Healthcare Homes (LSC) Limited

Ashley Gardens Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We inspected this service on 27, 28 and 31 July 2017. The inspection was unannounced.

Ashley Gardens Care Centre is a privately owned nursing home supporting up to 89 older people who have nursing needs and who may be living with dementia. The premises are purpose built and made up of three units over three floors. There were 84 people living at Ashley Gardens Care Centre when we inspected. This was the first comprehensive inspection since the new provider took over the service in February 2016.

At the time of our inspection, there was a registered manager in place who had worked at the service for a number of years. 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 registered manager and management team were passionate and motivated to ensure people received consistent high quality care. The registered manager led by example and role modelled the person centred care and practice to ensure people had a good quality of life. There was a clear management structure in place and oversight from the senior management team. The registered manager had built links within the local community with the aim to increase people's wellbeing.

Activities were innovative, exceptional and tailored to meet people's individual needs, outings and events were well thought through, varied and in plentiful supply. Staff were passionate and thought creatively of ways they could enhance people's participation and reduce social isolation. There was an open culture where the management team led by example to ensure people received a high quality person centred service. There was a culture of continuous improvement, so that people would feel increasingly well cared for. Staff were motivated and felt supported by the registered manager and management team.

People using the service felt safe with the staff that supported them. The safety of people using the service was taken seriously by the management team and staff who understood their responsibility to protect people's health and well-being. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put into place to manage any hazards identified. The premises and equipment were maintained and checked to help ensure people's safety.

There were sufficient staff on duty to meet people's assessed needs. Additional staff were available to provide support with visits out in the community and one to one sessions. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

Care and nursing staff regularly received training to ensure they had the skills and competencies to provide

safe care. New staff received induction training and shadowed established staff before they started to work on their own. Staff met regularly with a senior staff member to discuss their role and practice, and to discuss their training and development needs.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same members of staff who knew them well. People and their families were fully involved in the care and support they received and, decisions relating to their daily living. Staff were kind, caring and treated people with dignity and respect at all times. People receiving care at the end of their life were supported in the way they had chosen.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and their relatives and regularly reviewed to ensure people continued to have the support they needed. People were encouraged and supported to be as independent as they were able. People were supported to make choices and decisions and staff followed the principles of the Mental Capacity Act 2005.

People had access to the food that they enjoyed and were able to access drinks and snacks throughout the day. People's nutrition and hydration needs had been assessed and recorded. Staff met people's specific dietary needs and received specialist training where required. People were asked for feedback on their food and action was taken if required.

Medicines were stored and administered safely. People had the support they needed to attend health appointments and to remain as well as possible. Staff responded to any changes in people's health needs; people told us that staff always called their doctor if they felt unwell or were offered pain relief.

The complaints procedure was available and was displayed around the service. People told us they felt comfortable following the complaints procedure and when they did complain they were taken seriously and their complaints were looked into and action was taken to resolve them. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had been very positive and any issues raised were acted on and taken as an opportunity to improve the service. The registered manager welcomed suggestions and saw these as a way of continuous improvement.

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 felt safe when receiving support. People were protected from the potential risk of harm and abuse.

Recruitment practices were safe to ensure staff were suitable to work with people who needed care and support. Enough staff were employed to meet people's needs.

Risks to the safety of people and staff were appropriately assessed and recorded. The premises and equipment were adequately checked and maintained.

Effective systems were in place for the management and administration of medicines.

Is the service effective?

Good

The service was effective.

Staff were provided with the necessary skills, knowledge and guidance to meet people's assessed needs. Registered nurses were provided with the knowledge and support to maintain their registration.

The care and nursing staff were supported in their role by the registered manager and deputy manager. Staff had received regular supervision and an annual appraisal.

People were provided with a choice of nutritious meals. People were weighed on a regular basis and assessments were in place for people who required support with their nutritional needs.

People were supported to maintain good health and had access to health care professionals and services.

Staff understood the importance of gaining consent from people before they delivered any care.

Is the service caring?

Good

The service was caring.

People were treated with respect and their independence, privacy and dignity were promoted.

People and or their relatives were fully involved in the delivery of the service they received.

People received consistent care and support from staff they knew well. Staff were aware of people's personal preferences and life histories.

People were supported and encouraged to maintain and develop relationships with people who mattered.

