Holmwood Care Limited

Holmwood Residential Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
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 6 April 2016 and was unannounced.

Holmwood residential home provides accommodation and personal care for 32 older people, some who were living with dementia. At the time of our inspection there were 30 people living in the service.

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 provided outstanding care to people which was continually reviewed to ensure the best possible outcomes. People, staff, relatives and professionals were extremely complimentary about the service and what it provided.

The registered manager was inspiring and dedicated to providing care which met the highest of standards. They strived for excellence through consultation, research and reflective practice. They were passionate and dedicated to providing an outstanding service to people. They led with a dynamic approach and continually reflected on how to improve the service further. They demonstrated a strong and supportive leadership style, seeking feedback in order to further improve what was offered. The provider's vision and values were understood and shared across the staff team, and they were fully supportive of development plans.

We observed staff providing care which was dignified and respectful. Staff were highly motivated to provide kind, compassionate and effective care to people, and had taken on specific lead roles to further enhance their knowledge and skills. 'Champion' roles were established within the service which resulted in people receiving care which was in line with best practice guidance, and which demonstrated a positive impact on people's health and well-being.

Systems were in place which safeguarded people from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

Care plans provided an exceptional level of detail relating to people's needs and preferences, incorporating personal wishes and views, how people liked to live, past histories and current preferences. Risk assessments were reviewed regularly to reflect changes, and also guided staff thoroughly on how to minimise risks, including action plans on what steps to take if a person became unwell.

Medicines were provided safely and when required. Staff carried out regular audits to ensure processes were reviewed and monitored for effectiveness.

The service were highly responsive to people's nutritional needs. Staff were allocated dedicated time to support people to eat and drink sufficiently to optimise health. Nutritional risks assessments were used effectively and monthly reports were compiled to identify people most at risk.

Staff and management worked in partnership with people. People were encouraged to be involved in the interviewing and recruitment of new staff, ensuring people's views were used to inform decisions.

People's capacity to make decisions was regularly reviewed and amended. The registered manager was highly knowledgeable in this area, referring to current best practice, legislation and process.

Complaints received were responded to thoroughly, and solutions put in place when possible.People were encouraged to share their opinions informally through comment cards in reception. Results of surveys were shared and actions they had taken in response to questionnaires and comment cards. People, their relatives and other health professionals were encouraged to share their opinions to ensure their views drove improvement. Planned improvements were focused specifically on improving people's quality of life.

Robust quality assurance reports had been developed, incorporating all elements of requirements relating to legislation, Care Quality Commission guidance, best practice guidelines, along with evidence of how each area was being met. Continual auditing was carried out to ensure the safety and quality of care that was provided, using information from the audits to drive continual improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse, by staff who were trained to recognise and act on concerns.

Risks were identified and reviewed in a timely manner.

There were sufficient staff who had been recruited safely to meet people's needs.

People received their medicines in a safe and timely manner.

Is the service effective?

Outstanding ☆

The service was extremely effective.

Staff were trained to deliver care in line with best practice guidance. 'Champion' roles were established in the service and used to provide an enhanced level of care.

People were asked for their consent before any care, treatment or support was provided. Staff were knowledgeable about their responsibilities in line with the principles of the MCA.

High importance was placed on people's nutritional and dietary needs which were closely monitored by staff who dedicated specific time to ensure people were supported appropriately.

People were supported to maintain good health and had access to healthcare support in a timely manner.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Staff provided kind, dignified and respectful care to people. Staff knew people well, and acknowledged individual needs and preferences.
People were supported to express their views using a range of methods. People were encouraged to influence how the service was run, and were involved in the recruitment of staff.

People were treated with dignity and respect. Relatives and friends were encouraged to contribute to care planning.

The service provided outstanding end of life care. People experienced a comfortable, dignified death in line with their wishes.

Is the service responsive?

Good

The service was responsive.

Care plans were regularly reviewed and updated to reflect changing needs. People and their families were encouraged to be involved in the process.

People were supported to follow their interests, and to engage in activity.

Links with the local community ensured people were not socially isolated.

People's concerns and complaints were listened to and acted on in a timely manner. Feedback was valued and used to make improvements.

Is the service well-led?

Outstanding

The service was exceptionally well-led.

The service had a positive, person-centred and open culture. Management were dynamic and led by example, continually seeking to improve what the service offered to people.

