WCS Care Group Limited

Attleborough Grange

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

Summary of findings

Overall summary

The inspection took place on 3 and 4 March 2016 and was unannounced.

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

The service provides accommodation and personal care for up to 32 older people, who may be living with dementia. Thirty people were living at the home at the time of our inspection.

People were at the heart of the service. The provider's philosophy, vision and values were understood and shared across the staff team. People's right to lead a fulfilling life was enshrined in a charter of rights, which was displayed in the entrance to the home.

Staff received training in the provider's values and philosophy, which included, 'play, make their day, be there and choose your attitude'. The management team exemplified the philosophy in their interactions with people, which set the standard for staff to follow.

People and relatives were delighted with the kindness and thoughtfulness of staff, which exceeded their expectations of how they would be cared for and supported. People, relatives and visitors from external agencies described the home as having an 'atmosphere' that made them feel as if they had come home as soon as they walked in the door.

Relatives identified that the welcoming atmosphere was created by the staff's friendliness and cheerfulness. People felt valued by care staff, which empowered them to speak freely and confidently about how they wanted to live their lives and the support they would like from staff. Care staff respected people's individuality and encouraged them to live the lives they wanted.

People were encouraged and supported to live with meaning and purpose every day. Care staff valued people's experience and opinions and encouraged them to take pride in their lifetime's achievements.

People were involved in planning their care with the support of their relatives and staff, to ensure their care plans matched their individual needs, abilities and preferences, from their personal perspective. Care staff showed insight and understanding in caring for people, because they understood people's individual motivations and responses.

Staff took time to understand people's life stories and supported and encouraged people to celebrate important personal and national events. People were supported maintain their personal interests and

hobbies. The provider employed a team of exercise and activity co-ordinators who were dedicated to supporting people to make the most of each day.

People who lived at the home, their relatives and healthcare professionals were encouraged to share their opinions in a format that was appropriate to their needs, to make sure their views drove improvements.

The provider was innovative and creative and constantly strived to improve the quality of people's lives, by working in partnership with experts in the field of dementia care. Planned improvements were focused on improving people's quality of life.

All the staff were involved in monitoring the quality of the service, which included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence. The provider shared their learning with all the homes in the group.

There were enough staff on duty to meet people's physical and social needs. The registered manager checked staff's suitability to deliver personal care during the recruitment process. The premises and equipment were regularly checked to ensure risks to people's safety were minimised. People's medicines were managed, stored and administered safely.

Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. Staff understood the risks to people's individual health and wellbeing, which were clearly recorded in people's care plans.

Staff were attentive to people's appetites, moods and behaviours and were proactive in implementing individual strategies to minimise people's anxiety. Staff ensured people obtained advice and support from healthcare professionals to minimise the risks of poor health.

Staff received training that matched people's needs effectively. Staff were encouraged to reflect on their practice and to develop their skills and knowledge, which improved people's experience of care.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having capacity, records showed that their advocates or families and healthcare professionals were involved in making decisions in their best interests.

Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs and to maintain a balanced diet.

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. Staff understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The registered manager checked staff's suitability for their role before they started working at the home. Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective. People were cared for and supported by staff who had relevant training and skills. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards. People's nutritional and specialist dietary needs were taken into account in menu planning and choices. People were referred to healthcare services when their health needs changed.

Is the service caring?

Outstanding

The service was very caring. People and relatives were delighted by staff's kindness and valued their friendship. Care staff valued people's experience and opinions and encouraged them to take pride in their lifetime's achievements. People were encouraged and supported to live with meaning and purpose every day. Care staff respected people's individuality and encouraged them to maintain their independence live the lives they wanted.

Is the service responsive?

Good

The service was responsive. People and their relatives were involved in planning their care and support. People's preferences, likes and dislikes were understood by the staff from the person's point of view. People were supported to maintain relationships that were important to them and to engage with the local community. People's views were regularly sought, listened to and used to drive improvement in the quality of service. Complaints and concerns were listened to, taken seriously and responded to promptly.

Is the service well-led?

Outstanding

The service was very well led. The provider's philosophy, vision and values were shared by all the staff, which resulted in a culture that valued people's individual experiences and abilities. The provider worked with other specialist services and organisations to ensure people were at the heart of the service. People, their relatives and healthcare professionals were encouraged to share their opinions about the quality of the service, to ensure planned improvements focused on people's experiences.

Attleborough Grange

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.

