

Black Swan International Limited

Spring Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Spring Lodge provides accommodation and personal care for up to 20 older people, some living with dementia. There were 20 people in the service when we inspected on 6 April 2016. This was an unannounced inspection.

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.

People were at the heart of the service and received care that was personalised to them and met their needs and wishes. People told us how staff went the extra mile to make sure that they were happy. Staff were compassionate, attentive and caring in their interactions with people,

Feedback from people and relatives about the staff and management team was consistent and extremely positive. They were delighted with the kindness and thoughtfulness of staff, which exceeded their expectations of how they would be cared for and supported. The atmosphere in the service was warm and welcoming and people, relatives and visitors all emphasised how the service had a 'good feeling.'

Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to and were very clear that they would have no hesitation in reporting concerns. They were confident that these would be dealt with appropriately

People presented as relaxed and at ease in their surroundings and told us that they felt safe. Staff knew how to minimise risks and provide people with safe care. Procedures and processes provided guidance to staff on how to ensure the safety of the people who used the service.

People were provided with their medicines when they needed them and in a safe manner. People were prompted, encouraged and reassured as they took their medicines and given the time they needed.

There were sufficient numbers of staff to meet people's needs and this was closely monitored and reviewed in consultation with the people living at the service and with the staff. Recruitment processes checked the suitability of staff to work in the service.

People, relatives and others told us how staff showed empathy and understanding. Staff showed genuine interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them. People told us that they felt that their choices, independence, privacy and dignity was promoted and respected

People were provided with personalised care and support which was planned to meet their individual needs. People felt staff listened to what they said and their views were important when their care was planned and reviewed. The service was committed to ensuring that staff took the time to find out about people's life history and what was important to them.

Staff were well trained and supported to meet the needs of the people who used the service. Staff consistently received targeted group and individual support to continually learn and develop. This development was promoted as an integral part of everyday life so people, relatives and others also understood the importance of ongoing learning. The focus on the importance of skills and knowledge gave staff the tools they needed to deliver a high standard of care and support.

People's nutritional needs were assessed and met. Professional advice and support was obtained for people when needed. People were offered meals that were suitable for their individual dietary needs and met their preferences.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. The service proactively engaged with these professionals and acted on their recommendations and guidance in people's best interests.

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

There was an open and transparent culture in the service. A complaints procedure was in place. People's comments, concerns and complaints were listened to and addressed in a timely manner. People, relatives, visitors and staff were confident that any concerns raised would be taken seriously and dealt with appropriately by the management team.

The provider's Charter of Values states, "Every person matters and will be treated equally, compassionately and with the utmost respect and dignity" Staff practice demonstrated this approach was being adhered to and they were clear on their roles, responsibilities and how they contributed towards the provider's vision and values.

The management team had clear oversight of how things were being run and were aware of the individual needs of all of the people living at the service. The service had an extremely robust quality assurance system which involved staff as well as the management team. Shortfalls were identified and addressed promptly.

There was a strong emphasis on continually striving to improve. The service placed high importance on supporting its staff to be updated with best practice guidelines. This enabled them to provide a high quality of care and support.

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.

There were robust systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs and this was closely monitored. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected at all times

Staff placed high importance on, and took account of, people's individual needs and preferences.

The service was committed to ensuring that staff took the time to

find out about people's life history and what was important to them.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well-led.

The service provided a positive, open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a robust quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a high quality service.

Spring Lodge

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 6 April 2016 and was carried out by one inspector. Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed 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 also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the registered manager, regional manager and deputy manager. We also spoke with four other members of staff.

We spoke with six people who used the service, two relatives, two health care professionals and two visitors who were providing activities during the day. We used the Short Observational Framework for Inspections (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

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 looked at four staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe living in the service and one person said, "Oh, yes...I'm in safe hands." A friend of a person told us how they felt reassured that their friend was safe and said, "If you can't get in one day you haven't got to worry because you know [person] is in good hands." People presented as relaxed and at ease in their surroundings and with the staff and one person commented "I have no worries."