Robust quality assurance processes ensured continual monitoring of safety, quality and effectiveness of the service.

Holmwood Residential Home

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 6 April 2016, was unannounced and undertaken by one inspector.

Prior to the inspection we reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

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

During the inspection we spoke with five people living at the service, three relatives and two health professionals. We spoke with the registered manager and five members of care staff. We also observed the interactions between staff and people.

To help us assess how people's care needs were being met we reviewed five people's care records and other information, for example their risk assessments and medicines records.
We reviewed four staff recruitment files, maintenance files and a selection of records which monitored the safety and quality of the service.

Good

Is the service safe?

Our findings

People and relatives commented on the safety of the service. One person told us, "Yes, I feel very safe living here, they [staff] check on me all the time". A relative told us, "I feel very happy to leave [name of person] here, no worries".

Staff told us they had received safeguarding training. They were able to describe different types of abuse they may come across in their work, and what changes they may notice in a person who was being abused, such as their appearance or demeanour. Staff told us that they felt they could raise any concerns and they would be escalated promptly. One staff member told us, "If I noticed anything, I would report it immediately", another said, "I would report any issues to the manager, the local authority or CQC". This demonstrated that staff understood how to raise a concern and were confident to do so.

People's individual care records described risks that could affect them in their daily lives, such as medical conditions, mobility, skin integrity and moving and handling needs. Risk assessments contained detailed guidance on how to minimise risks to people. The senior care co-ordinator continually reviewed the outcomes for people over time in order to demonstrate the impact this had on people's health, for example, monthly MUST [malnutrition universal screening tool] and Waterlow [skin integrity] audits were carried out to identify those people most at risk and to incorporate these into the annual quality report so impact could be measured and evidenced.

Where people had medical conditions such as diabetes, a clear plan was included on what action staff needed to take in the event that a person's blood sugar levels became unstable. This helped to ensure that people were being supported safely and consistently. A professional told us, "I've visited a few times recently, and their care records are very up to date and clear".

There was a monthly accident and incident log which staff monitored and analysed for incidents such as falls. This information was used to identify recurring themes and recorded the action that had been taken to minimise the risk of further incidents. Examples included referrals to falls prevention teams, moving and handling reviews, and provision of equipment such as mobility aids. The registered manager told us that they also produced an annual analysis of incidents and accidents to further analyse information across the year, identify trends, and share across the staff team.

Each person's moving and handling plan was reviewed bi-monthly by the registered manager, which ensured people's needs were reviewed regularly. There was also falls champion [A champion is a person with increased knowledge in a specific subject] within the service who liaised with the local falls prevention team and other healthcare professionals when required. This ensured that people were assessed promptly by specialist teams to ensure that measures were put in place to minimise risks. Staff were also able to use the champion's enhanced knowledge for advice. The registered manager told us that for some people who may be judged to be at risk of falls, they used movement detectors on beds, chairs, and exit doors. The information was discreetly sent to a bleep handset that informs staff who can respond and therefore minimise the risk of falls occurring. One person said, "I feel very safe here, they look after you and get the

help you need".

People told us they felt there were enough staff to meet their needs and had no concerns about the staffing levels. One person said, "If I press my buzzer the staff come quickly, they tell me to press it". A staff member said, "The staffing is good here, I can always find a colleague if I need one, and it's the same at weekends". The registered manager told us that they assessed and amended staffing numbers based on the dependency ratings of people, which we saw were documented in each person's care record. At busier times of the day, such as when people were getting up or going to bed, a system had been introduced whereby an additional member of staff would work for three hours to support the increased demand on staff time. This approach ensured that people's needs could be met in a timely manner.

People were protected by robust procedures for the recruitment of staff. Staff we spoke to, and records we reviewed, confirmed that reference checks and Disclosure and Barring Service (DBS) checks [which provide information about people's criminal records] had been undertaken before new staff started work. This ensured that new staff coming to work in the service were suitable for their role.

People lived in a safe environment. Staff were able to demonstrate that they knew the importance of keeping people safe in an emergency situation. Maintenance records relating to health and safety were closely monitored by the registered manager on a monthly basis, and detailed records relating to the servicing of equipment such as hoists, wheelchairs, and mobility aids were in place. This ensured the safety of people using equipment within the service.