The inspection took place on 3 and 4 March 2016 and was unannounced. The inspection was undertaken by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with seven people who lived at the home, three relatives, one other visitor and a visiting healthcare professional. We spoke with the registered manager, one care co-ordinator, two care staff, an activity co-ordinator, the caterer and the deputy director of operations.

Many of the people we spoke with were not able to tell us in detail about their care and support because of their complex needs. However, people were happy to talk with us about their previous lives and we observed how staff engaged with people throughout our visit.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and observed how care and support were delivered in the communal areas.

We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions

were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the home because they trusted the staff. Several people and relatives told us there was a 'nice atmosphere', which gave them comfort. We saw people were relaxed with staff and responded with a smile when staff spoke with them. A relative told us, "The staff and the atmosphere make her feel safe."

People were protected from the risks of abuse. Care staff attended training in safeguarding and whistleblowing and understood the provider's policies and procedures for raising concerns. Care staff told us, "I know about the whistleblowing policy, but I have not needed to use it" and "We are told if we see anything of concern, no matter how big or small, tell the manager." Care staff knew they could report any issues to the local safeguarding team if their concerns were not treated seriously. Records showed that the registered manager understood their responsibility to refer any allegations of abuse to the local safeguarding team, but no additional action had been needed. A visiting healthcare professional told us, "There are no safeguarding issues here."

The registered manager assessed risks to people's individual health and wellbeing. Where risks were identified, people's care plans described the actions care staff should take to minimise the risks. A vising healthcare professional told us, "They do thorough risk assessments for pressure sores with a body map, for cognition, whether the person can ask for pain relief, or is sore. It's quite thorough."

Care staff recorded accidents and incidents in people's daily records and in the daily handover book to ensure all staff were aware and took action to minimise the risks of a reoccurrence. A member of care staff told us, "If there is an accident, if someone is on the floor, we phone 999 and the paramedics check the person." The detailed records of accident and incident investigations included the location and time and identified the probable cause and the actions taken, such as asking advice from healthcare professionals. A relative told us the registered manager had asked a specialist nurse to visit their relation when they had fallen for no obvious reason, to check whether the falls related to their medical condition.

One person told us they felt safe moving around the home because, "The floor is level and I can walk around safely." For people who were at risk of falls, actions were taken to reduce the risks. A member of care staff told us, "If a person is unsteady, we walk with them and they have a bleep mat at night, so we know when they need assistance." Care co-ordinators reviewed people's risk assessments at their monthly care plan reviews to ensure any necessary changes in their care and support were included in the person's updated care plan.

People and relatives told us there were enough staff to provide the care and support they needed. One person said, "I ring the bell and they come in a few minutes." A relative told us, "There are regular carers and they are always popping in to [Name]." The registered manager analysed people's needs and abilities to determine how many staff were needed on each shift and care staff were allocated to each household, according to their skills and experience. Care staff told us the registered manager took their opinions into account about safe staffing levels. A member of care staff told us, "If I feel short staffed I would tell the

manager. We told the manager mornings were short staffed, so two extra staff now come in early to support people in the morning." Care staff told us they had enough time to engage with people individually and to encourage people to participate in the events of the day.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed new staff underwent an application and interview process so the registered manager could check their skills and experience, and that their behaviours would fit well with the team and ethos of the service. The registered manager checked staff's identity and right to work, obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. The registered manager told us they had the same recruitment process for volunteers. They told us, "We ask for personal references for volunteers. They are risk assessed and not left alone with people."

The provider assessed risks to the premises and equipment and took action to minimise the identified risks. Records showed the provider had implemented a system of regular checks of the premises, the fire alarm and essential supplies such as the water, gas and electricity. Care staff were involved in checking that equipment, such as hoists, slings, wheelchairs and walking frames, were safe and fit for use. A visiting healthcare professional told us care staff understood the importance of making sure equipment was in working order and knew how to report any issues to the specialist equipment supplier.

The provider's policy and procedures to be followed in the event of an emergency were known and understood by people and staff. One person told us, "They do test the fire alarm bell, they warn us first. It's for the staff to practice." Care staff told us they had training in fire safety and knew what to do in the event of an emergency. The registered manager had prepared personal emergency evacuation plans (PEEP) for each person who lived at the home. The PEEPs were kept in one folder and for the fire and rescue service to know who needed assistance and equipment to evacuate the home safely in an emergency.