Staff worked closely with the community nursing team to ensure people and their families were well supported and cared for at the end of their life.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People consistently received person centred care. Staff developed creative and innovative ways to ensure people had an enhanced sense of well-being. There was a culture of inclusion for people.

People and their relatives were actively encouraged to give their views on the service they received.

People's care plans contained guidance for staff on how they wanted their needs met. People's plans were reviewed regularly with them to ensure they were receiving the support they required.

There was a complaints procedure in place and people were actively encouraged to raise any concerns or complaints.

Is the service well-led?

Good

The service was well-led.

There was a consistent management team in place who had worked together for a number of years.

The ethos to deliver a person centred service was evident throughout the service. Staff at all levels were passionate about their role and ensured people lived a happy and fulfilled life.

The registered manager had built links with the local community to promote people's inclusion into the community and improve well-being.

Systems were in place to monitor the quality of the service. Feedback from people and others was used to develop and improve the service that was provided to people.

The registered manager and the management team understood their role and responsibility to provide quality care and support to people.

Ashley Gardens Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 27, 28 and 31 July 2017 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor who was a nurse with expertise in dementia, a specialist advisor who was a nurse with expertise in tissue viability and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we had not requested the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. This information and evidence was gathered during the inspection. We also looked at notifications about significant events that had taken place at the service, which the provider is required to tell us by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We sat in communal areas and observed how staff interacted with people. We spoke with 12 people who used the service and eight relatives about their experience of the service. We looked around communal areas of the home and some bedrooms. We spoke with 13 staff including, the registered manager, deputy manager who was also the clinical lead, three nurses, six care staff, the catering chef and an activities coordinator for their feedback of the service.

We reviewed a range of records. This included 22 people's care records, including care planning documentation, risk assessments and medicine records. We also looked at nine staff files, including staff recruitment and training records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff supporting them. Our observation showed people felt comfortable with the staff supporting them. People appeared relaxed with the staff, smiling, laughing and giving eye contact. Relatives told us they felt their loved ones were safe. One relative said, "I would recommend this home, the staff cannot do enough, they are very caring and I feel my [loved one] is safe. Another relative said, "Oh yes I feel my [loved one] is safe, in the environment and with the staff."

People were protected from the potential risk of harm and abuse, by staff who knew the potential signs of abuse and the action to take if they suspected abuse. Staff told us and records confirmed staff had received training relating to the safeguarding of adults and children. Staff said they felt confident any concerns they raised would be taken seriously by the registered manager and management team. People attended regular 'resident's meetings' where people were given the opportunity to raise any concerns that they had. The management team completed a daily walk around of the service which enabled people to raise any concerns they had. Staff understood the whistleblowing procedure and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. People's personal precious items were protected from the potential risk of theft, with lockable cupboards available within people's bedrooms. People's belongings were inventoried on admission to the service and items of clothing were labelled.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks, health declaration and completing a Disclose and Baring Service (DBS) background check. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained. Records showed the provider checked Registered Nurses registration was current. People could be confident that recruitment systems were robust to ensure the right staff were recruited to keep people safe.

Staffing was planned around people's needs, appointments and activities. The registered manager worked out how many staff were needed based on people's needs and made sure that there was at least this number of staff on duty. The registered manager was able to increase the staffing at short notice to meet a person's changing needs. Staff we spoke with said they were happy with the staff levels and thought there was enough staff on duty. Call bells were answered promptly and staff were available to give people support when they needed it. Staffing levels varied on each suite depending on people's assessed needs. The registered manager used a consistent number of bank and agency staff to cover any short term absence. There was a chef, kitchen assistants, activities staff, administration staff, maintenance staff and housekeepers on duty every day of the week so that care staff could concentrate on caring for people. The registered manager and deputy manager were on call out of hours to give advice and support and would work on shifts if needed.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances, gas safety checks, lifting aids, the lift and the nurse call system

were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A fire risk assessment was in place and a contingency plan which was to be followed in the event of an emergency. A senior member of staff was designated to hold the responsibility each day for the emergency information and guidance to follow in the event of a fire. Daily checks were completed of all emergency escape routes to ensure they were clear and unobstructed. Regular inspections and audits took place of people's rooms, the kitchen and the laundry. Any issues that were identified were acted on quickly. These checks enabled people to live in a safe and adequately maintained environment.