Systems were in place for managing medicines and there were appropriate arrangements in place. One person said, "The tablet situation here is brilliant, they bring them regularly". Another said, "I always get my tablets on time". The service had a medication champion who had oversight of systems and processes, and used their knowledge to improve or change areas they felt necessary, for example, they had recently implemented protocols for people who were taking medicines on a 'when required' [PRN] basis. These described the symptoms a person may display if they required these medicines, and were particularly beneficial for those people with limited communication, enabling staff to recognise when people were in pain.

Medicines and controlled drugs were stored securely and stock checks were correct. Medicines which had to be taken at a particular time of the day had been clearly identified on medicines administration records so all staff were aware.
We saw that the service had recently been visited by the local pharmacist to review their current procedures, and the feedback received was extremely positive.

The service had an infection control lead. They were passionate when speaking about their role, and were dedicated to providing a high level of cleanliness in the home. They showed us the comprehensive documentation they had in relation to spot checks they carried out, cleaning rotas and hand hygiene audits. We saw that there had also been a meeting where the staff team discussed infection control. Common seasonal viruses were discussed and how these could be prevented by staff adhering to good hand hygiene, alongside people coming into the home. On our arrival we were asked to wash our hands by a member of staff. Staff placed importance on preventing the spread of infection, and were putting into practice what they had learnt. A relative told us, "They keep the place very clean here; someone is always cleaning or running around with a duster".

Outstanding ☆

Is the service effective?

Our findings

People's needs were consistently met because the provider focussed on the importance of ensuring they invested in staff who had the right skills, competency and knowledge. Staff received regular training relevant to the needs of the people they were caring for, and this resulted in staff feeling confident to identify areas of risk for people and take action. One person told us, "I have no criticism of the organisation or the staff, they are tops". A professional said, "On one of my visits I observed a person who was in an agitated state, I was very pleased with the staff approach and how much patience they showed towards the person".

There were six 'champion' roles within the service where the provider had ensured staff had an enhanced level of knowledge in areas such as, falls, medication, infection control, diabetes, mental capacity, and a co-ordinator for MUST [malnutrition universal screening tool] and Waterlow [skin integrity]. The registered manager told us that these roles and responsibilities had led to improved understanding of people's health related needs. The greatest changes they had seen was the reduction in urinary tract infections, and improved skin integrity due to better hydration. Staff were able to tell us about this and why it was important to encourage fluids. During the day at regular intervals, a member of staff was nominated to encourage hydration. One staff member told us, "People hardly ever get urine infections here, we keep an eye on what they drink, it's so important". We saw that hydration was discussed at the last 'residents' meeting, which included discussing the health benefits of drinking sufficient fluids, and the choice of drinks on offer. This demonstrated a continual focus on the importance of people drinking enough and the staff efforts to ensure people were involved and informed about why it was being encouraged.

The champion roles were underpinned by following best practice to ensure people were provided with care that reflected the most up to date guidance. For example, the diabetic champion had checked to ensure the new diabetic care plans covered up to date guidance from reputable sources such as NICE [National Institute for Clinical Excellence] which advised on diabetic care. Staff carried out weekly foot screening to ensure people were referred to specialists if required, liaised with the GP regarding annual diabetes screening checks, and provided training to staff in the team including creating innovative pocket sized cards that staff could carry for constant guidance. The registered manager told us, "Enabling staff to take on an area of interest and supporting them with training encourages them to flourish which is wonderful to observe, and helps to provide a more informed service to the residents who choose to live here".

Staff working in the service had recognised national qualifications in care. As well as mandatory training, staff attended sessions in various topics, such as managing behaviours, dementia awareness and diabetes. We saw that this additional knowledge enabled staff to care for people effectively and reflected the assessed needs within their care plans.

The registered manager was passionate about providing different ways of developing staff knowledge, and told us they had introduced a series of 'Let's talk' workshops, which provided scenario's, role play, and practical sessions underpinned by a theoretical framework. Staff had attended sessions recently covering diabetes to supplement their recent online training, which all care and catering staff had completed. This provided a forum for staff to ask further questions on the subject and an opportunity to consolidate their

learning. Future "Let's talk" sessions will be based on subjects which staff choose, so they can identify areas where they need to increase their knowledge. The workshops were designed to improve staff understanding of issues that affect the people they care for. Lecture sessions had been held with a psychologist and mental health nurse. This had helped staff to better understand and manage mental health issues, and provided an opportunity to raise questions in specific areas they found more difficult to manage. The registered manager was exploring how to further improve links with professionals to expand and build on what they had already established.

