The Fremantle Trust

The Heights

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 14,15 and 21 January 2016. It was an unannounced visit to the service.

We previously inspected the service on 22 May 2014. The service was meeting the requirements of the regulations at that time.

The Heights provides care for up to 90 people with a range of needs, including younger adults with learning disabilities, nursing care and care of people with dementia. Eighty three people were being cared for at the time of our visit. Younger adults had a mix of complex care needs and lived in accommodation which was separate to the main home, called Downley Lodge. This had its own entrance, facilities and staffing arrangements.

The service had 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.

We received positive feedback about the service. Comments from people included "I did not want to live in a care home, and found it difficult to settle…I am so happy now, I am cared for, and looked after very well," "Staff know all their residents very well and what they like," and "I don't think we could find a better place than this."

People were protected from the risk of harm at the service because staff had undertaken training, to recognise and respond to safeguarding concerns. Staff had a good understanding about what safeguarding meant and how to report it.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice whenever necessary.

There were enough staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction, regular supervision and an annual appraisal of their performance. There was an on-going training programme to provide and update staff on safe ways of working. Several staff were also involved with nationally-recognised courses such as Business and Technology Education Council (BTEC) awards.

People were supported to take part in a wide range of activities. This included enabling younger adults to access the community and pursue hobbies, such as supporting the local football team.There were creative themed displays around the building to help engage with people with dementia and to reminisce. Staff had gone above and beyond the call of duty to fulfil some people's wishes and dreams.

The building was well maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

The registered manager took part in various accreditation and research schemes to help improve the quality of people's care. There were clear visions and values for how the service should operate and staff promoted these.

The provider regularly checked quality of care at the service through visits and audits. These showed the service was performing well. Records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

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 harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they required with their healthcare needs, to keep healthy and well.

Is the service caring?

Good

The service was caring.

People were supported to be independent and to access the community.

People were treated with dignity and respect. Staff interacted with people in a caring, compassionate and kind manner.

People were supported by staff who engaged with them well and took an interest in their well-being.

Is the service responsive?

Outstanding ☆

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

The service responded appropriately if people had accidents or their needs changed, to help ensure they remained independent.

People were supported to take part in a wide range of meaningful activities to increase their stimulation.

Is the service well-led?

Outstanding ☆

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager.

There were clear visions and values at the service which staff promoted in how they supported people.

The provider monitored the service to make sure it met people's needs safely and effectively.

The Heights

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14, 15 and 21 January 2016 and was unannounced.

The inspection was carried out by one inspector and a specialist advisor. The specialist advisor's area of expertise was the care of people with dementia. We also used an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was also care of people with dementia.

Before the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioners of the service, to seek their views about people's care. We spoke with one social care professional during our visit and contacted a healthcare professional afterwards. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Instead, we gave the registered manager opportunity to send us information after the inspection about what the service does well and any improvements they intended to make.

We spoke with the registered manager and 25 staff members. This included the clinical nurse lead, nurses and care staff, the housekeeper, chef and activities coordinators. We also had discussions with a volunteer worker, the head of nursing services for The Fremantle Trust and the person who led training for dementia care. We spoke with ten people who lived at the home and ten visitors.

Some people were unable to tell us about their experiences of living at The Heights because of their dementia. We therefore used the Short Observational Framework for Inspection (SOFI) to observe practice in one group for 15 people. SOFI is a way of observing care to help us understand the experience of people who

could not talk with us.

We checked some of the required records. These included nine people's care plans, 15 people's medicines records, five staff recruitment files and five staff development files. We looked at the training matrix for the whole staff team.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said "I did not want to live in a care home, and found it difficult to settle…I am so happy now, I am cared for, and looked after very well." Another person said "I feel very safe here."

People were protected from the risk of harm because staff had been trained in safeguarding them from abuse. The service had procedures for staff on the processes to follow if they suspected or were aware of any incidents of abuse. We talked with staff about their knowledge and understanding of types of abuse. They described the signs a person may show if they had experienced abuse and the actions they would take in response. They knew how to raise their concerns with the managers of the home. They said they felt confident if they did raise concerns actions would be taken to keep people safe. Staff were also aware of options to take concerns to appropriate agencies outside the home, if they felt the need to do so.