People told us they had their medicines when they needed them. We saw care co-ordinators took people's medicines to them, wherever they were in the home and checked people swallowed them. For people who had difficulty in swallowing, care co-ordinators had arranged for medicines to be supplied in a liquid form or obtained agreement from the person's GP to crush tablets in their food, to make it easier to swallow. A care co-ordinator told us there were clear procedures for medicines that were administered 'when required', such as pain relief. They told us the written protocols guided their practice. Relatives told us they felt well informed about the purpose and benefit of the medicines their relations were prescribed.

Medicines were managed and administered safely. One person told us, "I was asked if I wanted to self-medicate, but I said no. I didn't want the responsibility." Only trained staff administered medicines. Care co-ordinators told us their training gave them the knowledge and skills they needed to be confident in administering medicines. Medicines were kept safely in locked cupboards. Medicines were delivered by the pharmacy in named, sealed pots, colour coded for the time of day they should be administered with an accompanying medicines administration record (MAR) and a picture and description of each medicine in the pot. Each person's MAR included their photo, the name of each medicine, the frequency and time of day it should be taken, which minimised the risks of errors.

The MARs we looked at were signed and up to date and included when people declined to take their medicines. Staff kept an on-going record of how much medicine was administered and how much was left, to make sure medicines were always available when people needed them. Records showed that care co-ordinators regularly checked that medicines were stored, administered and disposed of safely.

Good

Is the service effective?

Our findings

People and relatives told us they were cared for and supported effectively, according to their needs. One person told us, "The staff are very good. They listen to your needs." A relative told us, "This is the best (care home) around, and what makes it is the staff. Everybody is so helpful."

People received care from staff who had the skills and knowledge to meet their needs effectively. Staff's induction programme included observing experienced staff, reading people's care plans and getting to know people. Care staff told us understanding people's individual needs and abilities was the most important aspect of delivering high quality person centred care. A member of care staff told us, "I read the care plans to make sure I have enough information to work with people. They explain people's needs and the number of care staff needed to assist the person. You must read it." A visiting health professional told us the care plans were detailed and gave then a good understanding of the person, because, "I know what they have asked about and considered when planning care."

All new staff were required to complete the Care Certificate' during their probationary period, unless they had already obtained a nationally recognised qualification in health and social care. The Care Certificate was launched in April 2015 and replaced the previous Common Induction Standards (in social care) and the National Minimum Training Standards (in health). The Care Certificate will help new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. A member of staff told us, "I have given feedback for new staff. If they have a problem, any problem, I can support them and share that with the manager."

Staff attended training in subjects that were relevant to people's needs, such as moving and handling, food hygiene and caring for people with dementia. Sixty-seven percent of staff had achieved a level two, recognised qualification in health and social care. Care staff were confident that training was available to ensure they could support people effectively, whatever their need. One member of care staff told us, "The training is fantastic. You learn a bit more, however experienced you are. It makes you think. It's really helped me think about what I do and why." A relative told us care staff had attended training that was specific to their relation's health condition, which gave them confidence in staff's ability to support their relation.

Care staff were supported to deliver effective care. Care staff told us they had regular opportunities to discuss their practice and any concerns at one-to-one and group supervision meetings. Care staff told us, "They ask how you feel, whether you are enjoying the job. It gives you ideas about how to make things better for people," and "It takes teamwork and a willingness to help each other." Care staff attended annual appraisal meetings, to discuss their personal development. One member of care staff told us their career development had involved a change of role, which made best use of their skill in encouraging people to lead an active life.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

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

The registered manager understood their responsibilities under the Act. In the two care plans we looked at, we saw the registered manager had completed risk assessments for people's understanding and memory, to check whether people could make their own decisions or whether decisions would need to be made in their best interests. Records showed people, or their legal representatives, had signed to say they consented to how they were cared for, but the decision for them to live at the home had been made in their best interests by a team of healthcare professionals.

The registered manager had applied to the supervisory body, for the authority to deprive 26 people, of their liberty. For example, they could not go out independently, because they did not recognise risks to their safety outside of the home. At the time of our inspection the supervisory body had authorised two DoLS and the registered manager was awaiting the decisions for the remaining applications.

The registered manager kept a copy of the documents issued by the courts so they could be confident that people's relatives and representatives had the legal right to make decisions on their behalf. People's liberty, rights and choices were not restricted unnecessarily. For example, we saw that people, who had the capacity to understand the risks of going out alone, went out independently.