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures. They knew their responsibilities to ensure that people were protected from abuse and report any concerns. One member of staff told us, "Straight away I'd go to [registered manager] or a senior" they demonstrated they knew how to escalate concerns if necessary by explaining, "I would go to [regional manager] or further down the line." A member of staff also explained to us how safeguarding concerns should be reported to the appropriate professionals who were responsible for investigating concerns of abuse and told us, "You would go to [local authority] The details are displayed in the policy folder."

Safeguarding and Whistleblowing were regularly discussed at the service amongst the staff, both as a group and as part of individual focussed supervisions. The minutes of a staff meeting demonstrated these topics had been talked about and understood. They read; "Everyone, without exception felt comfortable with their responsibilities around safeguarding."

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. Monthly fire safety checks were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if this was necessary.

The service employed a person to carry out routine maintenance and our observations told us that the premises were well maintained. A person told us "Anything you want repairing, they are very good. They certainly take care of everything." Another person said, "I had a bulb go and when I came back it was done. Whatever you need it is done." Monthly health and safety checks were carried out which included pest control and checks on window restrictors which were in place to prevent the risk of a person falling from an open window.

Comprehensive general and individual risk assessments were in place which covered a wide range of potential risks. The individual assessments were personalised to the people living at the service and included potential risks due to health conditions or lifestyle choices such as diabetes or smoking. For example, staff showed empathy towards a person who chose to smoke and facilitated them to be able to do this. The service had ensured that the risks associated with smoking had been acknowledged, assessed and discussed with the person whilst recognising and respecting the person's choice to smoke.

Care records included risk assessments which provided staff with guidance on how the risks to people were

minimised. This included risks associated with using mobility equipment, pressure ulcers and falls. These risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated.

The service were proactive in promoting fall prevention. Monthly health and safety audits included analysis of any accident data, including falls, to establish if any patterns were forming and consider what action may still be needed.

The potential risk of a person choking had been considered and the service had sought new technology to be able to assist in the event of a person choking. A portable anti-choking device which has been developed to resuscitate a person who is choking when standard protocol has been followed without success. First Aid training for staff included instruction on how to use this equipment. This showed that the service were innovative in their approach to maintaining peoples safety and well-being.

There were sufficient numbers of staff to care and support people according to their needs. A person said, "Oh yes, there is enough staff" and another person told us, "You've only got to ring the bell to do a button up and they come." A person who was visiting the service told us, "Staff are about. They are very helpful, very accommodating...they get a lot of attention here." The registered manager carried out a formal assessment of staffing levels every month which involved consideration of the current care needs and discussions with staff and people living at the service. The assessments were documented, signed by the registered manager and reviewed by the regional manager. We saw in the minutes of a recent staff meeting that staffing levels had been discussed and a member of staff confirmed that they felt there were enough of them on duty and said, "Three in the evening seems to work well." This showed that the service were continually reviewing whether they had sufficient staff to meet the current needs of the people living there.

Employment records confirmed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the vulnerable adults who used the service.

Suitable arrangements were in place for the management of medicines. People received their medicines in a safe and supportive way from staff. People were prompted, encouraged and reassured as they took their medicines and given the time they needed. The member of staff administering medication wore a 'do not disturb' tabard to ensure that they were able to give their full attention to their task. This showed that the service had identified the potential risk involved when a person administering medication is distracted and had put measures in place to reduce this risk.

Medicines administration records were appropriately completed. A person told us, "They give it to us at the right time." And another person said, "I've got no worries with medication. It's all ordered for us." We observed medication was received and booked in to the service safely. It was attended to by a member of staff until it could be locked away into the medicines cupboard.

People's medicines were available when they were needed. Medication which was prescribed to be taken PRN ('as and when required') was given according to the individual's choice whether they felt they needed it. We observed a member of staff saying to a person "I have two paracetamol. Do you want it?" and explaining what the medicine was and what it was for, enabling them to make their own decision about whether they wished to take it.

Medication records confirmed PRN medication was made available at regular times throughout the day. People were supported to be able to administer their own medication when it had been assessed that they were able to do so. A member of staff told us "[person] does his own eye drops."

Staff had been trained to administer medicines safely and they were observed to ensure that they were competent in this role. Staff were able to explain to us how they made sure that controlled drugs were given safely and told us, "Controlled drugs...two people do that." We observed that they followed the correct procedures and the controlled drug register showed that appropriate records were being kept. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential errors were identified quickly and could be acted on.