People's medicines were managed safely. Medicines were stored appropriately and given to people as prescribed by the GP. Information about the management of medicines was easily accessible to staff. Guidelines and information were displayed on the notice boards within the treatment rooms about medicines practice. For example, help with any adverse side effects, a pharmacy helpline and useful contact numbers.

Staff who handled medicines had been trained to do so. Those staff we spoke with informed us they were well supported by the supplying pharmacist, nurses and senior team.

We looked at medicines administration records; all had been completed correctly. There were daily checks to make sure staff followed good practice to ensure people received their medicines as prescribed.

Risk assessments were in place to support people and reduce the likelihood of injury or harm. These assessments protected people and supported them to maintain their freedom. Care plans contained risk assessments for the likelihood of developing pressure damage, supporting people with moving and handling and accessing the community, as examples. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, when people needed to be supported to reposition using a hoist. This ensured they were supported safely.

People were protected against potential hazards around the premises. The building was well maintained. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. Equipment to assist people with moving had been serviced and was safe to use. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

People who used the service told us there were staff around when they needed assistance. Staffing rotas were maintained and showed shifts were covered by a mix of care workers, nurses and senior staff. We saw

call bells were responded to promptly. One person told us "If I need help, they come to the call bell in a couple of minutes." We observed care practices which demonstrated there were enough qualified, skilled and experienced staff to fully meet people's needs. Staff told us that they could be busy but there were always enough staff on duty to support people. Comments included "If we are busy, we could say if we felt we needed more support and help is always available." A member of staff said "The best thing is that we are all a team, and we help each other. We all know what's going on and what to do."

The service followed safe recruitment practices. Staff files included application forms, records of interviews and appropriate written references. Records showed checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records confirmed overseas staff members were entitled to work in the UK. We found all the required checks had been received and were satisfactory before staff were given a date to commence employment. We advised the registered manager to make sure the files of new staff contained a photograph of the person, to complete the records. There were photocopies of personal identification documents to refer to in the meantime, such as passports, visas and driving licenses.

There was a system in place for the reporting and recording of incidents and accidents. The Care Quality Commission had been appropriately informed of any reportable incidents as required under the Health and Social Care Act 2008.

The registered manager took action where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence.

Good

Is the service effective?

Our findings

People received appropriate support to keep them healthy and well. We received positive feedback from a healthcare professional about how the home managed people's healthcare needs. We saw there were regular reviews of people's health and staff responded to changes when needed. Complex medical interventions relating to, for example, catheter care and stoma care were clearly documented and reviewed following advice from the GP.

Records were kept of visits by, or appointments with, healthcare professionals and the outcome of these. In one record, we saw the GP had made notes about a condition we had not heard of before. We asked the nurse on duty what this was. They explained to us they had not previously come across the condition either. They had then researched it on the internet, for their own learning, to see how it was managed. They were able to tell us about the condition and what the treatment was.

Health 'passports' had been written for younger adults, in line with good practice. These documented how best to support people with learning disabilities in the event of them needing to be admitted to hospital. This helped ensure they received continuity of care when away from the home.

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 be 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 had submitted applications to the local authority for a range of restrictions.

We checked whether the service was working within the principles of the MCA. The registered manager and staff we spoke with had a good understanding of mental capacity and depriving people of their liberty. For example, one person received their medicines covertly. A best interest decision meeting had been held which included discussions with the GP, family members and other professionals. This process demonstrated appropriate action had been taken by consulting others in the decision. The home had also discussed whether there was deprivation of the person's liberty, as the medicine had a sedative effect.

People were supported with their nutrition and hydration needs; these were documented in their care plans. Staff followed guidance from the speech and language therapist regarding appropriate consistency of food where people had difficulties swallowing. We saw a quick reference record was in place in people's rooms, as well as the kitchens. This provided vital information about consistency and type of food people required. For example, whether they needed a soft diet or thickened fluids, to prevent choking.

We saw drinks were offered regularly throughout the day and fresh fruit was available. During breakfast and lunch time, people were greeted warmly by staff and supported to tables of their choice. Staff sat with people at the dining tables and assisted them to eat. Staff explained this gave people the opportunity to socialise and experience a change of environment during meal times. Staff provided choices to people and respected their decisions. They discreetly prompted people with their meals and supported them in a calm and unhurried manner. Comments about meals included "There is nice food," "There is plenty of support at meal times" and "The food is very good here."

