us, "They are both very nice and give you time and listen." During our inspection we saw on a number of occasions people went to the managers' office and were warmly welcomed and invited to sit and talk with them. They clearly knew people well and we saw they responded patiently and courteously to people's requests for advice or assistance.

The registered manager continuously sought ways the service could be improved and involved people and staff in discussions about how this could be achieved. They used a range of methods to gain feedback including regular surveys and questionnaires, comments books, a suggestion box and a well-advertised programme of residents and relatives meetings. One person said, "We do have meetings and we can make requests and tell them what we think and they do listen." Another person told us, "At residents' meetings we can bring our friends or family and we all chat. They are very good." A staff member said, "The management are great. They help out the same as the rest of us and work very hard. They are good at listening and taking our views and suggestions on board and they ask what we think and discuss it and act upon it."

We saw many examples of how people's and staff's feedback was used to make improvements which were focused on people experiencing high quality, personalised care and support. For example, we saw the service had received a suggestion from a relative to offer people a wider range of meals to give more options they could choose from. The registered manager focussed on menus at the next residents meeting at which people were encouraged to say what they would like to see added to the menu. The chef used this information to increase the range of options at mealtimes from two to four and included more dishes that people wanted to eat. One person had asked for a specific meal to be added because this was something they had enjoyed eating throughout their life and they had good memories about this. On the day of our inspection this was one of the options on offer at lunchtime.

In another example, staff had suggested that reducing administrative tasks such as audits would free up time that could be spent with people on activities. The registered manager identified that a new role should be created for a deputy manager at the service who could assume responsibility for such tasks which would help reduce the burden on care staff. The registered manager submitted a business case to the provider setting out how this new role would improve quality at the home. The provider supported this request and the deputy manager was appointed in February 2017. Staff told us this had had an immediate and positive impact on their day to day roles as they now had more time to spend with people than before. And, in another example, on the day of our inspection we observed that when placing a new sign on the communal



toilet door to indicate if this was in use or not, the managers asked people to come and look at the proposed place for where this would go and asked people for their opinion if this was appropriate or helpful to them. They listened to people's feedback and based on that placed the sign where people thought it was best suited.

The provider's values and vision for the service remained focussed on the provision of high quality care which improved the quality of life of people. The registered manager had set all staff individual work objectives that reflected these aims. They used supervision and staff team meetings to check how these values were being met. Our checks of minutes from these meetings showed staff were consistently involved in discussions around how they were adding value and improving quality. The registered manager championed excellence. Where staff were able to demonstrate positive impacts on the quality of people's lives, the registered manager recognised their efforts through an 'employee of the month' scheme which rewarded staff for demonstrating excellence in the work place. Some staff had received external recognition for their work. A member of staff had recently won the care home worker award at the Great London Care Awards in 2016. The judges for this award had noted that "[staff member] displayed enthusiasm plus level of care that stood out and showed how much this worker goes above and beyond for those that she cares for." The registered manager themselves was a previous winner of the National Awards for their work in dementia care. And the chef had also been a finalist in these awards for their achievements in improving nutrition and the quality of meals at the service.

The registered manager encouraged career progression in order to motivate and retain staff. Through supervision and team meetings they offered their own work experience as an example to encourage staff to improve themselves and progress their careers. They mentored staff that wished to progress into more senior roles. They told us the introduction of the new deputy manager role had helped to increase staff confidence and given extra incentive to those staff that wished to progress their career further. A staff member had considered leaving the service to seek more senior opportunities elsewhere but with mentoring and support from the registered manager they had chosen to stay as they could see that opportunities to progress were available within the provider's organisation. All staff we spoke with were passionate about their work and told us they were able to reflect on their working practice, celebrate what had worked well and identify what could be changed in order to ensure people experienced continuously improving care and support. They told us they and managers worked well together to ensure people experienced a good quality of life. One said, "I feel there is enough staff to give really good care and we all work well as a team to do this. Residents are happy and healthy and their relatives and visitors always seem happy. They are very complimentary and it's really nice that we can work with them too as it is their family member or friend and they need to feel part of it all. We are like one big happy family."

The registered manager stayed abreast of best practice and current research in the field of dementia care and brought new ideas and techniques into the service in order to enhance people's quality of life. For example they had recently completed training in 'dementia care mapping', developed by the University of Bradford's School for Dementia Studies, in order to seek new ways in which the service could improve on person centred care provided to people living with dementia. They were also working towards signing up the service to 'The Ten Principles of the Eden Alternative'. The Eden Alternative was an international not for profit organisation whose aims and mission were to improve the quality of life for people living with dementia by enhancing the environment that they lived in. The registered manager said staff were already working towards this by bringing in elements of the natural world and incorporating these into activities for people, for example the sensory based activities that used herbs and flowers from the garden and visits from organisations that brought in live animals for people to touch and handle as part of animal therapy sessions.

The senior staff team carried out a wide range of checks and audits to monitor the quality of service people experienced. In addition to feedback obtained from people and staff, there was a quality assurance programme which focussed on a different aspect of the service each month for review. This included checks of key areas such as health and safety in the home, the management of medicines, care records and documents, infection control, compliance with the MCA and DoLS and people's experiences. We saw when areas for improvement were identified through these checks, senior staff took prompt action to ensure improvements were made including providing support and training to staff to help them learn from errors and improve on their existing knowledge and skills.

The service was well supported at provider level. There was clear oversight and scrutiny of the service. Senior managers from the provider's organisation audited the service and provided the registered manager with feedback and an action plan to make improvements where these were felt necessary. These were then checked at the next audit to ensure action had been taken and the expected outcomes from these had been achieved. For example following a recent audit, it was identified that staff attendance on training the provider considered mandatory needed to be improved to bring this up to the provider's required standards. The registered manager took immediate action to address this and by the time of this inspection all staff had attended and successfully completed the required training.