Accidents and incidents were recorded and monitored on a regular basis. Staff completed an accident form which was then investigated and reviewed by a member of the management team. Any incidents or accidents involving people were discussed daily at the morning clinical meeting, held by the heads of the departments. These meetings discussed the incident, any action that had been taken at the time such as medical assistance and then any follow up actions that were required. A monthly analysis of all incidents and accidents were completed by the management team which highlighted any patterns or trends that had developed. Referrals where made to the appropriate health care professionals if support was identified as being required, such as an occupational therapist referral.

Staff had up to date information to meet people's needs and to reduce risks. Potential risks to people, in their everyday lives, had been identified, such as risks relating to personal care, their health and mobility. Each risk had been assessed in relation to the impact that it had on each person. Measures were in place to reduce risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. If people required specific equipment a risk assessment had been completed, for example about the use of a profiling bed and an air mattress. Risk assessments were in place to recognize people who may need further provision and support to keep them safe. For example, people who had been assessed for support with end of life care had a risk assessment in place which gave detailed instructions to the staff as to how to manage this. As people's needs changed the staff ensured that risk assessments were updated and appropriate equipment was used to support people. Risk assessments were kept under constant review by the unit managers and updated accordingly.

People were protected from the risks associated with the management of medicines. Nurses held the responsibility for administering people's medicines. Nurses completed an induction which included observations of the medicines round, before they were signed off as being competent to administer medicines. Daily checks were in place for bed rails and the settings pressure relieving mattresses . These checks helped to reduce people developing pressure areas. Protocols and guidance were in place for people who were prescribed 'As and when required medicines' PRN. These protocols provided clear guidance fortheir use, the maximum dose to be taken within 24 hours and any possible side effects. This is important for example, for people living with dementia who may be showing distressed behaviour because they were in pain.

People's medicines were managed and administered safely. People received their medicines as prescribed. We checked medicines against the records on each suite within the service and observed the administration of people's medicines. Medicines were administered by staff trained to do so in a calm and unrushed manner, ensuring people received the support they required. Medicines were stored safely, securely, and at appropriate temperatures, including medicines which required refrigeration. There were suitable arrangements for the storage and recording of medicines which required additional safe storage. Medicine administration records (MAR) were accurately and fully completed, showing when people received their medicines. Where medicines had not been administered, the reasons why this had happened had been recorded. For example if a person had declined the medicine. Some people were prescribed topical creams

and records showed these had been used as prescribed. An external pharmacy audit completed on 23 June 2017 showed good standards of practice were in place in relation to medicines management. Some minor recommendations had been made as a result of this audit and actions have been taken to address these such as, all care staff administering prescribed topical cream to receive medicine training.

Good

Is the service effective?

Our findings

People and their relative told us the staff were skilled and could meet their needs. One person said, "Yes, the staff are properly trained." We observed staff using equipment to transfer a person from a wheelchair to an arm chair; staff were calm, reassuring and confident in using the equipment. A relative told us they felt the staff team were very skilled, and said, "Some staff here are just fantastic, they cannot do enough, we are always pleased when they are on shift. The whole staff team are helpful and knowledgeable."

Staff were given the knowledge, skills and qualifications to fulfil their role and meet people's needs. Care staff spoke highly of the training they received and spoke about the new training system which they were able to access online. The provider had moved to an online training system which enabled staff and the management team to access their training records at any point. The registered manager used a training matrix alongside the online system to ensure staff had received the training they required. There was an ongoing programme of training which included face to face training, mentoring, work books and competency assessments. Some staff were trained to provide in-house training in different subjects. All staff received comprehensive dementia training to meet people's specific needs. The entire staff team were trained 'dignity champions', and had pledged to challenge poor care and act as role models promoting people's dignity. New staff completed the Care Certificate during their induction, this gave staff the knowledge they required to complete their role. Staff were offered the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, which is an accredited qualification.

The deputy manager was the clinical lead for the service and supported the registered nurses with their continuing professional development training. Registered nurses were supported to keep their knowledge and skills up to date. Records showed nurses had completed training in venepuncture, phlebotomy (taking blood samples from people), syringe driver (a portable device that can administer medicine over a 24 hour period) and PEG tube training (percutaneous endoscopic gastrostomy), this is when a person is unable to swallow food or fluid orally The registered nurses had been trained to use an INR (international normalised ratio) machine which had been loaned from a local GP surgery, this enabled the nursing team to monitor people who were prescribed warfarin (a medicine that thins the blood) This meant people did not need to necessarily attend the warfarin clinic at the local hospital every few weeks. These courses enabled the registered nurses and staff to feel confident in their role and provide people with a quality service.