People were encouraged to maintain their independence with eating and drinking and the use of specialist crockery supported this. When people were assessed as needing a particular diet, this was provided. For example, some people required a pureed diet. These meals were presented in an appetising way and people were offered appropriate support to ensure they ate as much as they required.

Staff recorded people's food and drink intake, where necessary, to enable them to monitor how much they consumed. Care plans contained nutritional assessments and showed people were weighed regularly. Any concerns about weight loss were referred to the GP.

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work. This included an in house induction to familiarise new workers with care practices. There was then a six day corporate induction which included all the training the provider considered mandatory for staff, such as moving and handling and safeguarding people from abuse. The provider had a programme of on-going staff training to refresh and update skills. This was tailored to the needs of the people staff supported. For example, staff who worked in Downley Lodge completed training on supporting people with epilepsy, to make sure they provided appropriate support. There were also specialist courses such as Business and Technology Education Council (BTEC) awards on care of people with dementia, which two staff had completed and five more were enrolled on. There were also opportunities for staff who worked in Downley Lodge to undertake BTEC courses in learning disability awareness. Two care staff were currently undertaking level 3 in management to further their skills. Staff we spoke with told us there were good training opportunities at the service and they were encouraged to attend courses.

Staff received regular supervision from their line managers. Records showed staff met regularly with their managers to discuss their work and any training needs. This meant staff received appropriate support for their roles. Appraisals were undertaken annually to assess and monitor staff performance and development needs.

We observed staff communicated effectively about people's needs. Relevant information was documented in daily records. We heard staff spoke with each other to check which tasks had been carried out and allocation of further tasks. This helped ensure people received the care they required.

People and relatives were complementary about staff and their skills. One relative said "They all know the residents very well, and they know what they need, and know what they're doing."

Good

Is the service caring?

Our findings

People were consistently positive in the feedback they provided about the care they received and the caring nature of staff. Comments included "They are very caring," "They definitely do care here," "Staff are very good and I am happy with my care" and "All the staff are incredibly nice and are very helpful." A relative complemented the caring attitude of the management and staff. Another relative's feedback included "They are fabulous care workers." A visitor said they were "Impressed by the kind and caring staff" they met at the home. One visitor said the care given to their family member was "Second to none" and they had heard staff talk to their relative in "A caring, compassionate way."

People were treated with dignity and respect. We observed staff interacted with people in a caring, compassionate and kind manner throughout the inspection. This included smiling and providing eye contact when they spoke with people. There was also use of appropriate touch, such as holding people's hands or touching their arm. We heard light-hearted conversations which led to joking and laughter. We saw staff spent time chatting to people and took an interest in them. People had been supported to look well presented and care was taken of their clothes and laundry.

Staff showed us pictorial guides the home had produced. These provided visual references on clothing and activities to help them improve how they engaged with people.

Staff knocked on people's doors and waited to be invited in. For those people unable to respond, staff ensured they knocked and introduced themselves when entering people's bedrooms. Doors were kept shut when personal care was being provided. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit.

People's visitors were made welcome and were free to see them as they wished. One visitor said "We had a very warm welcome and we are very well looked after." Another said "We can visit any time." A third visitor told us "Reception staff are excellent. One is very friendly and always asks about family. They seem to know everyone and everything about us."

People's bedrooms were personalised and decorated to their taste. Encouragement had been given to bring in any items to make bedrooms look homely, such as pictures, ornaments and small pieces of furniture. One relative said "My daughter changed the curtains and brought personal items. We were pleased to make my (family member's) room a home from home."

The home was spacious and allowed people to spend time on their own if they wished. There were several quiet areas around the premises where people could sit down alone or with their visitors.

Staff actively involved people in making decisions. This included decisions about meals, going out into the community, attending activities and participation in reviews of their care.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance.

Staff discussed private or sensitive information away from where other people could overhear their conversation.

People's preferences and wishes were taken into account in how their care was delivered. For example, how they wanted to be supported with end of life care. Information had also been obtained about people's personal histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

The service promoted people's independence. Risk assessments were contained in people's care plan files to support them with daily living activities. For example, we saw assessments to support people in accessing the community, bathing and washing and going on holiday.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. For example, staff had taken photographs of the preferred layout of the belongings for a person with a visual impairment. This was to ensure they placed items back where the person would easily be able to find them, to help maintain their independence.

