

Brampton Care Ltd

Brampton Lodge

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 27 and 28 October 2016 and was unannounced.

Brampton Lodge is registered to provide personal care and accommodation for up to 26 older people. There were 22 people using the service during our inspection; some of whom were able to live quite independently and others who needed more support from staff. The service offers respite care as well as permanent placements and keeps rooms available, where possible for people who may benefit from short-term stays.

Brampton Lodge is a very large detached house situated in a residential area of Folkestone. There was a comfortable, well-decorated lounge with homely sofas and seating looking out over the attractive and enclosed garden to the rear. The dining area was well-furnished with padded seats and a restaurant-type feel.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received wholly positive feedback about Brampton Lodge from people, relatives and visiting professionals. We heard about exceptional standards of care which improved the quality of people's lives and gave their families peace of mind. We observed warm, caring attitudes from staff and a real drive to provide the best possible service for people.

People were kept safe because staff knew how to recognise and report abuse, and a range of environmental and personal checks were regularly made to make sure risks and hazards were minimised. The service was exceptionally clean and hygienic so the chance of infection spreading was limited. Medicines were kept safe and managed properly, and people received them as the prescriber had intended.

Staff were well-trained and encouraged to develop their skills. There were plenty of staff on duty and people's needs were met promptly and effectively by staff who knew people and their preferences very well. People praised the competency of staff to us and the registered manager carried out routine checks of staff knowledge and capability.

People's health was carefully monitored and professional advice sought quickly and efficiently as needed. The service had forged excellent working relationships with professionals who reported that staff were aware of health changes and escalated these promptly.

The meals on offer were plentiful and of good quality; home cooked and made with local ingredients. People were extremely complimentary about the choice and taste of food. There was a wide range of stimulating activities available, which people enjoyed and were pitched at the right level for people.

Staff were knowledgeable about the principles of the Mental Capacity Act (MCA) 2005 and demonstrated these in practice. The registered manager had made applications under the Deprivation of Liberty Safeguards (DoLS).

There was notable affection between staff and people and this was evident in actions such as the registered manager visiting people in hospital in her own time. The care people had been given at the end of their life received much praise from relatives and staff showed commitment and maturity in supporting people and their families at that time; often volunteering for extra shifts to ensure people were not alone at the end.

People received care that was tailored to them individually. The provider had responded to the particular needs of some people, by investing in special equipment for their personal use; designed to enhance their experiences. Extra services such as free taxis and funded occupational health sessions had been put in place to benefit people and promote their independence.

The registered manager encouraged an open culture; and people, relatives, visitors and staff were all enabled to speak out with any concerns; so that they could be put right. Standards of care were continuously reviewed by the provider and registered manager to ensure they were maintained and to make improvements when necessary.

The provider and registered manager operated robust quality assurance systems which helped them identify any shortfalls and remedy them quickly. There had been no recent complaints but very many compliments about the standard of care provided at Brampton Lodge. One person told us " This home is absolutely wonderful. I could not wish for better care, more loving carers or a delightful manager".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service was clean and hygienic throughout.

There were enough staff deployed to support people.

People felt safe and staff knew how to recognise and report abuse.

Assessments had been made to minimise personal and environmental risks to people.

Medicines were well-managed and safe.

Is the service effective?

Good ●

The service was effective.

People's health was monitored routinely to help maintain their well-being.

Staff had received training and supervision to help them provide effective support.

People enjoyed nutritious and quality meals made with local-sourced ingredients.

Staff understood how to protect people's rights in line with the Mental Capacity Act (MCA) 2005.

Is the service caring?

Outstanding ☆

The service was very caring.

Staff delivered care with consideration and kindness in a family atmosphere.

People were treated with respect and their dignity was protected.

Staff encouraged people to be independent when they were

able.

Care at the end of people's lives received special praise from families.

Is the service responsive?

Outstanding 

The service was extremely responsive.

The provider had supplied extra specialist equipment and services to improve people's quality of life.

There was a wide range of stimulating activities available which were pitched at the right level for people.

Staff knew people really well and delivered care in a way which met individual needs and preferences.

People were provided with plenty of information and opportunities to raise concerns but said they had no complaints.