Two members of staff had completed a dementia care coaching course, which provided a more in-depth knowledge of how to care for people living with dementia. Learning was cascaded to all staff during the workshop sessions. The registered manager told us that this approach gave staff a chance to consolidate their experience and knowledge, and refresh best practice policy and guidelines. We saw this had already had an impact on catering, for example, they had introduced individual food preference logs, coloured crockery and picture menu cards. These techniques were supporting people living with dementia to continue to make choices and maintain and encourage their independence. A dementia awareness group was also held every six months, which shared best practice knowledge, and was attended by people living with dementia, dementia champions, staff, relatives, and professionals. This helped to explore ideas and work jointly to improve people's experience and well-being.

The service took steps to ensure staff were competent to do their job before working independently. All new staff were allocated a mentor and worked through a competency assessment until they were assessed as being ready to work alone. A meeting was then held with the mentor, staff member, and a manager to ensure that everyone agreed.

All staff had the opportunity to discuss their training needs via a 'training assessment' which formed part of their appraisal. These were individualised and encouraged the staff member to come prepared to enable the supervisor to encourage the staff member to take ownership and encourage participation. Staff told us they felt valued and supported in their roles, and received regular supervision sessions. One care worker told us, "I have regular supervision every six months, but I also have weekly or fortnightly informal discussions with the manager", another said, "Training is encouraged here, as much as you like". The registered manager told us that knowing the staff as well as they do means they can pick up on any problems early, and if they identified that staff required further training or support in their role, additional supervision sessions would be held.

We saw that staff meetings were held every six months, which covered a wide range of topics such as staffing, good practice suggestions, documentation, and a forum for staff to ask questions and make comments. There were other additional meetings held throughout the year with the catering team, care team and activity co-ordinators, which ensured that day to day practice was continually discussed and reflected upon, and to ensure the best care was being provided for people.

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 decision 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 MCA DoLS requires providers to submit applications

to a 'Supervisory Body' for authority to restrict people's liberty.

A workshop had been facilitated by the registered manager for MCA and DoLS. Items discussed included when and how to make a referral, moral and ethical duties, and how to support a person to live a good quality of life when they were subject to DoLS. Staff we spoke to had a good understanding of what MCA and DoLS meant in practice. The registered manager was the MCA and DoLS champion for the service, and demonstrated a thorough knowledge of the subject in line with current best practice guidelines.

DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. The registered manager kept a comprehensive log which mapped and documented the progress of each referral including notifications to the Care Quality Commission [CQC] when the assessments were completed. Where there were DoLS already in place which required a review, this was also documented and requested in a timely manner. CQC guidance on DoLS and Best Interest decisions in line with MCA were available to staff in the office.

Care records showed that people's capacity to make decisions were regularly assessed, reviewed and amended to reflect changing needs, and there was a dedicated page related to consent. The least restrictive options were considered where people lacked capacity and where their safety may be at risk, for example, we saw that the options considered had restricted a person's freedom as little as possible, but was provided in a way which ensured their safety and wellbeing. Relevant people were included in the decision making process, such as health professionals and family members.

The service considered people's nutritional needs to be of vital importance to their health. People who were identified as at risk from poor nutrition were regularly assessed and referred promptly to professionals where needed.

People were provided with a menu a few hours before a meal to decide what they would like. This meant they chose their food closer to mealtimes. We observed the lunchtime meal; the room was bright and well furnished, the atmosphere was relaxed, and people were seen to be smiling and chatting. One person said, "Can't grumble about the food, I can always ask for seconds too", another said, "I'm putting on weight because the food is so good". Menus were always discussed thoroughly with people and changes made to reflect feedback, for example, two people suggested that they would like the option of a cooked English breakfast more regularly, and this was then offered on a daily basis.

Staff were available throughout the meal, supporting people where needed. People's plate sizes differed according to their individual appetite, and some people had coloured plates. These aided people who were living with dementia or for those who were visually impaired as they were able to see the food more clearly. This was implemented following advice from the services' dementia care coaches and was found to work for people in encouraging them to support nutritional intake. People were seen to be using adapted cutlery and plate guards which enabled them to eat their meal independently. A choice of fruit juices were offered several times during the meal and some people were seen to be enjoying a glass of wine or sherry, One person said, "I do like a glass of wine with a meal, its lovely".