Some care staff had received formal training in the MCA and DoLS and some were awaiting training. In the meantime all staff had been issued with fact sheets to ensure they were familiar with the concepts and understood the principles. We saw care staff followed the code of conduct of the Act and asked people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support.

People were supported to eat and drink enough and to maintain a balanced diet. People and visitors told us the food was, "Very good." They told us they had a choice of meals and could eat them wherever they preferred. People told us, "I prefer to have breakfast in my room and staff bring it for me" and "I usually have my main meal at lunchtime. They will always get me a snack in the evening."

Menus were planned in consultation with nutritional specialists and offered a balanced diet with ingredients, such as cream, cheese and full fat milk, to help people with small appetites maintain their weight. The caterer told us, "The menu is changed with the season and flexed to suit local tastes. I need to know they will enjoy it." Records showed there was a wide and varied choice of dishes at every meal, which included a vegetarian option. People's preferences, likes and dislikes were recorded in their care plans and care staff shared this information with the caterer. A relative told us, "The food is very nice. [Name] has been here since Friday and her appetite has improved already."

The caterer told us the only special diets they currently needed to prepare were diabetic and soft meals, because, for example, "No one has requested halal, gluten free or low fat." A member of staff told us the caterer and staff were mindful of dietary requirements associated with people's religion and cultural needs. They told us they were supported to follow their own cultural dietary traditions and food was prepared and served separately for them.

People told us they were asked about their meal choices in the morning, but could always change their minds. Most people chose to eat in one of the dining rooms at lunch time. The tables were laid with cloths, flowers and menus with pictures, to remind people of their choice. When one person was undecided about which meal they would like, we heard staff offer, "Shall I give you a bit of both then?" Lunch was served and eaten at a leisurely pace. Staff talked with people about their plans for the afternoon and encouraged them to socialise and enjoy the occasion. We heard staff joining with one person when they decided to sing between courses.

People who needed assistance to eat were served first, and there were enough care staff to assist them individually. Care staff monitored people's weights and their appetites and sought advice from healthcare professionals, such as a dietician if, they were at risk of poor nutrition. One care plan we looked at showed the person had been prescribed nutritional supplements, which were recorded in the person's medicines administration record. We saw the person was offered a meal first and care staff spent time with the person encouraging and assisting them to eat. The supplement was offered after the meal, which ensured the supplement was not treated as a substitute for food. Records showed the person was weighed every week, as per the dietician's advice.

People were supported to maintain their health and were referred to healthcare professionals, such as GPs, dieticians and podiatrists, when needed. Staff handover meetings were led by a care co-ordinator and care staff from each household attended. Staff shared information about people's health needs, appointments with healthcare professionals and the advice the professionals gave. For example, staff identified when people were not eating well, when they declined their medicines and how staff should support and monitor people's health.

People, relatives and a visiting health professional told us staff were observant and proactive at seeking advice when people showed signs of ill health. People were encouraged and supported to proactively consider their own healthcare needs. Records showed people had discussed the benefits of regular visits from a foot health practitioner at a recent meeting. A relative told us, "When [Name's] condition deteriorated, they asked the specialist nurse to visit," and, "If [Name] is ill staff take [Name] to appointments." A visiting healthcare professional told us, "The care staff are observant. If they see a red patch (on the person's skin), for example, they call me."

Outstanding ☆

Is the service caring?

Our findings

People, relatives and a visitor told us the care and support they received exceeded their expectations. They told us they were surprised and delighted at the level of kindness, thoughtfulness and compassion shown by staff. People told us, "I can't believe how lucky I am. I'm in heaven. I couldn't be happier" and "They are very friendly and they'll do anything to help you." A relative told us, "The minute I walked in here, I knew, just knew, it was the right place for [Name'].

People and relatives told us there was 'something' in the atmosphere that made them feel welcome and truly 'at home'. They told us, "As soon as we walked in we felt a different atmosphere" and "There's a nice atmosphere. I love it here. It's home from home. Everyone's friendly." A relative told us the atmosphere was created by friendly staff and management because, "Everybody is so helpful. You've got to want to do this job and they do." At a recent quality assessment visit to the home by Age UK, staff had been praised for their, "Genuine desire for the residents to feel at home, valued and respected." A relative had commented on the CQC "Share your experience" webform, "Excellent level of care and support. Friendly caring staff all of whom cater for [Name] extremely well. Compared to many places I have visited Attleborough is in a league of its own."