Is the service well-led?

Outstanding 

The service was very well-led and managed.

Robust systems were in place to assess the quality and safety of the service.

Staff said there was a good atmosphere and open culture in the service and that the registered manager was supportive.

Innovative links had been made with the local community to benefit residents and others.

Brampton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 and 28 October 2016 and was unannounced. The inspection was carried out by one inspector. Before our 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 reviewed the PIR and other information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with twelve of the people who lived at Brampton Lodge. We also spent time observing the support people received. We spoke with six people's relatives and four professional visitors to the service. We inspected the home, including the bathrooms and some people's bedrooms. We spoke with six of the care workers and the registered manager.

We 'pathway tracked' four of the people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. This allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included three staff training and supervision records, three staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

We last inspected Brampton Lodge on 28 May 2014, when it was found to be compliant with Regulations.

Is the service safe?

Our findings

People and relatives gave us very positive feedback about their experiences of the service and how staff made them feel safe. One person told us "Staff always come to me straight away if I call for them; I can't fault the care they give me". People had call bells for use in their rooms, but also wore pendant alarms in case they needed to call for staff attention when using communal areas. Another person said "They [staff] asked me if I'd like someone to check on me during the night. That gives me such reassurance". A relative commented "This home offers outstanding care in every respect; I have absolutely no qualms that [Mum is safe and well-cared for here, which gives me peace; because I can't be here all the time".

The service was exceptionally clean throughout. Bathrooms and toilets were spotless and every area we visited had been cleaned to a very high standard. Older people can be more prone to picking up infections and the cleanliness of the home reduced this risk. We noticed that all carpets had been vacuumed right up to the edges, even high shelves were dust-free and the service smelt consistently fresh. Cleaners worked to detailed schedules to ensure that all jobs were completed and the registered manager carried out checks to see that standards were maintained. Although the service was kept in a sanitary and hygienic condition, this was managed in a way which did not make it feel clinical. For example: air fresheners had a warm, homely scent and cleaning was carried out unobtrusively by staff who were passionate about doing a good job, but who stopped to pass the time of day with people. One member of domestic staff told us "I like it to be just so; this is the residents' home and they like it to be really clean and tidy."

Staff washed their hands frequently and used gloves and aprons where necessary to avoid the possibility of spreading germs. The registered manager had carried out a recent audit of hand-washing and infection control; which agreed with our findings that good hygiene practices were used and the environment was kept clean. The professionals we spoke with during and after the inspection all said they were impressed by the cleanliness; and in a recent survey people had rated it as 'Excellent'. One of the comments made in response to the survey was 'Superbly clean, tidy and well-managed'.

There were enough staff on duty to meet people's needs. People received prompt attention and staff were visible in communal areas and around the service. One of the professionals we spoke with commented "Staff are always available if I need their help when I visit; there always seems to be someone around rather than having to search for staff". The registered manager carried out daily checks to ensure that needs were being met by staffing numbers. This included reviewing information about call bell response times and looking to see if there might be reasons why a person was using their call bell more frequently. This could mean that the person's need for support had increased overall; in which case more staff would be deployed.

All the people and relatives we spoke with felt there were enough staff. One relative said "Staff are on hand whenever we need them; nothing is too much trouble for any of them". Staff were unrushed and spent time chatting with people and checking if they needed anything. One person told us "Day or night, the girls [staff] are doing their very best for me; it makes such a difference to me to have their company". Staff told us that there were never any problems with staffing numbers, because the registered manager took immediate action to bring in extra staff if the need arose.

Staff recruitment files showed that appropriate documentation had been completed, and references and identity checks had been sought before applicants were employed. All staff had been checked by the disclosure and barring service to ensure they were suitable for employment. Many of the staff had been employed in the service for a number of years, which helped to provide continuity for people. One person told us "They're all total professionals but they're my girls at the same time." A relative said "Staff here know my Mum and her particular needs well; they go the extra mile to see that she has all she needs".