New staff completed the provider's induction before working within the service. This included an orientation into the ethos and values of the organisation, the policies and procedures and the provider's essential training courses; which included fire safety, infection control, safeguarding adults and children, awareness of mental health, dementia friends, moving and handling, equality & diversity. New staff worked alongside experienced staff within the service before working as part of the staff team. Staff confirmed they had completed the induction, which they found useful and beneficial.

Staff told us they felt supported in their role by the registered manager, deputy manager and the management team. Staff received regular support and one to one supervision meetings with their line

manager, in line with the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. Systems were in place to monitor the frequency of staff supervisions, enabling the management team to track when staff were due to receive a supervision. Supervisions meetings that were due to be held were an agenda item for each morning meeting. Staff received an annual appraisal with their line manager, this gave an opportunity to discuss and provide feedback on their performance and set goals for the forthcoming year.

People were supported to maintain their nutrition and hydration. The service employed two chefs who were supported by a team of kitchen assistants. People were able to choose from a range of food options which catered for their likes and dislikes. People were shown a choice of two hot meals for lunch, with the addition of a vegetarian option and a specials board. People told us they were able to eat what they wanted and "if it wasn't one the menu they would make it." Meals were freshly prepared and cooked with locally sourced ingredients, and were nutritionally balanced. The food was served hot and people said they enjoyed it. The catering team was aware of people who had specific dietary requirements such as, a fortified diet and a soft or pureed diet. A copy of any specific eating and drinking guidelines were given to the kitchen and discussed at the morning meeting. The chef spoke passionately about providing people with a unique dining experience and regularly spoke to people about the quality of the food and any suggestions people had. The service had scored a five rating (5 is the highest) at the last environmental health visit in April 2016, the auditor wrote, 'Very good standards, kitchen well run, good food safety.'

People's nutritional needs had been assessed and recorded, these had been reviewed on a regular basis. People who had been assessed to be at a high risk of malnutrition or dehydration had a record of their food and fluid intake. People's weight and body mass index (BMI) had been monitored on a regular basis, this was completed in conjunction with a nutritional screening tool. Additional guidance was put into place for staff to follow if people were assessed as high risk.

Snack stations were available in every lounge for people to access; this included fresh fruit, crisps, biscuits and other snacks. People were observed choosing snacks and drinks and enjoying these. The registered manager had attended a dementia conference and as a result the provider had decided to trial a new drinks machine, available to people in every lounge. This was a machine which provided people with a chilled drink which came in a variety of flavours. The registered manager told us that since the implementation of these machines there had been an increase in the amount of fluid people were drinking, and, as a result there had been a reduction in urinary tract infections.

People's health needs were recorded in detail in their individual care files. People told us they were able to see a doctor if they needed one; however, most people said the nursing staff were able to support them. One person said, "I had one day when I didn't feel very well, they [staff] popped me back in bed, got the nurse who made me comfortable and made a fuss over me." A relative told us they were reassured that there were nurses on duty if their loved one was in any pain. People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, district nurses, opticians, dentists and chiropodists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly.

People who had been assessed as being at high risk of developing skin and tissue damage, had clear guidance in their care plans for staff to follow and reduce the risk of occurrence. Equipment was available and in use for people such as, pressure relieving mattresses and cushions. People were supported by staff to regularly reposition themselves to reduce the risk of any pressure area developing. Each person had been

assessed by the relevant health care professional, however we were told there was a waiting time for this service. The registered manager told us the provider employed a physiotherapist however, this person was based at another of the provider's services.

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's mental capacity regarding using bed rails while remaining in bed, consent to their care and treatment and their decision to come and live in the service had been carried out and appropriately documented. When people had been assessed as not having the relevant mental capacity, meetings had been held with appropriate parties to reach a decision in their best interest, considering the least restrictive options. The registered manager, management team and staff were aware of their responsibilities under the MCA, and the Deprivation of Liberty Safeguards (DoLS). They had been trained to use these in their everyday practice. We observed people being asked for their consent before being offered support from the staff with eating and with moving around the service. People's wishes and refusals were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office and authorised for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered manager had considered the least restrictive options to keep these people safe.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. Our observation showed staff communicated with people in a warm and friendly way, showing a caring attitude. The atmosphere was calm and relaxed and staff responded appropriately when a person appeared to become anxious. Staff spoke with the person in a friendly, welcoming way and reassured the person, who appeared visibly calmer. The member of staff knew this person well and had knowledge about how the person liked to be reassured.