Outstanding ☆

Is the service responsive?

Our findings

People were supported by a service which was responsive to their needs. We found staff at all levels knew people well and were able to discuss their needs and individual circumstances with us. A relative told us "Staff know all their residents very well and what they like."

People were supported to maintain their independence and access the community. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

People or their relatives were involved in developing their care, support and treatment plans. For example, we saw records which showed families had been involved in the reviews of people's care and in documenting wishes with regards to resuscitation.

Care plans were personalised and provided details of daily routines specific to each person. For example, there were sections about supporting people with areas such as their health, dressing, washing and bathing and mobility. Care plans had been kept under review, to make sure they reflected people's current circumstances. This helped ensure staff provided appropriate support to people and could meet their needs as these changed.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. This ensured people's progress was monitored and any follow up actions were taken.

People told us they had a keyworker. A key worker is a named member of staff who was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them.

Staff knew how to support people if they became upset or distressed. We saw one person's behaviour presented as challenging and they were reluctant to accept assistance with personal care. Staff gave clear examples of positive de-escalation techniques they used to support this person. For example, staff would leave the person in bed and try to approach them later when they were more receptive to assistance. It was also noted which gender of staff the person responded to more favourably and hence caused less distress to them. The care plan and risk assessment had been reviewed regularly and after a period of unpredictable behaviours the person had settled.

We found staff had taken action when one person became very sleepy and drowsy. This happened following changes to their medicines. After discussions with the GP, a plan was put in place to reduce and review the medicines. This led to a decrease in sleepiness and drowsiness, which enabled the person to function better and have a better quality of life. For example, the person was then able to engage more when their family visited and improved their well-being.

Another person told us they preferred to stay in their room. They said staff did not call in and no one came to see them. Staff had set up a daily diary in their room, to support the person's short term memory. All care staff logged their visits and information which related to the time they spent with the person. There was information about, for example, conversations, visitors, food and drink. This offered reassurance for the person their needs were being met.

We saw staff responded promptly when faults were reported to them. For example, one person told us "The only problem I have is my bed feels a bit lop-sided." This was mentioned to staff. We later saw the housekeeper had adjusted the controls, which resulted in the bed returning to a better position. They then went to find the person around the building, to inform them the problem was now resolved.

People were offered a wide range of activities to provide them with stimulation. People we spoke with were consistently positive about the activities. There was a strong focus on person-centred activity planning and we observed creative projects to improve people's well-being. For example, activity trolleys had been set up around the home. These contained sensory items for people to touch or feel, items used for reminiscing, socialising and encouraging communication. Staff told us people with dementia had benefitted through use of these items in initiating discussion and interaction, as well as engagement in a meaningful activity. This showed staff took a proactive approach in engaging with people to improve their well-being.

We observed activities took place, such as a quiz, art group and coffee morning. The activity programme was displayed around the building, including the lift. There were photographs displayed of people enjoying events such as a talent show and a Fremantle Bake Off, which The Heights won.

Care staff with special interests facilitated some of the activities at the home, such as a Saturday morning knitting group. There was also a men's group. This provided opportunity for a social gathering, meeting fellow residents from other houses and talking about and engaging in activities of common interest.

The home had supported people through facilitating life-enriching events. For example, one person's artistic talent was recognised by staff after they saw some of their artwork in their room. The home arranged a week-long art exhibition at The Heights, to display their work. This was attended by people from the community as well as the local press. Some of their artwork was still displayed, for others to continue to enjoy. This demonstrated the home was proactive in celebrating people's talents and artistic achievements.

We heard about another example, where a person was able to fulfil their dream of seeing their relative fly a plane. One of the activity organisers arranged to fly with the relative in their light air craft, from a local airfield. The plane flew over the home, so the person and others could watch the flight and be part of the occasion. In the press release, the person said "It was a dream come true. I've always wanted to see my (family member) fly a plane and I'm so thrilled that they and the team at The Heights have made that possible. It really was a day to treasure."

In a further example, the home enabled a person to return to their country of birth. This involved staff arranging for a passport, liaising with Social Services and the person's GP and speaking with the specialist assistance team at the airline about meeting their disability needs. The home also made arrangements for family members to fly over to the UK and trained them in how to administer the person's medicines and carry out other necessary care tasks. The home held a farewell party to say goodbye to the person; this had a Caribbean theme, in recognition of the person's culture. This enabled the person to fulfil their wish of where they spent their final days.