Is the service effective?

Our findings

People were supported by knowledgeable and skilled staff who received training relevant to the needs of the people who used the service. A person told us, "They have the skills to do everything."

Staff were regularly supervised and supported to improve their practice. They confirmed that training was an important part of their role. A member of staff told us; "We do regular training." And another said, "We can also do advanced training. Things like a visit to a local funeral parlour, diabetes, oral hygiene, pressure care, COSHH, challenging behaviour. It is pretty good with training here." This showed staff were provided with the knowledge and skills to understand and meet the needs of the people they supported and cared for. Staff had achieved, or were working towards, accredited health and social care qualifications and one person told us, "Anything that you want to have a go at they'll arrange it." The service had recognised the importance of moving and handling training which was specific to the needs of people and had plans to convert an unused upstairs flat into a training area. Staff were up to date with current best practice guidelines in relation to training in health and social care, including the introduction of the Care Certificate. We saw evidence of this being completed by a new member of staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work.

Staff told us that they felt supported in their role and had regular one to one supervision and team meetings where they could talk through any issues, seek advice and receive feedback about their work practice. A member of staff told us "[Deputy manager] and [manager] do supervisions and group ones at staff meetings." All staff had received their annual appraisal the previous month and staff had a minimum of six supervisions throughout the year. Each month the service had a topic focus which was discussed. Topics covered included mental capacity and consent, abuse, dysphagia (swallowing difficulties) medication, missing persons, care planning and heatwaves. This demonstrated that there was a proactive support system in place for staff that developed their knowledge and skilled and motivated them to provide a quality service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us, and we saw, that applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us about examples of this and the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and

the requirements relating to MCA and DoLS.

Minutes of a staff meeting which had taken place the day before our inspection showed that the MCA and DoLS had been discussed to ensure staff understood their significance. We observed that staff asked people's permission before they provided any support or care. People's care plans reflected day-to-day as well as more specific longer term decisions. In the care plan of one person who was unable to communicate their wishes we saw that relevant assessments were in place. Consideration had been given to how personal care should be provided and the meals they wished to be supported with. The person's family had been consulted as part of the best interest decision making process.

People's nutritional needs were assessed, they were provided with enough to eat and drink and supported to maintain a balanced diet. A visitor told us, "They make sure [person] has plenty to drink and eat. They don't just take it away, they keep coming in and make sure [the person] has plenty." Feedback about the food was mostly complimentary and people told us how they had discussed the menus at their residents meeting the day before. One person told us, "Sometimes the veg is a bit mushy. You don't always want meat pie ...today is lamb cobbler or steamed fish but I've asked for cheese on toast. It's no problem." and went on to say, "[Regional manager] talked to us yesterday and next week we have got two chefs coming round to talk to us about what we would like. They are supposed to be changing the menus." The regional manager confirmed that they were currently looking at revising the menus. They told us how much people enjoyed the monthly meal from the fish and chips shop and occasionally pie and mash, also from a local shop. Many of the people had previously lived in areas where pie and mash shops were common and appreciated being able to still enjoy this familiar meal.

People were offered a choice of what they would like to eat. A person told us, "You get a choice of things and even if that doesn't appeal you can ask for soup or something special." People needing extra assistance were given the time they needed. We saw a member of staff ask "Ready?" before raising a spoon to someone's mouth. They chatted with the person as they assisted and offered them a drink at regular intervals through the meal. When they assisted with dessert they asked the person, "Are you ready for some of this?" and explained, "It's ice cream." People were given choice and the option of extra portions throughout their meal. We observed staff asking, "Is that enough gravy for you?" and "Did you want any more vegetables?" During dessert we heard, "Are you having crumble? Cream? Say when." This showed that people were given choice and control over what they wanted to eat and how much.

We observed that fresh cold drinks were placed in communal areas throughout the day, hot drinks, fruit juice and snacks were offered and people were encouraged and supported to have these. We saw written in one care plan; "She has a glass of fresh orange juice by her chair in the lounge. To be topped up at regular intervals throughout the day." There was a bowl of fruit and Easter egg available on the side board in the lounge and a visitor confirmed, "There is always fruit by the door."