People and their relatives told us the staff treated them with dignity whilst maintaining their privacy. One person said, "They [staff] knock on my door before they come in." A relative said, "You could not fault them, they show my [loved one] a lot of respect." Another relative told us that the staff asks them to leave the room whilst assisting their loved one with personal care. Staff were confident in describing how to maintain people's privacy, dignity and confidentiality. Staff were observed knocking on bedroom and bathroom doors and waiting for a reply before entering. People's consent was actively sought prior to any tasks being carried out. Staff were aware of how to gain someone's consent to care and treatment and we saw examples of this throughout our inspection.

Observations showed and staff confirmed they all worked well together as a team. Staff spoke highly about having pride in their role and supporting people to live the life they wanted. Staff showed a real positive regard for everyone. One member of staff told us they enjoyed working at the service because they were able to make people feel valued and make people smile. Staff spent time with people making sure they had what they needed. One member of staff said, "I love the atmosphere, everyone is so friendly." Another said, "Everyone is so friendly, happy and there is great team work. We have time to sit and talk to people."

People were supported to have as much contact with their friends and family as they wanted to. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. The service had a private dining room for people to meet with their loved ones and enjoy a meal in private, if they wanted to. One relative told us that the staff also ensured they were happy when they visited their loved one, they said, "Nothing is too much trouble for the staff." Another relative said, "I cannot fault the care they give to me and my [relative]." When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom, in the lounge and the dining room which was respected by staff.

The service held regular events throughout the year which involved people and their relatives, including an annual Summer fete and taking part in the annual 'National Care Home' open day. Feedback from a relative following the open day read, 'What a wonderful afternoon! Thanks very much to all the staff for the warm welcome, lovely food and fantastic entertainment. I have really enjoyed watching [people] dancing to the music with big smiles on their faces.'

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Staff knew people well with many staff having worked at the service for a

number of years. One relative said, "I have the same staff on the unit since [loved one] came here four years ago. I can't fault them at all." Staff spoke in detail about people's life histories and what was important to people. One member of staff told us that a person had numerous family photographs in their bedroom which they would use to talk to the person about. People were encouraged to be as independent as they were able and wanted to be. Staff were observed sitting with people at lunch time encouraging them to eat their meal, independently and at their own pace. One member of staff was observed changing a person's cup, this enabled the person to drink independently.

People and their relatives were supported to take part in regular house meetings within their service. This gave people the opportunity to discuss any areas for improvement within the service or to plan for the activities people wanted to participate in. People and their relatives were given copies of the minutes which included agreed actions such as, who is on duty today which included photographs of the staff team, a broken television in one of the lounges and the visiting dentist. This had been addressed by the registered manager and the management team.

The provider had produced a comprehensive service user guide which was given to people and their relatives prior to them receiving a service. This document was regularly reviewed to make sure it had up to date information. The document included information about the service, the care team and their knowledge and experience, the providers 'core values of care', the facilities on offer, quality assurance systems and the service and amenities that were provided to people. A statement of purpose had also been created which included the aims and objectives of the service and the wider organisation, information regarding the senior management team and details of other services the provider managed. Information was presented in ways that people and their relatives could understand which helped them to make choices and have some control over making decisions.

People's preferences and choices for their end of life care were recorded and acted on. The clinical lead who was the deputy manager spoke about ensuring and providing person-centred care for people at the end of their lives, which was tailored to the needs and sensitivities of people and families. Some people had specific wishes for the care they received at the end of their life such as, specific people they wanted to visit and be involved in their funeral. The deputy manager told us that two of the unit managers had completed the 'gold standard framework' training, this is a national accredited training programme enabling people to live well and enhance the end of life care. Although the service had not achieved accreditation itself, the deputy manager told us that it was the provider's intention that all services they managed gained the accreditation within the next two years.

Outstanding ☆

Is the service responsive?

Our findings

Staff gave each person individual personalised care which was responsive to their needs. Everyone looked happy and relaxed and people told us that they had plenty to do and enjoyed going out and about. People were observed smiling and laughing whilst waiting to go to a local pub for lunch. One person said, "The staff are taking us to the pub for ham, egg and chips. We are going to Hastings soon as well." Another person said proudly, "I have had my hair done today and now I am going out to the pub."