Where people were at risk of malnutrition, the service provided food supplements. There were dietary logs in the kitchen and the chef was knowledgeable about people's nutritional needs. Staff were 'ring fenced' to support people with eating and drinking during mealtimes. This ensured that people were supported promptly after the meal was served.

People had access to health care services and received on-going health care support where required. The

registered manager told us, "We have a very good working relationship with visiting healthcare professionals and an excellent mutual respect; we are confident that we communicate our resident's needs effectively". Records showed liaison with various health professionals, such as GP's, dieticians, physiotherapists and chiropodists, and referrals were made in a timely manner. One health professional told us, "Staff are interested in the people they care for, and have a pre-emptive approach to people's needs".

Outstanding ☆

Is the service caring?

Our findings

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life, and this was reflected in the care that people received. People were exceptionally well cared for and were consistent in their high praise of the service. One person said, "I can't speak highly enough of the staff here, they never refuse you", a relative told us, "Very caring staff, always ready to be spoken to if needed", another said, "Always bright and cheerful".

People and relatives we spoke to told us how caring the staff were, and we observed kind and respectful interactions, where people were given time to express themselves fully. Staff knew people well, and people appeared relaxed in their company. Staff were highly motivated to provide care that was kind and compassionate. Where people were feeling unwell, or were quieter than usual, staff noticed this, for example, we saw a carer sitting massaging a person's hands with lavender cream which they told us was to help them relax. Another person was sitting alone in a room, and a care worker came and asked them if they were ok as they, "Didn't seem their normal self". People were involved regardless of their dependence on others for their care. The culture was people led, with staff focussing on what people could do and their level of independence. For example, we saw staff encouraging people to join in with activities, supporting them as required to achieve this.

We saw that staff members brought in their dogs regularly at the request of people living in the service. A staff member brought their dog in after their shift had finished and told us that they were going to surprise one person who loved dogs. We observed the person's joyful reaction as the dog was brought in to them. Staff showed a caring and thoughtful approach to people living in the service. One care worker said, "It feels like a family here, we care about people, we give them choice and listen to them".

The service had two electronic tablet devices that were used to support people who were living with dementia. These were used to look at photos sent by families, maps of places they have lived, or to listen to music. There were relatives who lived abroad and in the past they have 'skyped' [video calling] them on the 'media station' which is a large touch screen computer. The registered manager told us, "People have found it incredible that they can speak to relatives that they hardly see; really wonderful to witness their pleasure". The service also provided email contact with relatives who lived away, which provided comfort and regular updates to help keep people involved and connected.

We saw that relationships had been built up between staff and people, many of the staff had worked in the service for several years and knew people well. One relative told us, "They are so good, they really look after [name of relative] nothings too much trouble".
The Suffolk Adult Safeguarding Board 'Going the Extra Mile' (GEM) awards aim to provide opportunity for providers committed to improving the dignity and experience of those receiving care, to have their work recognised, celebrated and rewarded. The GEM scheme showcases the creativity, innovation and dedication that make a real difference to the daily lives of people receiving care and support when providers are going the extra mile. This year the service were 'Highly Commended' in two categories, 'My Life, My Food', and 'My Life, My Fun', which acknowledged the approach of staff to ensure the lives of the people they cared for were

meaningful. This work had considered what was important to people in their daily lives, how they could be involved and get the most out of their day. This was demonstrated in the consistently positive feedback we received from people about how they were supported to spend their time.

The service had maintained a high standard of end of life care over a number of years. The service was achieved a Quality Hallmark Award for the high quality of care provided to people in their final years of life, and accreditation for the Gold Standard Framework (GSF). The GSF aims to reduce crises and hospitalisation, enabling people to die well in the place and manner of their choosing. All staff in the service received GSF training prior to employment and this was updated during staff appraisal, and was also complemented by informative workshops delivered by the local funeral director. Staff had completed their level three certificate in palliative care [care for the terminally ill]. A member of staff felt that this had been beneficial to help their understanding and practice. The approach of staff was clearly focussed on people's choice, with open and clear discussion about what was best for them. This was reviewed to ensure that if circumstances changed action was taken to check that the information was still relevant and appropriate. Staff took this responsibility seriously and were able to explain how important it was to listen, respect people's wishes, and be a source of comfort and support to others who may be affected.