Appropriate systems were in place to protect people from abuse or neglect. Staff we spoke with demonstrated they understood abuse, could describe the forms it might take and how to report it both within and outside of the service. They said they would have no hesitation in going to the registered manager in the first instance, with any concerns they might have. We read accident and incident reports and saw that appropriate actions had been taken to prevent recurrences. For example, special alarm mats had been put in place for a person who was at risk of falling in their room. The registered manager knew how to raise a safeguarding alert with the local authority if necessary; although there had been no incidents which warranted referral in the last year.

Assessments had been made about individual risks to people, and appropriate actions had been taken to prevent harm from coming to them. For example: one person was at risk of skin breakdowns and we saw that staff acted to reduce this risk by applying creams regularly and ensuring the person was seated on a special foam cushion. We read different assessments for a number of people and on every occasion found that staff had followed instructions about minimising the particular risks. We observed staff regularly prompting a person to drink over the two days of our inspection because they were prone to urine infection. Another person was discretely accompanied by staff when they used their walking frame, because they had been identified as at risk of falling and a further person's room had been kept cool because of a medical condition. Thought had been given to how people could be protected from known risks; and staff understood how to do this effectively.

Medicines had been managed safely and were well-organised. The medicines storage room and trolley were kept locked when not in use, and were clean and tidy; which helped to reduce the likelihood of error. Medicines were properly labelled, prescribed to individuals and in-date. Stock was managed well so that people were not left without medicines they needed. Medicine administration records had been completed neatly and showed people had received their medication consistently. There were special instructions for staff about giving medicines people could take as and when they were needed, which ensured people were regularly offered pain relief or laxatives, with proper time gaps between doses. People told us that they always received their medicines on time and one relative was delighted to hear staff telling their father what had been prescribed, the reason for it and discussing the best time to take it. They told us "It's so important to us and Dad that he's not treated like an imbecile. Staff are marvellous here and involve him and us in every detail of his care".

People lived in a safe environment. The premises were very well-maintained throughout and was kept tidy to ensure there were no trip hazards. Regular meetings were held with maintenance staff to make sure that any areas for repair were discussed and addressed. We read a two-year maintenance plan and saw that jobs were up-to-date and included items such as new dining chairs and a stair lift, which were in place when we inspected. All electrical, gas and equipment safety testing had been routinely carried out and was certificated.

The fire alarm was regularly tested and there had been a recent fire drill in which staff had activated the service's Fire Management Plan. This gave directions for actions to be taken in case of fire. People had personal emergency evacuation plans (PEEPs) in place which documented their physical ability to evacuate

but took into account any cognitive impairment or other issues which might hinder them in an urgent situation. This included severe pain or stiff joints and instructions for staff to use appropriate equipment to support people who might have difficulty. Staff had received fire safety training and fire exits were clearly marked around the service. There was a clear strategy to help keep people safe in the event of a fire or other emergency. This extended to a reciprocal arrangement with another local care home; so that there would be limited disruption to people's care if the service had to be evacuated.

Is the service effective?

Our findings

People and relatives we spoke with told us that the service was very effective at meeting their needs. One person said "I have absolute faith in the staff here. They know what they're doing and my family shares that confidence; which gives them peace of mind". A relative told us "Staff are friendly, professional and well-trained; what more can you ask for?"

People's health was monitored routinely to help maintain their well-being. District and practice nurses, physiotherapists, occupational health practitioners, opticians, chiropodists and the GP all visited the service to assess people and contribute to their care and support on a regular basis. We spoke with a number of these professionals or contacted them after our inspection to gain their views about people's care. The feedback we received was very positive from everyone who engaged with us. For example, we heard from one professional visitor that "I have been impressed by the high quality of care. I am able to flag a problem which is noted and a member of staff will contact me between visits if there are any issues". Another said "They know their residents well and are helpful in arranging meetings with families. I speak to many staff on a regular basis and they show appropriate levels of concern". A further professional said "Brampton Lodge is a really good home. The manager here just 'gets it'; the home is very proactive and staff have great awareness around people's health care needs. Any concerns are raised straight away so residents get any treatment they need quickly and from the right source".

Where people had particular healthcare needs; such as urinary catheters, detailed care plans had been put in place. These set out the checks that staff should make daily to ensure that risks of infection, discomfort or blocking were reduced. District nurses attended weekly to carry out catheter wash outs, but bag changes were completed and documented by staff.