Feedback about the staff were consistently positive from everyone we spoke with. A relative told us, "The staff are very caring, a lot of people go the extra mile. One staff [name] is like an explosion of happiness and brings a smile to everyone's faces, they are very observant. [Name] never comes into a room without checking if everyone is alright when they leave and when they come back in asks if anything happened whilst they've been away." Another relative told us their loved one felt they were in a "Four star hotel, as the service and care was so good."

There was a real emphasis on supporting people to live an ordinary life in extraordinary circumstances. People were encouraged to continue to do the things they use to do when they lived in their own home despite the challenges of living with dementia. One person enjoyed going out for meals, but their health had recently changed which meant their dietary needs had changed. The staff had gone out of their way, in their own time to find a local pub and restaurant that were able to puree any meal on their menu. The person told us they were really happy that they were still able to go out for a meal with their friends and said, "I'm pleased the staff found me somewhere I can go and do what I enjoy." The registered manager arranged for a mini bus to collect people who wanted to go to the pub for a drink or lunch so that everyone was included despite their needs and no one who wanted to go was left out.

People were supported to have an enhanced sense of wellbeing and self-worth. A coffee and sundry shop had been created within the service for people to access with their friends and relatives. This was made to look like an everyday shop and café on the high street to help engage people living with dementia. People were supported to bake items such as cakes and pastries which were then served to people, relatives and visitors in the coffee shop. People were observed in the café drinking hot drinks and eating the items they had made. People were engaged in conversations with their friends and were observed smiling and commenting that they were enjoying their tea. One person who had chosen to spend time in the shop said, "In the shop here you can get anything you like, I am going to have cheese and onion today." Another person said, "I love the tea and cake, the shop is very good."

There was an in house cinema and bar area to relax in. Films were shown regularly and people went for a drink afterwards in the bar as they might have done so before moving to Ashley gardens. An upstairs room had been developed into a 1940's reminiscence room where tea parties were held and people could spend time with friends and loved ones. A gentleman's club was organised in this room and the men got together, although everyone was welcome.

People also had access to a multi-sensory room where they could relax. This was especially designed to help

people living with dementia to relax and therefore be less anxious. Hair salon and nail bar appointments were made by the staff team for people who enjoyed being pampered. People told us they enjoyed having their nails and hair done. There was a weekly subscription to 'Sparkle' which was a reminiscence newspaper.

Some people's health had deteriorated which meant they were unable to enjoy going out into the community with their loved ones. The registered manager had turned a room into a private dining area, if people wanted to have a meal with loved ones in private.

People's spiritual needs were acknowledged and provided for. Some people had retained their connection with their churches and were supported to attend church. The registered manager linked with local churches to ensure people were able to continue practicing their faith if they could not get to the church.

Everyone was included in tailor-made activities. People with communication needs or limited movement due to deterioration in their health had specific guidance for the staff to follow. Records were kept of people's reactions to certain activities such as the use of a bubble machine or a sound beams machine. A sound beams machine enabled a person to make music by activating the beams with their body such as, moving a finger or using their feet. Records showed people's reactions to the use of the bubble machine for example, staff had recorded a person's eyes had followed the bubbles as the bubbles fell to the floor and then smiled. Staff recorded another person's reaction as, 'when the bubbles fell and popped onto their hand, their hand moved a little.' Even though people's reactions may have appeared small the detail was recorded so that staff knew what people liked and reacted to so they could provide more of this and develop this.

A team of activity co-ordinators were employed who called themselves the 'Vibrancy team'. We spoke to one member of the team who spoke passionately about their role and the fulfilment they received from engaging with people and fulfilling their hopes and dreams. When people were first admitted into the service a social and leisure plan was developed with them. This included a detailed discussion with the person and their family recording the persons, likes, dislikes, hobbies and interests. People were involved in planning the activities they wanted to participate in on a monthly basis, which was recorded and displayed for people to access. Activities had been arranged such as, a trip to a local aquarium, a pub lunch out, an in-house exercise class, a visit from a mobile farm and various singers based on people's suggestions and requests.