Care staff and management were clear that the home was 'for the people' and their role was to support people to live the lives they wanted to live. The registered manager told us, "Staff are getting to know me. They understand I'm here for the people. I advocate for people's rights." Care staff felt empowered by the registered manager to deliver a service that focused on the individual. Care staff told us, "I'm the intruder. It's their home" and "We are there for them. You have to consider their feelings and fears. It's what they want not what's convenient to me."

People's care plans were written from the person's perspective, so staff understood their needs and abilities from the individual's point of view. Care plans included a personal profile, entitled, 'This is me', as promoted by the Alzheimer's Society. The profile included a brief history for each person and details about their preferences, likes, dislikes and people who were important to them. People's relatives were encouraged to share their memories of their relation, so staff could get to know them better.

Care staff and a visiting health professional told us the care plans were invaluable in getting to know and understand the person. A member of care staff told us, "I can read the care plan to understand the person." People and relatives told us care staff understood and respected what was important to them. Care staff supported people to maintain their preferred routines and make choices about how they were supported.

People who were able to understand risks were involved in their own risk assessments and agreed the actions they would take to minimise the risks. For example, for one person who was able to go out independently, care staff had accompanied them on the first occasion, to check they knew the routes and would not get lost. Care staff had introduced the person to local business owners and given them the home's contact details, in case of an emergency, and checked the person had a mobile phone when they went out unaccompanied. Care staff had gone out of their way to promote the person's independence.

Staff were highly motivated and inspired to offer care that matched the person's perception of themselves. Staff had signed up to a dementia care pledge, which included understanding how a person who lives with dementia perceives the world around them. Care staff understood people who were not able to communicate verbally and supported them with kindness and compassion. For example, for one person who was not able to remember or communicate well, their care plan explained how staff should watch their facial expression, make eye contact, speak slowly and avoid distracting background noise. We saw care staff took these actions during our inspection, which minimised the risks of poor communication. A relative told us, "They knew her within weeks. She has no emotional history, there's no looking back and staff get that. They care for her in the present and that is for the best." We saw care staff joined people 'in the moment' throughout our inspection, singing with them when they started singing and listening to people's stories, which made them feel that staff cared about them and enjoyed their company.

One person told us care staff were, "Very gentle with me," which they appreciated. Care staff told us their training helped them understand people's behaviour and needs. We saw care staff were observant and proactive in minimising anxiety when people appeared anxious. We saw care staff holding people's hands and heard care staff encouraging people to remember happy times and supporting them to look forward to future events, to relieve their anxiety. Relatives told us, "I have been surprised at how good it is. You can see in in [Name's] mood, staff know how to make her smile" and "Staff are so generous and loving to [Name]."

People told us they could 'do as they liked' and care staff understood what was important to them. One person told us they took pleasure in opening their wardrobe doors to see all their clothes neatly hung by staff, and they loved the smell of clean washing that filled the room. One person was proud to tell us their family had redecorated their bedroom before they moved in. The person felt valued by their family and felt 'ownership' of their room, which they might not have felt if the provider had decorated the room. The person told us, "I wanted these colours because it's fresh" and the expression of joy on their face showed the pride and comfort they took from their family's involvement.

People told us care staff promoted their independence. People told us they felt encouraged to participate in the daily routine of the home, for example, washing up and cake making. One person told us they felt appreciated when they were involved in household tasks. Care staff brought people's post to their room as soon as it arrived at the home. One person showed us their post arrived in their room, still sealed, which demonstrated care staff respected their privacy." The person told us they maintained their right to vote and this was important to them, because they felt free to express their thoughts independently. Care staff valued people's opinions, which made them feel important. At lunch time, when one person was reluctant to eat their meal, we heard staff say, "Try that meat then. It's a new recipe. Tell me what you think", which encouraged the person to eat several mouthfuls.

People and relatives told us care staff treated them with respect and promoted their dignity. A member of care staff told us, "Whatever problems you (care staff) have you should leave them on the doorstep. Be here for people. Respect other people, their values, their possessions." Care staff spoke quietly and discretely to people when offering personal care and we saw people's clothes, fingernails and glasses were clean. A relative told us, "[Name] has taken well to being assisted. It must be done well, because they never show embarrassment about being assisted."

The registered manager and care staff had decorated the hallways and communal rooms to help people find their way around and to promote memories and conversations. Walls were decorated in different themes to reflect people's interests, such as, fashion through the decades, music and war time recipes and cooking equipment. There were vintage artefacts for people to handle and reminiscence with. The registered manager planned to make sure that the artefacts were brought to people who were not

independently mobile, to touch and talk about while they waited for breakfast in the lounge. This would give people a purpose for sitting still and reduce the risk of people becoming restless or disengaging with their surroundings."