A relative told us that "Staff support X at medical appointments and have also offered more specialist support post hospital admission for surgery".

Staff received appropriate training and support to carry out their roles. All staff working in the service had achieved at least a level two National Vocational Qualification (NVQ) in health and social care; with a number of staff having NVQ three and four. NVQ's are work based qualifications which recognise the skills and knowledge staff need to do their job. Staff have to demonstrate their competency to be awarded each level. All mandatory training was up-to-date in subjects like moving and handling and infection prevention and control, and staff had undertaken some extra training around dementia awareness and end of life care. A relative commented "I'm really impressed with the level of training and knowledge staff have".

The registered manager carried out checks of staff competency through direct observation. We read records of recent sessions about Mental Capacity Act (MCA) 2005, safeguarding, duty of candour and type two diabetes. Staff also received regular supervision which was fully documented by the registered manager. On each occasion there was a record of what was discussed, action plans arising and any training needs identified. Staff told us that they found supervision helpful and it gave them the opportunity to review their own performance and reflect on any gaps in their training. New staff received proper induction training and completed the Care Certificate. This is a set of standards that social care workers follow in their daily

working lives. Good training and supervision helped to ensure that people were cared for by staff who were confident, competent and supported by the registered manager and provider in their development.

People were very complimentary about the food on offer. The menu was varied, with three courses available at lunch, and lighter options for supper. Meals were plentiful and looked hot and appetising when served. One person told us "The food here is exceptional; so much choice and all home-cooked". Another person commented "First class meals" and a relative said "Excellent food, served well and with great variety".

We spoke with the cook who explained that meat and eggs were all sourced locally and were of high quality. Cook made trips to the local fish market to buy the freshest produce for the menu. They said that they had no set budget for catering and that "I do whatever I need to give people the best meals". Staff made an occasion of meals; which people said added to their enjoyment and made them "A highlight of the day". For example, people were offered a sherry before lunch and this was served in cut glass and on a tray. A complimentary glass of wine was available with lunch, for people who were not taking medicines which interacted with alcohol. Dining tables were laid with good linen, fresh flowers and condiments. Dining chairs were well-padded and comfortable and classical music played gently in the background as people ate. Staff supported people with their meals if needed, but people were generally able to eat independently.

A variety of hot and cold drinks were offered to people throughout the day to make sure people were well-hydrated; and they could ask for extra food or drinks at any time. A relative told us that their loved one was often wakeful at night and that staff always provided them with sandwiches, tea and snacks and gave them company during those times. Food and fluid recording charts were put in place if there were any concerns about the level of people's intake to ensure that an accurate picture of their well-being was gained. One person had lost a little weight and the registered manager had immediately referred them for dietician input. This meant that professional advice had been received promptly, and we saw that this had been followed; by staff adding powdered milk to the person's tea and coffee to make drinks more calorific.

Staff showed good knowledge and understanding of the MCA. We observed staff offering people straightforward choices and they told us about people who needed more help to make their own decisions. For example, one person needed support to choose what to wear. Staff described how they would pick out alternatives to show the person to assist them in making their choice. They demonstrated how well they knew this person by telling us about the colour combinations the person preferred and which items of jewellery went with each outfit. Staff had not only enabled this person to continue to make their own decisions, but had done so in a way which acknowledged their right to continue to present themselves as they wished.

Staff sought people's verbal consent in their day to day interactions with people. For example, staff noticed that one person had fallen asleep with their sherry glass in their hand. They very gently spoke to the person and asked "Is it alright if I take your glass from you and put it on the table? Then you can have a snooze in comfort". Written consent was documented for other aspects of people's care such as whether people wished to have regular checks made on them during the night. This ensured that people's rights and preferences were being considered consistently.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was knowledgeable about (DoLS) and had one application authorised and another in progress. She had recognised when people's liberty may need to be restricted to keep them safe and had made the necessary applications for assessment by the proper authority.

Is the service caring?

Our findings

We asked people and relatives about their experiences of the care given in the service. We received wholly positive feedback from everyone we spoke with. One person told us "Everyone is lovely to me. I'm very happy and have everything I need". A relative said "Absolutely first class- staff here are lovely" and another said "I don't believe you could ask for anything more from a care home-it is outstanding in the care it offers."