Staff used creative and innovative ways to enable people to fulfil their wishes. There was a wall displaying wishes that people had made. We were told that this was the 'wishing wall' and each person who wanted to participate had made a wish, which the 'vibrancy team' and staff would help come true. Staff had recorded each person's wish in a log and detailed how these had been achieved which included photographs.

Staff helped to make people's 'wishes' come true no matter what the wish was. One person had wished to be 'young again'. Staff requested photographs of the person when they were 21, and planned to use music and clothing from that era to enable the person to feel as if they were young again. Another person had wished to be visited by dogs in their bedroom, staff arranged for a number of dogs from a local dog show to visit this person in their room. The person told us they were able to pet the dogs and give them some treats, they said "It was good and made my day." The same person told us the staff had sourced books for them to read by their favourite author, which they frequently read. A third person had wished to sample different cheeses. Staff sourced a variety of different cheeses and held a cheese tasting session for the person and their relative to experience. The person told the staff that they had a lovely time.

A memory was triggered for one person during a reminiscence afternoon where people and staff dressed up as sheriffs and police. The person spoke about how they had previously been a publican, and when they would have a 'lock in'. Staff used this information to source photographs and information regarding the pub the person owned previously, these photographs were used to engage and reminisce with the person. Another person who enjoyed eating chocolate had requested 'lots of chocolate', staff created a chocolate hamper for the person with a variety of chocolate bars. Staff then created a picture board with numerous chocolate bars on, which enabled this person to point to which bar of chocolate they wanted. The person was smiling and laughing when we spoke to them about the variety of chocolate bars.

There were photographs of people enjoying a variety of activities displayed around the service. Art work and colourful seasonal displays by people were proudly displayed. Changes had been made to help people living with dementia find their way around. People's names were on their bedroom doors and toilets and bathrooms labelled and colour coded so people could find their way around. The registered manager told us that plans were underway to redecorate one of the suites on the second floor to improve it for people living with dementia.

Since the last inspection a new member of the vibrancy team had been employed, whose role it was to engage with people on a one to one basis. The team recorded people's interests and topics for discussions as well as activities they enjoyed such as hand massage or being read to. A monthly analysis was completed which enabled the team to see who would benefit from additional one to one sessions, to avoid social isolation especially for people who were cared for in bed. People were allocated a protected one to one session each week which enabled the person to spend time doing things they enjoyed on a one to one basis, as well as being able to participate in the group activities.

The provider had invested in a company which provides workforce and service development that enables health and care organisations to develop active, creative, vibrant care services. This project involved training members of the 'vibrancy team' to embed new ways of working with people, especially people living with dementia. The project sent a box of different topics on a monthly basis to engage people in conversations with each other and the staff. During our inspection the service had received a reminiscence box. We observed people in a small group with two members of staff going through the items and talking about them. People appeared to be enjoying the session and were smiling, nodding and pointing at visual aids and objects that had been supplied in the box.
People were supported to take part using the reminiscence boxes on an individual basis within their bedroom. A recent 'my cup of tea box' contained various varieties of teas, people who were cared for in bed were supported by staff to try the different tea flavours and smell the various flavours of teas. Staff then recorded people's comments, reactions and expressions. People could be assured regardless of their ability that they would be encouraged and engaged in a variety of activities.

People consistently received person centred care. Staff put people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcome. Staff were observed taking time sitting beside people and chatting about the person's family and what their plans were for the rest of the day. Staff understood the importance of treating people as individuals and valuing their different strengths. People's care plans had been developed with them and their families from the initial assessments and preadmission assessments which were in place. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, life histories, health condition support and any social and leisure needs. Staff knew about people's needs, their backgrounds and the care and support they required. People's care plans provided consistent and up to date information about each individual.

People's care plans were reviewed on a regular basis, changes were made when their support needs changed, to ensure staff were following up to date guidance. People, if able, were fully involved in the development and review of their care plans. Staff sat with people to go through their care plans and make updates and changes when needed. People's healthcare plans had been reviewed with the relevant healthcare professional such as a GP. People, their relatives and any health care professionals involved were invited to a yearly review to discuss the care and support, being provided to the person. These meetings enabled people and their loved ones to discuss the service that was being provided and ensure people's needs were being met. Meetings allowed open discussion and people felt involved and listened to.