Records showed people's dietary needs were assessed and met and where issues had been identified, such as dysphasia (swallowing difficulties) guidance and support had been sought from health professionals including the Speech and Language Therapy team. Their advice was acted upon and discussed at staff meetings. A relative told us "Everything they give [person] is mashed up and pureed. They even put cream on [their] cake to soften it." A visitor explained how a person had not wanted to eat when they moved into the service but "They've persevered, got [person] to eat and drink again. ...If [person] refuses at lunch time they will try again in the afternoon with something light." This showed that people who were at risk of malnutrition and dehydration were being supported appropriately to ensure their nutritional needs were met.

People had access to health care services and received ongoing support where required. A person told us, "I've kept my own doctor. A GP visits here, you've only got to ask, and say you don't feel well." Care records reflected that people, and or relatives/representatives on their behalf, had been involved in determining care needs. Referrals had been made to other health and social care services where appropriate. A person said, "If I have an appointment they see to that and go with me. [Registered manager] kindly takes me." People had access to other healthcare professionals who visited the service and this was confirmed by a person who commented, "We have a chiropodist come every six weeks."

The service proactively engaged with health and social care agencies and acted on their recommendations and guidance in people's best interests. We saw in one care plan details of a recent review by the community dietetic team and a visitor said, "Nothing is left. If they think something needs doing they are straight to doctor or nurses." This showed that the service took preventative action at the right time to keep people in good health.

Is the service caring?

Our findings

The atmosphere within the service was warm and welcoming. The provider promoted a strong, person centred approach. A visitor told us, "It's a smashing home. It's clean, the staff are caring. You can come unannounced and it's still the same, nothing is too much for them. We wouldn't hesitate to recommend it." And another visitor confirmed, "There is a good feeling."

People and their families were extremely positive and complimentary about the care they received. A person said, "The staff are nice. I'm happy with everything." A relative had commented on a form included in a person's care plan; "My [relative] is being cared for to a very high standard in the care home where [person] lives." A health care professional who regularly visited the service commented, "I have been visiting Spring Lodge as a [health care professional] for the last 8 years, within that time I have not had any concerns. I have found the manager and staff thoughtful & kind to their residents. They provide good care and the residents appear to enjoy living there. They strive to meet the individual needs of their residents."

People, relatives and others told us about staff who showed empathy and understanding. A person told us, "Everyone is so kind that's the main thing. There's not a person who is not good." A relative said, "The staff here are fantastic. [Person] is so happy here." Staff talked about people in an affectionate and compassionate manner and were caring and respectful, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. A person told us "I get on with the [staff.] I love them" and a relative commented, "It's always so peaceful. They are lovely with them."

There was a strong person centred culture which promoted the importance of supporting people to express their views and understand their wishes. Staff showed genuine interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them. A person told us, "I feel they know what we need." We observed staff demonstrating dedication to the work they did and people told us how staff went the extra mile to make sure that they were happy. One person commented, "I brought some trousers which were too long and they turned them up for me." Another person said "Nothing is too much trouble. You put your dirty washing outside the door and when you come back it's done." One person felt reassured that the staff understood their relative so well and said, "It amazes me. [Person] can't tell them what is wrong but they sense and know somehow."

People felt staff listened to what they said and their views were of the utmost import when their care was planned and reviewed. As a result people felt valued and in turn experienced positive relationships with staff and the leadership of the service. One person told us "I couldn't wish for anything better. We have [members of the management team] come to have a chat, ask if everything is ok." People and their relatives, where appropriate, had been involved in planning their care and support. This included people's likes and dislikes and preferences about how they wanted to be supported and cared for.