Every person was offered the opportunity to complete an advanced care plan to ensure that people's wishes and preferences during their final days were logged, including DNAR [Do not attempt resuscitation] documentation. For those people unable to complete the document, arrangements were in place to meet with family members or other relevant people. The registered manager told us that this is usually a positive meeting, giving comfort to people that their wishes would be respected. The service communicated with the GP to ensure they were prepared.

Staff had a heightened awareness of people's changing needs and when to support them. For example, if a person's health was deteriorating or their wishes had changed, staff discussed and reviewed this with the person and family promptly to ensure wishes were reflected in the person's care. The 'Abbey Pain Scale' was also used as an assessment tool to monitor pain levels for people living with dementia who were unable to verbalise how they were feeling.

Care plans reflected that during a person's final days, they refer to the spiritual and final wishes as documented within their care plan, staff took pride in ensuring that their choice of ambience was provided, for example, music choices, lighting, company, smells such as scented candles, and flowers. We saw letters from relatives thanking staff for the care their relatives received at the end of their life.

The service undertook an 'after death analysis', which detailed what went well, what didn't go so well and reflecting on what could have been done better. This also included an action plan, so that the service could ensure that this aspect of care planning was constantly reviewed and where possible that the service was improved upon. Staff were also supported during a team meeting, giving them the opportunity to reflect and share the experience with colleagues. This also provided an opportunity to identify whether any staff members would benefit from management or spiritual support.

People were provided with opportunities to express their views in 'resident' meetings which were held every four months, and were open for relatives and friends to attend. We also saw the annual resident survey asked a range of questions relating to the care people received and asked for comments on what they felt could be improved. We saw that care was planned and reviewed with people and their families, ensuring that people felt involved and listened to. In cases where people needed an advocate, the service was pro-active in arranging this, and always liaised closely with family members where this was agreed. This approach meant people were not rushed to make decisions, but were given time to reflect and make an

informed decision. In addition to this, mental capacity assessments were continually reviewed to ensure people's independence was encouraged. This was reflected in care planning, for example, what decisions a person could make, and what was important to them.

People's privacy and dignity was respected. One person told us, "I prefer my own company and the staff respect that, they don't bother me if I ask them not to". Privacy and dignity signs had been introduced and were being used on people's doors to indicate when there was a member of care staff present supporting personal care. Additionally, the person could turn the sign over to indicate that they did not wish to be disturbed. This demonstrated a respect for people's privacy and dignity.

Relatives were able to visit as they chose, and there were no restrictions. One relative told us, "I can come and go as I please, no problems, and if [name of person] is unwell, I come in more". Another said, "I'm always here, I feel like I live here as well".

Good

Is the service responsive?

Our findings

People told us they received care which was responsive to their needs. One person told us, "They are very good here, I always have my tea at 7am, I asked for that". A professional told us, "I recently spoke with two people who were very happy here, the home is lovely there is always a lot going on and the staff are approachable".

People received care which was in line with their needs and preferences. Care plans we reviewed had an exceptional level of detail within them, including what activities people liked to enjoy, sleep patterns, foods they liked to eat, medical condition action plans, and daily records which included monitoring of people's emotional state on each shift. The registered manager told us that they had introduced this to monitor if someone was feeling low, and support them accordingly. This also provided consistency for the members of staff coming onto shift, who could see immediately how people were feeling. Care plans were regularly reviewed with the person and their family members as required. This meant that care was adjusted to meet people's changing needs, in a timely and responsive manner.

Each person had a folder named, 'My Days, My Life, Me' in their rooms. These folders contained special memories, photos and events which were of significance. They also contained daily entries of what a person had done that day in terms of activities or trips out. Family were encouraged to add to this, but it also provided relatives and friends with regular updates on what their loved one had participated in. Feedback was that this was especially comforting to families where a person may be living with dementia and unable to communicate.

People and their families were encouraged to compile life story booklets. This information was used to enrich the care which was offered, for example, staff had noted that during a particular month of the year one person would be feeling low due to a sad event that took place. Staff used this knowledge to support the person, ensuring that their psychological needs were monitored during this period. People's capacity was assessed frequently, including carrying out mini mental tests, which ensured people were still enabled to make day to day decisions, such as what to wear, what to do and what to eat. This ensured that people's freedom and ability to still make decisions was respected and encouraged.