The service had a warm, homely and inviting atmosphere, which people told us made them feel comfortable and cared for. Efforts had been made to make communal areas appear cosy and informal, by the use of for example, large sofas and individual armchairs upholstered in pleasant fabrics, and luxurious, soft carpeting. One relative commented "It feels just like someone's rather lovely home in here; there's no hint of anything institutional about it". A 'Carer's reception desk' was situated discretely in a corner of the main lounge and a member of staff was available there to give advice and support and answer any questions. Staff told us that this gave people and families a central point to come to with any queries or requests, but blended with the surroundings so that it did not change the impression of a domestic lounge. Thought had been given to providing easy access to help and information in a way which maintained the homely atmosphere. People and relatives told us that they were involved in decisions about care and that communication was "Particularly good". A relative explained that they were away for long periods but the registered manager kept them fully updated about their loved one's care. One person described how they felt that their views were treated as important by staff; who listened and took action if necessary.

Staff were friendly and polite and we observed only kind and considerate interactions between them and people throughout the inspection. There was a real affection in the way staff spoke with people and gave them reassurances. One person told us "[Staff member] always says to me 'I'm so fond of you'; - do you know how nice that makes me feel about myself?" We heard another staff member say to another person "I'm going off [duty] now- I'll miss you, but see you tomorrow". The person told us "They're [staff] like friends or family to me. They genuinely care and I couldn't be happier". A relative remarked in a recent survey 'Staff are totally professional yet developed a relationship with Mum that was personal'. People were treated with respect and we were made aware by staff on our arrival of the ways in which some people liked to be addressed. This showed consideration for people's preferences and that staff were keen to prevent people being offended in any way.

Staff covered people's legs with blankets when they were sitting in their rooms in night clothes, to protect their dignity. They discreetly reminded people about using the toilet by kneeling beside them to give a quiet and respectful prompt, without drawing attention. People were encouraged to retain as much independence as possible, and a free taxi was available to people in a radius of three miles from the service. This was paid for by the provider to enable people to get out and about. We heard from one person that they were going into London and the taxi service enabled them to travel to the station on their own. Other people told us that the complimentary taxis allowed them to access the town centre, day centres, church and the sea front; without having to depend on others to take them. One person told us "Staff help me when I need it. Not too much but just enough. It's really important to me to stay as independent as I can, for as long as I can".

One of the themes of our conversations with people, relatives and visitors was the "Family feel" of the service. We noticed this being demonstrated in a number of ways. For example; relatives and visitors were given a warm welcome by staff or the registered manager and were offered tea or coffee. A relative's comment made in a recent survey said 'I'm always made to feel very welcome and would have no hesitation in highly recommending the home'. Relatives were encouraged to sit with people and join in with activities and one relative told us "When I visit now, I pass the time with many of the other residents too; which is nice for all of us". A display board in the dining area listed birthdays; not only of people but of staff too. Birthdays were always celebrated and this made people feel special. Staff told us that cakes were made for all birthdays and were enjoyed together like a family. Some staff had given up their free time to accompany people to a recent musical show at a local theatre. We asked the how they felt about this and one staff member replied "The pleasure was all mine, I can assure you- I do things in my own time because I want to, not because I have to". One person told us "Absolutely exceptional care. Nothing is ever too much trouble and staff go out of their way to make sure residents are happy and well cared for".

The registered manager visited in her own time any people who had been sent to hospital for treatment. One person was in hospital when we inspected and the registered manager had visited them three times in a week. She told us that the person was part of the family at Brampton Lodge and she wanted to see them and give them company for a while.

The service received particular praise for the way in which people were cared for at the end of their life. We read thank you cards and letters from relatives whose loved ones had passed away. One of these read 'I don't know how to thank you all for everything you did for Mum. The love and kindness you showed will stay with me always.' Another said 'Thank you for the wonderful care you gave Mum. You all tried hard to brighten her days and make her feel comfortable and loved. We could not have wished for better care and support'.