Good

Is the service responsive?

Our findings

People and their relatives told us they planned their care with support from their relatives and staff. People told us a care co-ordinator visited them in hospital to assess their needs, abilities and preferences. One person told us, "I have been asked all my preferences and staff remember them."

The registered manager and staff were flexible and responsive to people's individual needs and preferences and ensured people were enabled to live as full a life as possible. A healthcare professional told us, "The staff are responsive. If they notice any red patches (on people's skin), they are straight onto it – preventative washing and cream and pressure relieving boots. A person came in with a pressure sore, and it healed while in their care and there was no re-occurrence."

People told us they spent their day as they wanted, for example when they got up and went to bed, and were supported to maintain their interests and preferred pastimes. One person told us, "My day depends on how I feel. Sometimes we do cooking - cakes or biscuits, and sometimes we go out."

People's care plans included a social history record, which outlined people's previous lives, family, work and experiences. This gave valuable information for staff to know and understand how people might choose to live their life now, dependent upon their hobbies, interests and cultural and religious preferences. Care staff took photos of people engaged in activities which they pasted into people's daily diaries. One person showed us their daily diary which recorded how they spent their days. We noticed how the person smiled to themselves as they looked back at the photos staff had taken of them engaged in various events and activities. A relative told us they were reassured by their relation's daily diary because it showed, "Care staff know about [Name's] interests" and "Staff know how to make [Name] smile."

People were asked whether they had any specific cultural or religious needs during their initial needs assessment. There was a dedicated page in the care plans to record these and people told us they were supported to maintain the traditions of their faith. One person told us, "I go to the service on Sunday. I love hymn singing."

We saw everybody had a 'daily planner' to remind them of the opportunities for purposeful activity that interested them every day. The activities co-ordinator told us, "I ask them what they would like to do. I can encourage them to try things."

People told us they were able to spend their days as they pleased and care staff supported them in their choices. Some people liked to spend time in individual activities, such as reading and doing crossword puzzles and other people told us they liked to spend time in shared activities. The activities co-ordinator told us, "I do one-to-one activities with people in their room. I might do hand massage, read aloud, or just chat. They might just want a chat." The registered manager told us care staff had been invited to an interview to talk about their interests, passions and hobbies, in order to take a lead on particular activities. They told us, "We plan to start a knitting club and other person centred activities. It will show staff they are valued too, to lead on something."

On the first day of our inspection, a group of people went out for lunch at another care home in the provider's group of homes. The day out had invigorated them and they returned to the home in high spirits and full of conversation about the day. One person told us, "I can't remember when I enjoyed myself so much. I joined in the exercise class as an instructor, shaking the pom-poms. I've had such a lovely day out." The person told us they had plans to visit a local craft centre and to go on holiday with others from the home later in the year.

The registered manager had recruited two activity and exercise coordinators, who had attended accredited training to deliver a programme of personalised activities and exercise for five hours a day, seven days a week. The programme had obviously had an impact on people's wellbeing. When we asked two people about it their eyes lit up and they told us, "I enjoy going there. It's good fun. It makes me laugh" and "It is a laugh. It's on today. There is a pub quiz tonight."

We saw people taking part in a group activity session, which included a guessing game in the style of a well-known television programme. The session prompted discussion and debate about the probability of the next number in the sequence. The activities co-ordinator promoted a sense of anticipation followed by pleasure and satisfaction when people guessed the number correctly. People enjoyed the game and asked to play it a second time.

People were encouraged to build and maintain links with their community by taking part in local and national events and by inviting people and organisations to visit. For example, the registered manager had challenged the local National Citizens Service, of 15 – 17 year olds, to 'get your community to sign up to the dementia pledge'. The service had created a 'Become a dementia friend' poster and fundraised to provider a 'Mad Hatters Tea Party' for everyone at the home as part of the national Dementia Awareness Week. The service had created a photo album for people at the home to re-live the occasion. People had celebrated the National Care Home Open Day by re-creating an outdoor street party, with the help of people's memories and expertise.

Relatives told us they were always welcome and visited as often as they liked. We saw visitors made themselves at home and relaxed into the customs of the home. A relative told us, "We feel like we're at home. It's because of what it is like here."