The activity organisers and other staff had created multi-sensory artwork throughout the building, including

in Downley Lodge. For example, there were themed display boards on the 1960s, the war years, the theatre and one on superheroes. These were colourful, tactile and were designed to catch people's eye as they went past them. This reflected good practice in the care of people with dementia, to provide stimulation and items of familiarity and interest. Authentic items from those eras had been used to embellish the displays. We also noted the attention to detail was exceptionally good and included staff purchasing items from the internet such as a food ration book, to bring the displays to life. The comprehensive range of reminiscence topics and creative attention to detail provided a focal point and themes for discussion for staff, visitors and people who lived at The Heights. We saw people took an interest in the displays as they moved around the building.

During our time at The Heights, we saw younger adults regularly left the premises to go out to day services, into town and to local shops. We needed to plan our time spent at Downley Lodge, to make sure we picked a period when people would be in to speak with us.

Younger adults were supported to take part in a range of activities which suited their preferences and interests. For example, one person regularly attended the home matches of the local football team. Their bedroom had been decorated in the team colours, to reflect their interest. In other examples, younger adults with interests in trains and airplanes were supported to visit the railway station and a local airpark to watch them. Staff supported people to go on holidays to places of their own choice and we saw photographs from some of these occasions displayed in Downley Lodge.

People were encouraged and supported to develop and maintain relationships with people who mattered to them and avoid social isolation. One person said "I can have visitors whenever I like and I have my own phone in my room to keep in touch." Visitors were free to see people when they wished and those we met confirmed this. A relative told us "They helped us set up the internet" and added this was important as it enabled them to communicate face to face over the internet. Staff had also helped one person visit family members in another part of the country. This was at a time when the relatives were too unwell to travel to Downley Lodge. This ensured the person and their family could maintain face to face contact.

There were links with the local community. People were invited to barbeques, tea parties and fetes held at The Heights, as examples. In Downley Lodge, local Scouts had visited to distribute Easter eggs. This part of the home was also part of Neighbourhood Watch, with awareness raising held to alert people to possible risks. This helped people connect to and be part of their community.

There were procedures for making compliments and complaints about the service. We saw numerous compliments had been received about standards of care. Any complaints were logged and responded to promptly. People told us they would speak with staff or their relatives if they were worried or had any concerns. Visitors told us they felt confident in approaching the registered manager if they needed to discuss any aspects of people's care. There was a 'feedback tree' in the reception area for people to make any comments or suggestions for improvement.

Accidents and incidents were recorded appropriately at the home. We read a sample of three recent accident/incident reports. These showed staff had taken appropriate action in response to accidents, such as falls. For example, staff checked people for injury and carried out enhanced observations to make sure they had not sustained any injury or harm.

Outstanding ☆

Is the service well-led?

Our findings

The service had an experienced and skilled registered manager. We received positive feedback about how they managed the service. One relative told us "The manager is very good and very welcoming… The manager always knows what is going on and always has time to speak to us and is very nice generally. They are very visible." Another said "The manager makes sure they (staff) are on the ball". Another relative told us "I don't think we could find a better place than this."

A visitor told us "The manager and staff are excellent, and other visitors feel like I do that staff always go the extra mile, and are so kind and caring." They added "The home is an extension of my family and the people who work and live here care for each other."

Staff consistently spoke highly of the registered manager. They said the registered manager was "always smiling", "approachable" and listened to their ideas. One member of staff said any criticism of their work was always done constructively and added "then (the registered manager) gives you a 'high five' and it's done with."

Several staff told us the registered manager was always walking around the building, to see how people were. We saw staff, visitors and people who lived at The Heights were comfortable speaking with them. Staff said the registered manager's door was always open if they wished to speak with them. We saw the registered manager had displayed their contact details in public areas of the home, if anyone needed to speak with them or had concerns. This helped to promote a positive and open culture to keep people safe.

The registered manager kept up to date with good care practice and took part in research and accreditation schemes. For example, the home was working towards accreditation with the Smile for Life scheme. This helped to ensure people received good oral care. The service had taken part in the Well-Being and Health for People with Dementia (WHELD) research project. This project involved specialist therapists to help promote current best practice in the care of people with dementia. We saw examples where learning had been put into practice, such as specialist crockery to help people manage meals independently. It also resulted in the selection of five dementia care champions for the home. We observed these staff promoted good practice and helped ensure people received dignified and person-centred care.