People were encouraged to participate in activities of their choosing. The 'Going the Extra Mile' [GEM] award which the service received in the category of, 'My Life, My Fun', acknowledged the variety and individualistic nature of the activities which were provided, such as a sports day, visits to the services own beach hut, pat dogs, a nativity play provided by staff, choirs, and musical events. The 'diners club' also featured in the award. This is where the dining room is created to look like an intimate restaurant and people can book a table for the evening and invite friends and families. This demonstrated the importance the service placed on making people's lives experiences in the service meaningful and promoted impact on their well-being.

We saw the activity schedule for the current month was visible on the notice board, and was also in each person's room. The service had two activity co-ordinators in post. The registered manager told us that they receive suggestions from people for activities, and the activity co-ordinators incorporate these into the

forthcoming activity schedules. There were various activities such as flower arranging, armchair exercises, word games and art, but also a part of each day was dedicated to "What do we fancy doing today". Things that had been enjoyed included discussing the newspaper headlines, quizzes, trips into town, garden croquet, singalongs, and pimms [a type of drink] and chat. The registered manager told us, "The focus is not always how creative or unusual the activity is but more about doing what people want and responding to this, keeping it fresh and vibrant". This provided a more flexible approach to what was being offered. We saw people involved in group activity, and staff supporting people with flower arranging.

The registered manager told us that a local primary school had come in to play musical instruments, and several people commented on how nice it was to see children and spend time with them. Following on from this the service developed a pattern of regular visits from the local nursery, where children come to play in the lounge. Pen pals were also organised with the primary school, and children wrote to residents and told them about their favourite toys and sweets. The service used this as an opportunity to encourage people to reminisce about their childhood.
People told us that they felt listened to, knew how to complain, and would feel confident to do so. One person told us, "If I had a complaint I would tell them [staff], they would sort it out the same day". The registered manager said, "We foster an environment that welcomes our residents and their families, to make them feel comfortable and valued. We believe passionately that people will share information with us about their experiences".

We saw that complaints were logged and action taken to find solutions. The services' complaints policy and procedure stated that any complaint would be recorded and investigated within 5 days of receiving the complaint. We looked at the log of complaints and found that in each case the time frame was met. We looked at the most recent complaint and saw that interim action was taken promptly to avoid further occurrences, and a solution was agreed with all parties.

There were formal ways to ensure that the service routinely listened to people, for example, there were resident meetings held every four to six months which relatives and friends were invited to attend. We saw that feedback from people had been used to make changes, for example, staff now wear name badges, the service is extending the pathways around the property, and less structured activities were being provided. This demonstrated that people's views were used to improve and change systems in the service. Comment cards were also used to gain feedback along with annual surveys and newsletters.

Outstanding ☆

Is the service well-led?

Our findings

The service was led in a way which consistently focussed on ensuring people's life experience at the service was of the utmost importance. Documentation and our observations showed that people were at the heart of the service. People, relatives and staff feedback about how the service was led was extremely complimentary. A care worker told us, "[Name of manager] is brilliant, very supportive". A relative told us, "Whatever I bring up with [Name of manager] they respond to immediately".

The registered manager and provider had embedded person centred values within the staff team by promoting an established set of visions and values of how the service should be run. As a result there was an open, inclusive and empowering culture within the service, through sharing and learning as a staff team and then wider to include people, friends and family. For example, families were invited to dementia sessions. This resulted in a shared approach which focussed on achieving the most positive experience possible for people. People's satisfaction levels, care need requirements and general wellbeing were reviewed constantly and people were assisted to participate in every aspect of their lives at all times. This motivated the staff who told us that this resulted in a high level of job satisfaction and pride. Staff were excited about their roles and how this contributed to improving people's lives.

The registered manager was dynamic, passionate and committed to the service they provided to people. Throughout the inspection they demonstrated their commitment to improving and developing the service by coming up with new ideas for the future which would enhance care delivery. They were inspiring to their staff, working tirelessly to develop systems and processes which enhanced people's care, and impacted positively on people's health and well-being. They explored and embraced opportunities to learn and develop, for example, implementing different strategies, such as champion roles, shared learning, and liaison with other professionals and specialists. Their visionary approach had resulted in good outcomes for people's health and mental well-being, regardless of whether people were reliant on others for their care needs.