The provider's complaints policy was shared with people, their relatives and staff. There were 'freepost' comments cards in the entrance hall and a 'comments, suggestions and complaints' books in each household, so anyone could leave feedback about the service. No-one had made a complaint in the book we looked at, but we saw relatives had sent thank you cards with complimentary messages to the staff and manager. A member of care told us, "I have not received any complaints I would record it, re-assure the person and tell them, 'this is what I will do' and tell the manager."

People told us they had nothing to complain about, but they would be comfortable to raise any issues with the staff. Two relatives told us when they had made a complaint they were happy with the registered manager's response. They both told us the issues were dealt with promptly and had not re-occurred. The registered manager's complaint investigation file showed that complaints had been investigated promptly, action was taken to resolve the issue and the complainants were satisfied with the outcome.

Outstanding ☆

Is the service well-led?

Our findings

People and relatives told us they were happy with the quality of the service and their views were listened to. People told us, "I felt as if I had known them (staff) all my life" and "There is nothing to change or criticise." Relatives told us, "We chose this one because it is the best around" and "I knew when we walked in the door that it was the right place. [Name] wanted to come here."

The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked what people thought of the quality of food, their care, the staff, the premises, the management and their daily living experience. The provider took action to improve the quality of the service based on the results of the surveys. For example, in response to issues raised about staff availability at weekends and in the evenings, the provider had introduced a seven day laundry service and a seven day duty manager system. This meant people, relatives and staff had a senior member of staff with the appropriate authority, to refer to between 7:00am until 10:00pm, seven days a week.

People were encouraged to share their opinions informally through comment cards in reception and via a hotline number to the Chief Executive. The provider made sure people knew they listened to people's views. They explained the results of the surveys and the actions they had taken in response to the questionnaires and comment cards through a regular newsletter that was posted in the entrance hall.

The provider's service manager monitored the quality of the home through regular visits, during which they checked the registered manager's records, looked around the home and spent time listening to what people and visitors had to say about the service. For people who were not able to express themselves verbally, a service manager spent time sitting and observing, using a recognised care evaluation tool, which allowed them, to assess whether an individual obtained a good quality outcome from any everyday event or interaction with staff. The registered manager was proud to tell us they had achieved top scores among the group of homes on three previous occasions.

The provider sought feedback about the quality of the service from other agencies, for example, from Age UK. Records showed an expert by experience from Age UK had spent time at the home observing and listening to people's experience of the service. The provider had created a group action plan as a result of Age UK's visits to their homes.

The planned improvements included a more personalised approach to medicines' administration, for example, by keeping people's medicines in a locked cupboard in their own room instead of having 'rattling trolleys' in the corridor. And, following feedback that the call bell system was a noisy distraction for people, they planned to replace it with an 'acoustic monitoring system'. When a call bell is pressed, a message is sent directly, but silently, to care staff's work mobile phone so they know who needs attention. The monitoring system includes voice recognition, which can be programmed to a person's voice if they are unable to use the call bell, and can be monitored remotely.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned. They had been the registered manager of the home for just over six months, but according to care staff, had already made a difference to the quality of the service. A member of care staff told us, "Since the manager [Name] has come in things are changing for the better and staff know it."

The provider promoted an open culture by encouraging staff and people to raise any issues of concern with them, which they always acted on. Relatives, staff and a healthcare professional told us the registered manager was approachable and supportive and the registered manager operated an open and listening culture. A relative told us they were convinced that staff were open and friendly because their morale was high, and this could only happen if they felt empowered by the registered manager. A visiting healthcare professional told us, "The manager is open to learning. We are planning time for me to deliver refresher training in pressure care, bed rails, hand hygiene to staff."

Care staff told us they felt well supported. They said they received the training and development they needed to be confident in their role and felt well informed about the home, their responsibilities and areas for improvement. A member of staff told us, "Management tell you when you are doing a good job. They are supportive and thank you for all your hard work" and "It needs teamwork, a willingness to help each other. It feels like family. It's lovely to work here."

The provider's improvement plans included a clearly described staff retention and development programme. They had appointed care co-ordinators, to improve management level skills and support at the home and to support staff's career development. Care co-ordinators were attending a leadership training programme to ensure they were equipped with the skills and knowledge they needed to be successful in their role, which was to step up as 'duty manager' in the registered manager's absence. A member of care staff told us, "It really helps to have a duty manager from 7am to 10pm."