The home was part of the Quality First initiative. This is a framework which demonstrates the commitment of National Care Forum members to provide high quality and continually improving services. It was also part of the Driving Up Quality Code which aims to ensure people with learning disabilities receive good quality of care. This includes supporting people to lead ordinary and meaningful lives and making sure care and support focuses on people being happy and having a good quality of life. We saw staff had achieved this from our time spent at The Heights. For example, in how younger adults regularly accessed the community and took part in activities of their choice.

Current research was taking place using music therapy for people with dementia who display distressed behaviours. Musical events had included stage shows, sing a longs, zumba with music, spiritual songs and

playing instruments. The registered manager told us there had not been any episodes of distressed behaviour for the people who took part in the study. They said staff were more involved in creating a vibrant environment with background music, to provide people with a calm and relaxed atmosphere. They also told us people in the study now recognised staff better and were able to engage more with their families.

The registered manager had been receptive to The Heights being selected by the local authority for a pilot study on medicines. This included review of everyone's medicines and opportunity for people and their families to discuss their medicines with the pharmacist and GP. The registered manager told us about the positive outcomes from the study. These included eight people being taken off anti-psychotic medicines and an overall total of 96 medicines were no longer needed. The registered manager said there had not been any distressed or adverse behaviours as a result of these changes; in some cases people were more able to engage with staff and their visitors.

A further pilot study was due to take place in February this year on catheter management. These studies helped to identify and promote best practice in the provision of people's care and to ensure their needs were met effectively.

The registered manager kept their own learning up to date and worked towards advancing their skills and knowledge. They were currently undertaking BTEC level 5 in management and had plans to do a nurse prescribing course. They were part of the Bucks Nurses Forum which shared and promoted good practices locally.

The service worked in partnership with local universities and colleges to offer training placements for students. For example, it offered placements for doctors in geriatric medicine and nursing students. This helped promote positive experiences in the care of older people and brought new learning into the home.

We found the registered manager was open to ideas and new ways of working to improve the quality of people's care. They had made the best of talents and skills staff had, such as artistic and creative tendencies. Staff told us they could approach the registered manager with suggestions they had. This had resulted in many of the changes at the home to improve people's well-being. For example, the multi-sensory triggers around the building. These created positive interaction and communication for people and helped staff and visitors engage with them more effectively.

A further staff suggestion was to celebrate a "Nation of the Month," in recognition of the diverse staff team. This initiative was in progress, with a large map of the world displayed. There was space alongside it to display important cultural information about that part of the world, to share with other people. This helped promote positive relations between staff and respect for their diversity.

The registered manager had organised a dementia seminar for families in 2015, which was well attended. This was lead by the provider's trainer on dementia care and provided learning and information for people's relatives. Some people who lived at the service also attended.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents/notifications and from these we were able to see appropriate actions had been taken.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff were positive about training and were eager to undertake nationally-recognised

courses to improve how they worked. The registered manager shared their knowledge with staff, to promote good practice. For example, information about a 'topic of the month' was displayed in the staff room. The topic at the time of our visit was pressure sore prevention and management. This helped to increase staff learning and the quality of people's care.

The service had a statement about the vision and values it promoted. It included values such as choice, fulfilment, autonomy, privacy and social interaction. Throughout our inspection, we found staff promoted these values in the way they provided care to people. For example, in how they spoke with people and understood their needs.

The home had links with the local community. These included the Scouts, young volunteers through the National Citizens Service to help develop the garden and a local school who visited at Christmas. There were also eight volunteer workers who supported the home with various projects and activities, such as putting up the garden shed and gardening.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

The provider regularly monitored quality of care at the service. Senior managers visited the service regularly and there were also themed audits on topics such as medicines, infection control and community links. An overall quality audit had been carried out by the provider in May 2015; the findings showed the home was providing good standards of care to people.

Staff were open about reporting any mistakes that had occurred. We saw these were dealt with constructively, to look at what had happened and to prevent recurrence. Staff were advised of how to raise whistle blowing concerns during their training on safeguarding people from abuse. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

We found there were good communication systems at the service. Residents' meetings were held regularly. These provided an opportunity for communication between people who use the service and staff about concerns or improvements that were being made. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.