People and their relatives told us they knew who to speak to if they had any concerns or complaints, they felt staff would listen and take action. Complaints were seen by the registered manager and management team as positive ways to help the service identify the need for improvements. There were regular meetings for people, relatives and staff to give people an opportunity to air their views. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. A large board was displayed in the reception area showing the current top three feedback topics stating 'You said 'and 'We did' outlining what action had been taken in response to the feedback. Some people had fed back to the registered manager they felt they did not see them as often as the deputy manager, and as a result the registered manager now ate lunch with people when they were at the service. The registered manager told us they had used this feedback as an opportunity to spend time with people, alternating between the suites.

There was a written complaints procedure on display and records of complaints, investigations and resolutions were organised and clear. All complaints were logged, investigated and responded to by the registered manager or by a senior manager. The registered manager had developed an accessible complaints procedure with large print and pictures to make it more meaningful to people. Records showed the procedure had been followed regarding a recent compliant relating to overhanging trees in the garden. The complaint had been acknowledged, investigated, acted on and responded to. Complaints were audited by the registered manager and senior manager on a monthly basis. People, their relatives and others could be assured their complaints and feedback would be listened to and acted on.

Good

Is the service well-led?

Our findings

The registered manager and management team promoted a positive culture which was open and inclusive. The registered manager spoke passionately about providing a high quality service to people and was continually looking for ways the service could be improved. People, relatives and staff spoke highly of the registered manager and management team. One person said, "Management, you can approach them anytime." A relative said when talking about how caring the registered manager was, "It is very obvious and she was the one who really sold it to us here. Very caring, always smiling you can tell her anything, any little niggle, and she is very good. We went to so many homes we did not like; the manager here put us at ease, and made this home seem like the right one."

The service had an experienced and skilled registered manager in post, which provided stable and consistent leadership. There was a clear management structure in place at the service. The registered manager was supported by a regional manager, deputy manager and suite managers. The management team played an effective part in the running of the service. Staff told us they felt there was clear visible leadership at all levels. One member of staff when talking about the registered manager said, "They wander about, they are lovely." The registered manager ensured they were visible to all staff by working night shifts and weekends, giving staff the opportunity to raise any concerns or suggestions they had. The registered manager told us they felt by being visible and working as part of the care team they were able to observe culture and model the high quality care they were proud to deliver.

The registered manager told us they led a culture of continuous improvement which was echoed throughout the management team. The registered manager said, "Our intention is to offer people a high quality individualised service." There was a proactive approach to continuous improvement and learning from any mistakes that had been made. For example, following a recent fall a member of staff called for help rather than using the emergency buzzer. As a result all staff were reminded of the emergency procedures should they require assistance. The registered manager told us they felt that team work was very important and they worked hard to ensure staff felt they could speak to the management at any point.

The registered manager and management team were continually looking for new experiences for people so that they benefited from lives that were more fulfilled. The registered manager had developed a link with a local primary school with the aim to start inter-generational circle time, working with children and build relationships. A small group of people had recently visited the school to watch a year six production of Mary Poppins. The registered manager told us that the performance was thoroughly enjoyed by all; people were laughing, singing and dancing. A group of children from the school visited the service during the 'National Care Home' open day. An email from the school stated the children had thoroughly enjoyed themselves and the school was 'eager to come back again.'

The registered manager and staff had signed up as Dementia Friends. Dementia Friends is an Alzheimer's Society initiative that aims to give people a better understanding of dementia. The registered manager had made the decision to train the entire staff team to be dignity champions. The registered manager told us the aim was for the entire staff team to understand what dignity in care means and how this affects them and

their role.

Staff were aware of their role and responsibility in providing a quality service to people. Staff felt empowered by the management team and were continually asked for their views to improve the service that was provided to people. The registered manager made sure that staff and people were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some feedback about their practice. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Daily meetings were held with the heads of department which was then followed by a clinical meeting. Staff handovers between shifts highlighted any changes in people's health and care needs, this ensured the nursing and care staff were aware of any changes in people's health and care needs.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager and the deputy manager on a monthly basis, including health and safety, medicines management, infection control, care records, complaints and a systems audit. The heads of departments had recently completed audit training, this enabled them to audit their specific areas such as, maintenance and recruitment. The regional manager completed a monthly 'provider support visit' which included observations around the service, an audit of care files and speaking with people and staff. These audits generated action plans which were monitored and completed by the management team. Feedback from people, relatives, staff and the audits were used to make changes and improve the service provided to people.

The registered manager and deputy managers had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents have been reported correctly.