The registered manager told us that what they had achieved to date is down to the whole staff team, demonstrating a respect for others input into the service. There was a culture of continual reflection by the staff and management team. They were passionate, creative and dedicated in their approach to improvement, and a visible presence in the service, accessible at all times by operating an 'open door' policy. They told us, "The office door is always left open. This cultivates a welcoming and all-encompassing atmosphere and encourages people to talk and share". We observed this during the day; the registered manager shared an office with all levels of staff, which resulted in a culture of shared learning and information sharing to support the running of the service. For example, staff came in regularly and asked questions, passing on important information about people and their well-being.

Staff were clear about their roles and responsibilities and said they felt valued by the management team. They were enthusiastic, motivated and had confidence in the leadership. One staff member told us, "I do feel valued, and [name of manager] gives positive feedback which is really nice, it makes you feel good". The registered manager told us that they like the staff to participate in feedback about them too. They said, "I

encourage staff to tell me the good the bad and the ugly; I learn things about myself which isn't always easy to do when you are the manager of an organisation". This approach encouraged feedback and learning from the whole staff team and helped to promote a culture of continual reflection from staff and the management team.

The registered manager carried out regular audits and used them to explore how the service could improve, including 'lesson's learned' which were discussed at staff meetings and informally to share learning. For example, people at risk of falling and actions taken to minimise risk to people and others. They also analysed shift rotas for recurring themes and patterns. 'Champion' roles had been well developed in the service, resulting in care which was focussed and in line with best practice guidance. The impact of this work was evident in people's risk screening, which was monitored closely by staff and who were seen to take action when needed.

The management team promoted their role within the local community which also added to people feeling valued and important which a continued part to play in wider society. For example several people were supported to attend a church service on a regular basis, and for those who could not, a service was held within the home. The Women's Institute [WI] were coming to hold talks about quilting and spinning. This was arranged after learning that two people had strong links with the WI previously when they lived at home, but due to feeling less confident they didn't feel able to attend meetings anymore. The management team arranged for the WI to hold the meetings at the service. The visiting library were a long established link with the service, and each year they helped to organise visits to the local theatre. A pattern of regular visits from the children of a local nursery school were also established, following a request from people living in the service. After an initial visit people had enjoyed it so much this continued.

The service empowered people and placed them in control of shaping the service they received, for example, encouraging people to be involved in the interviewing and recruitment of staff. This demonstrated a commitment to working in partnership with people, and ensured their views were valued, such as being able to influence appointment decisions. The registered manager told us, "I find their input invaluable and I enjoy facilitating an environment which results in them feeling empowered". Feedback was provided from a range of different sources, and all of the surveys we reviewed showed positive feedback. One person said, "I do feel listened to and they ask my opinion on things". Information gained was used to ensure that any changes were in accordance with people's wishes.

The registered manager spoke positively of how they were fully supported by the provider, who responded immediately to any situation when requested. They met at least monthly to discuss quality assurance and other relevant updates. The provider fully supported continued improvement plans, for example, they were in the process of designing a sensory garden that people can engage with either by touch, sight or smell. They intended to make the garden secure so that people will be free to wander around safely. The registered manager told us of how they and the provider were constantly thinking of new ideas and ways they could improve and extend what they offer to people.

The registered manager told us that they were proud of what they had achieved as a team, and this year had been shortlisted in the Suffolk Care Awards in three categories; motivational leadership, end of life care, and culture, creativity, and activities. These categories are reflective of the areas we found to be highly effective, and demonstrates that the service is not complacent in what it has already achieved, but committed to improving further.

The managerial team knew about, referred to and used best practice to ensure the delivery of care was being delivered to reflect the most effective and up to date guidance. For example, they had used current

guidance to enhance care for those people who had diabetes, incorporating best practice into care planning. They also used guidance from various sources, such as the Care Quality Commission and the Social Care Institute for Excellence which they fed into current policy. This impacted positively on the care people received, and ensured that practice was continually reviewed and updated. The registered manager held academic qualifications, and kept their registration current by studying, and attended training sessions on topics such as mental health awareness, DoLS and MCA, prevention of abuse, managing health and safety, and managing diabetes. We saw how they used this to support and explore the service provision.

There were robust quality assurance systems in place, and systematic auditing of practice. The management team also carried out unannounced checks to assess the service, for example, during the night and at weekends. These were documented and formed part of the quality assurance checks. The registered manager produced a comprehensive annual quality report which provided an exceptional level of detail relating to the quality and safety of the care, treatment and support which was provided. The report also listed the evidence they had to demonstrate they were meeting high standards of safe care in line with current legislative requirements.