The registered manager told us they also attended the leadership training programme, as described by the provider's improvement plans in the PIR. The provider had worked with an external specialist in dementia care, to develop a leadership training programme to encourage and support change, creativity and innovation. The recently appointed care co-ordinators at the home were all attending the course at the time of our inspection.

The registered manager told us the training programme included a self-assessment and they already had a better understanding of what they did well and areas for development. They had identified tools and mechanisms to support them to delegate responsibilities, but to maintain control of decisions, such as the 'car park' board. The registered manager had placed a board in the hallway for people, staff and visitors to post their 'action requests' on a sticky backed note. Care staff referred to this as the 'car park' and told us they knew when actions were taken and planned in response to the issues raised, because the registered manager kept them informed. The registered manager told us, in response to the 'action requests', for example, they had just ordered the new staff uniforms and planned to paint one person's bathroom door in a bright colour, to help them better distinguish between the wardrobe and bathroom doors.

The provider's vision and values were imaginative and person-centred and put people at the heart of the service. The Chief Executive had personally delivered training sessions to managers about their vision, values and philosophy, 'To make a difference,' and training was planned for all staff. The training included all staff signing up to, "Play, make their day, be there and choose your attitude, (by parking the personal)." The vison and values included a charter of what people should be able to expect of the organisation. Not all

the staff had attended the training, but the ethos had already cascaded down to them through the management team's leadership and behaviour. A relative told us, "It's not about the cost, it's about the staff and manager. The atmosphere and environment impacts positively on people's moods, and the back garden is a delightful place to be."

All the staff team were involved in monitoring the quality of the service through regular audit checks of, for example, people's care plans, the premises, equipment, food and medicines. Where gaps or omissions were identified in recording, staff were reminded of the importance of keeping good records at group or one-to-one supervision meetings.

The provider had created cleaning and safety audit schedules for daily, weekly and monthly checks with designated responsible staff. Errors, trends and issues of concern were recorded and reported to senior staff through household meetings and team meetings. A care co-ordinator told us, "I love the care management book. It was very well thought out and the system works."

The registered manager's role included checking that staff monitored and reported their findings to make sure appropriate action was taken when necessary and to minimise the risk of a re-occurrence. Records showed, for example, accidents and incidents were analysed by the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to healthcare professionals, refresher training for staff and sharing information with relatives, the local safeguarding team and CQC.

The provider's policies and procedures relating to safety were implemented consistently and effectively. The information we held about the service showed a continuous history of meeting the regulations since the initial registration. The registered manager's approach to risk management and their response to issues was effective. This was reflected in a complete absence of people, relatives, staff or other agencies sharing any negative comments with us in the previous 12 months.

The registered manager delivered monthly reports to the provider so the provider could be assured that care was delivered and monitored consistently across the group of homes. The provider produced monthly statistics for a range of indicators, which enabled managers to compare their performance and learn from others. For example, the provider monitored how many people were at risk of poor nutrition, the number and causes of accidents, incidents and falls and how complaints were handled. The registered manager attended regular meetings with other registered managers to discuss the monthly reports, to reflect on their practice and share ideas.

The provider learnt from their experience and took action to improve. When issues arose at any of the homes in their group, they investigated the issue and applied their learning across all the homes. For example, the provider had recently reviewed and updated their policy for assessing people's mental capacity and for how they recorded when they made decisions in people's best interests. The updated policy and procedures were shared immediately by email and then through workshops for all staff who were responsible for implementing the policy. The registered manager had enacted the policy and completed mental capacity assessments for everyone at the home. They had subsequently applied to the supervisory body for the proper authority to restrict the liberty of those people who were assessed as not having the capacity to recognise risks to their wellbeing.

The provider followed guidance from specialists in the field of residential care, such as the Social Care Institute of Excellence. The provider had adopted recognised tools and methods to ensure people received care in accordance with the latest best practice. For example, they used recognised assessment tools to

understand people's lifestyles and activity levels, in order to develop an individual profile of a person's interests, likes and dislikes and to diagnose their level of ability and interest to plan how to present activities at the 'right' level.

The provider's emphasis was on continually striving to improve by implementing innovative systems and practices. As part of their research into effective care for people with dementia, a management team had visited an internationally recognised provider of excellence in dementia care, to learn about their methods and planned to introduce their methods into the home. The Deputy Director of Operations told us how the provider's experience was used to promote and influence best practice in dementia care. An organisation that offered training in care staff led activities and exercise programmes had recently used one of the other homes in the group to film a teaching video, to demonstrate how the programme could be used.