All staff had received training about end of life care, and regular updates and refreshers had been booked. Staff showed a clear understanding of what was important to people in their last days; such as having company all the time and using the softest wipes available to ensure that personal care was carried out as gently as possible. We heard from the registered manager how staff would voluntarily come in for extra shifts to sit with people when their families could not be there; throughout the night if necessary. Staff told us that they did this voluntarily because they cared for the people "As extended family" and wanted to be with them in their final days and hours. One staff member talked about how they felt "Privileged" to spend this time with people and to ensure their final wishes were met as far as possible. This included checking that any personal possessions went with people on their final journey and taking time to "Make them smart and presentable" after they had passed. Another staff member told us how they felt their role extended to caring for the family at these times. They said "We make the person's last days as comfortable and respectful as we can and we treat the family the same – after all they're the ones left behind and we all grieve together". One family described the "Unstinting support" they had received from the registered manager and staff throughout and another wrote in a survey response that 'Care at end of life was first class; not just for Mum but us as a family. You looked after her with total compassion-she felt safe with people she knew'.

Care plans recorded people's preferences and wishes about the end of their life and district nurses and the local hospice were involved to assist in people's care and treatment. The registered manager and staff attended funerals wherever possible and sometimes on their days off, sending cards and flowers or making a charitable donation from the provider. One staff told us that this was the final act of care and respect they could show people who had become dear to them. Another staff member said "I like having made a difference to people's lives, but believe me they make a positive difference to mine too".

Is the service responsive?

Our findings

Everyone we spoke with said that their needs were fully met in the service. We repeatedly heard that staff really understood people, knew their likes and dislikes and what made them happy. One person told us "Staff know me inside out. Everything I need is always laid out for me in the way I like it; no question". A relative said "Staff know my Mum and her particular needs well and are friendly and professional". Another relative had responded to a recent survey with 'During Mum's stay, care was outstanding. Much attention was given to her individual needs and preferences and she could say if she wanted things done differently'. Care plans clearly set out the way in which people chose to receive their care, and were very detailed about specific routines that people wished to follow. This meant that staff could respond effectively to people and that their preferences were routinely taken into account.

Staff spoke positively about people and their care, and were able to tell us the things that were important to individuals to make their lives more comfortable. For example, one person liked to have their bedroom curtains pulled back at a certain time each day and for their cushions to be arranged in a particular order. Another person liked morning coffee but staff knew they did not want a biscuit with it as they were trying to lose weight. A further person preferred baths to showers and staff supported them with this choice. A person told us "They might seem like little things, but they make the difference between living and existing". There was information in people's care files about their lives before they lived in the service. This had been prepared sensitively and staff said this had helped them to understand people's needs and personalities better. We observed that staff used their knowledge about people's characters and experiences when they engaged with them. One person told us "Staff don't treat me as just an old person, they value me and appreciate that I had a long and entertaining life before I ever came here".

We heard examples of when the provider had acted to meet specific, out of the ordinary needs of individuals; which went beyond day-to-day care. We spoke with the family of a person who had been provided with a special piece of equipment to meet their cultural needs. The registered manager explained that she had identified that this person required greater assistance and the provider had invested over £1,000 installing the item for them. The family said that this had been "Most welcomed" and that it had greatly improved their loved one's experience and outlook.

The provider had also bought an overhead projector for a person whose eyesight was failing. We heard how reading had been an important part of this person's life, but this had been diminished by their sight impairment. The projector allowed this person to enlarge reading material to the extent that they could now enjoy it once again. This equipment was supplied for their own personal and continuous use and staff confirmed that it had given the person a better quality of life.

Documents in use in the service had been translated and transposed for a person who did not have English as their first language. The registered manager explained that this person had the same right as others to be able to access information in a format they understood clearly. Another person with impaired hearing was supported to attend a club where they learned to use sign language. The registered manager said this had given the person increased confidence and they were encouraged to practice signing by the activities

coordinator in the service. All people with hearing aids had them checked monthly by visiting professionals to ensure that everyone was able to engage and communicate as well as possible.

An occupational therapy service funded by the provider was made available to people at the service. Regular visits were made to assess people and see how their lives might be enhanced. For example; reminiscence sessions were held to enable people to speak about the past and for them to remember good times in their lives. Therapists also looked at ways in which people's physical independence could be promoted and worked with staff and the registered manager to encourage people to help themselves with the tasks they could manage. For example, some people were able to make their own beds or tidy their rooms and staff respected their need to contribute to daily tasks where possible; and understood the benefits of this approach.

Aside from the complimentary taxi service on offer, the provider supplied free transport for people attending hospital appointments; if the registered manager assessed that NHS transport might be challenging or difficult for individuals. This prevented people from having potentially long waits, and staff would accompany the person if they wished, also free of extra charge. A relative told us "What a fabulous service. Older people don't want to be waiting around in an unfamiliar environment; they just want to get back home. Another example of how they go the extra mile for residents here".

People enjoyed a wide range of activities which were advertised around the service. These included exercises, quizzes, carpet bowls and other games. Regular visits were made by outside entertainers and organisations such as Pets as Therapy (PAT), who brought dogs in to interact with people who liked them. Special events were celebrated with entertainment adapted to be more suitable for people. For example; an indoor fireworks display was planned for early November. Aromatherapy sessions were funded by the provider; and we saw people really enjoying hand massages. In a recent survey response, one person commented 'I'm encouraged to join in activities by caring and supportive staff. There's a happy, caring atmosphere and we're not just sat round in front of a TV'.

We joined in with a lively quiz on one day of our inspection. People and relatives were involved together and there was much laughter and fun. The activities coordinator made sure that everyone was included in the questions and answers; and the session was welcoming and friendly. One person told us "I don't always join in the activities, but I nearly always sit in on them because they're so much fun and I love the company; that's so important to me". Another person said "There's so much to do here; and [Activities coordinator] is absolutely brilliant with everyone".

The activities coordinator was employed full time and produced a programme which offered different things for people to do, at least twice each day. This included weekends; when singers, bingo or PAT visited. The coordinator told us they had an unlimited budget which enabled them to be creative with activities and to have external entertainers weekly, to provide variety. We observed a 'News and Views' group discussion in which the coordinator facilitated a debate about current affairs. This was pitched at just the right level for people, and we saw again that the coordinator was skilled at managing group interactions to make sure that all people had a chance to express themselves. A lecture about the history of musicals was available on another day we inspected and a relative told us they had been asked to make a presentation about sailing in the future. They told us "The activities coordinator is exceptional. Entertainment is wonderful and doesn't patronise residents in any way."

The activities coordinator knew people well and told us that they prompted people they knew might be interested in particular sessions. They continuously asked people for feedback about sessions and what they might like to do. This had led to some people going to see a musical show at the local theatre. A relative

commented in a card 'Thank you so much for arranging a special outing for mum, her friends and family. The organisation and care was outstanding in every way'. The activities coordinator visited people in their rooms for one-to-one conversation if they chose not to be involved in group activities; and to avoid them becoming socially isolated.

We looked to see how complaints were managed; but there had been none received by the registered manager in the last 18 months. People and relatives told us that they would speak with the staff or registered manager if they had any concerns but we heard again and again from people that "There's nothing to complain about here ". People were well-informed about the process for making complaints. The provider had produced an extremely comprehensive information pack for people, which included information about how to make a complaint if needed, along with details of advocacy services. Minutes of a recent residents' meeting recorded that the registered manager had reminded people that 'No matter how small you think your concern is, we need to know before it becomes a big concern'. The provider had an up-to-date complaints protocol in large print to make it accessible to people with impaired vision, and the process for logging and investigating any concerns was clear and detailed.

A very large number of compliments about the service had been received, and the registered manager retained these and fed back the comments to staff. One such compliment read 'Mum has benefitted enormously from staffs' professional and compassionate care at all times' and another said 'Thank you for looking after and loving X for years'.

Is the service well-led?

Our findings

The service was very well-led and people and relatives had only praise for the registered manager. One person said "She's excellent and always available; staff respect her and she gets things done". A relative told us "The manager doesn't miss anything-she is absolutely on top of things and it shows on a daily basis". Responses to a recent survey read 'The manager is approachable and gets things done quickly' and 'The manager is always helpful; and staff work in cooperation with each other'.

There was a sense throughout the inspection that the provider and registered manager were continuously looking for ways to improve people's experiences and quality of life. Extra services such as complimentary taxis, specially sourced equipment and even sherry before lunch, all made people's lives more comfortable and made them feel valued. The provider's investment in occupational therapy for people helped them to maintain their independence longer; and free aromatherapy promoted relaxation, which improved people's sense of well-being. The premises was decorated and maintained to a high standard and when new furniture or equipment was needed, the provider was quick to respond. For example, a stair lift had been purchased and installed to give people the opportunity to use it if they were finding the stairs difficult. This showed that the provider recognised people's changing needs and took appropriate action to support them. New dining chairs had been bought recently and the registered manager explained that the former ones had been fine, but the new chairs had thickly-padded seats; to provide people with greater comfort. People and relatives said they would not hesitate to recommend the service, and the positive feedback we received from every quarter was testament to the efforts made by the provider, registered manager and staff.

The registered manager and provider had robust oversight of the service. They had carried out a range of audits to measure quality and safety and took prompt remedial action if any shortfalls were identified. This included thorough and regular checks of cleaning, medicines, the environment and people's care plans. In addition, the registered manager undertook regular night visits to the service to ensure that standards were maintained on all shifts. As a result of this routine testing the registered manager was able to monitor and improve care delivery. The provider visited the service monthly and conducted quality assurance testing at those times. The registered manager said they were strongly supported by the provider; who was always available by telephone and listened and responded favourably to any needs.

Staff had been encouraged to contribute to a 'Five key area tree'; displayed in the registered manager's office. This was a picture of a tree with five branches; to represent each of the key areas: safe, effective, caring, responsive and well-led. Staff then wrote on 'Leaves' to say how they felt they demonstrated each of the key areas. These included; 'Effective-we work together as a team' and 'Responsive-Buzzers never go unanswered'. This was an effective tool for helping staff to consider how they made a difference to people's lives; and think about how they could do even better.

Staff told us that they felt supported and encouraged by the registered manager. They said that they felt valued and that they were fully involved by the registered manager in decisions affecting the service. We read a letter the registered manager had sent to one staff member praising them for their good work and

awarding them a pay rise for their efforts. The staff team were cheerful and cooperative with us and were clearly motivated to provide high standards of care to people. One staff member said "This is more than just a job to us; the residents are a really important part of my life as a whole". This was reflective of the culture we observed in the service; which was one of treating people like family and working together to give people the best experience possible.

We observed good teamwork and communication during the inspection, from staff who were friendly and welcoming. This translated into a warm, inviting atmosphere in the service; which people, relatives and professional visitors consistently referred to as "Like family". The registered manager led by example and was visible and fully involved day to day. We heard that they carried out the cleaning in the service on Boxing Day each year so that domestic staff could take the day off but standards still be maintained. Staff told us that the registered manager had earned their respect through actions like these and that they were "A brilliant leader".

The registered manager told us that their own professional development was important in enabling them to manage effectively. They were undertaking a level five Diploma in Health and Social Care and also attended all training sessions staff were asked to complete. In this way they kept their knowledge refreshed; so that current best practise would be reflected in the service.

A variety of methods were used to gain views about how the service was performing and how it might be bettered. These included regular surveys of people and their families, but we also saw that visitors, such as entertainers and professionals had been asked for their opinions. This helped create a full picture of perceptions and ideas about the service; which was a useful yardstick in assessing whether any changes were needed. Residents meetings gave people a platform for voicing any concerns and indeed, praising staff. Minutes of one recent meeting recorded 'Residents gave thanks to staff for a brilliant job and to the manager for a very informative meeting.' Staff meetings took place regularly and provided an open forum for staff to raise any issues. Minutes showed that staff had used meetings as an opportunity to discuss ways to improve care delivery; for example through the design of a new checklist to help ensure all tasks were completed appropriately.

The registered manager had formed innovative links with the local community; through the introduction of 'Social Days'. They told us that in liaison with Age UK, they invited up to five older people to join residents one day per week for activities or to simply chat with others. This was particularly promoted in winter when older people could become isolated and free transport was provided. The registered manager told us that residents and visiting people all benefitted from this shared time together; which had been well-received by all. One person living in the service said "It's good to meet different people and see new faces-we have such a lovely home here, we don't mind sharing it a bit".