The service was committed to ensuring that staff took the time to find out about people's life history and what was important to them. This started from the time people moved in. A person explained, "[Registered

manager] said bring in what you want, make it your own." A person told us, "Last week [member of staff] came along and wanted to know my history." We saw written in a care plan; "[person] likes to put on make-up and a squirt of perfume." Where people were unable to communicate what had once been important to them staff had made sure that they had an understanding of how they would like things done. A visitor explained how they had been involved, with the support of a person's family and told us, "I've got involved with the care plan. They've asked what [person] likes. There is music on in the background even though [person] can't ask for it." Staff demonstrated they took time and effort to find out what mattered to people. One staff member explained by saying, "Things like, do they like their top button done up? I ask family how they would have liked their hair done. Just little things." People's care plans included 'preferred priorities of care' documents which gave details of the care and treatment they would like to receive at the end of their life or if they were no longer able to express their wishes for themselves. This showed that the service recognised the importance of people's wishes being respected whether they were able to communicate them or not.

People wherever possible were encouraged by staff to make decisions about their care and support. This included what activities they wanted to do, what they wanted to eat and where they would like to be. For example we heard a member of staff say to people, "Would you like to go back to the lounge?" "Are you ready to go?" and "Would you like to come through for lunch?" A person told us, "I usually like it up here but I could go downstairs." Staff explained to us how they didn't assume what it was that a person wanted to do just because they were not able to express it verbally. A member of staff commented, "If [person] doesn't want you to do something [person] will let you know. You can tell by [persons] expressions." Another person said, "We have different ways of knowing what people want. We work out their habits and get to know them." This showed that people's choices were respected by the staff and acted on.

The service ensured that people had the information they needed to make informed choices. For example, each person had as copy of a residents guide in their room which gave details of advocacy services available, the complaints procedure, previous CQC inspection reports, results of questionnaires and a copy of their current care plan.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected and our observations confirmed this. For example we saw a member of staff discretely ask a person at lunch time, "Would you like me to cut that up for you?" We observed another member of staff quietly ask a person if they wanted to use the toilet and assist them away from the lounge in a gentle manner. A visitor explained to us how people's privacy was respected during meetings and said, "I know they do come in. They shut the door and ask the residents if there is anything they would like to tell them. The door is shut so they can talk to them in private." We saw that people were encouraged to maintain their independence where possible. A person told us "I can come and go as I please."

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. A person told us, "Carers pop in all the time. I've always said they need medals." Another person described what happened when they rang their call bell for assistance and said, "They come very quickly." We observed one person struggling to walk across the lounge with their walking frame. A member of staff noticed immediately and let another care worker know that they needed assistance. Two members of staff helped the person on to a chair and said to them, "Get your breath back and we'll try again." After a while they both gently encouraged them up from the chair so that they could sit in a wheelchair to be taken through to the dining room. This showed that staff were quick to respond when people required additional support and assistance.

Staff were knowledgeable and knew how to provide personalised care that met people's specific needs. A care plan relating to pressure care indicated that the person needed to be assisted to reposition themselves every two hours. Records showed that this was being completed and that all staff were following the advice which had been given. A visitor confirmed that appropriate support was given to assist with repositioning, including ensuring that the person spent some of the day in their armchair. They said, "There are no concerns with pressure areas. If there were the district nurses would be involved." Another care plan included details regarding potential triggers which could lead to a person becoming anxious. This enabled staff to be able to recognise what could cause them distress and be responsive to any changes in the person's emotional state. We observed that staff quickly responded when people became unsettled and were able to boost their mood.

People's changing care needs were identified promptly. A visitor said, "Everything is logged down. They don't miss anything...nothing is left to chance." We also saw that any causes for concern were recognised and monitored. For example one person's care plan recorded a small cut which had been noticed and it had been communicated to care staff that they should be aware of and continue to monitor this. This meant people could be reassured that any changes to their health or care needs were identified and responded to.

Care plans were person centred and reflected the care and support each person required and preferred to meet their assessed needs. This included people's physical, emotional and social needs. One care plan stated; "[Person] loves company and conversation, has formed a close friendship with [person.]" People were given choice about who provided their personal care and care plans contained details regarding any preference to the gender of the member of staff who would provide that support.

There were a wide range of activities taking place throughout the week. A person told us "Yesterday we had a young girl singer. The Salvation Army came in and we have a lady come in to do bingo...no one forces you to go." People also told us about trips out which had been arranged and one person said, "They were left some money from the Co-op so they are trying to get a trip together to go to Colchester Zoo."

People were supported and encouraged to take part in the things which they enjoyed. A person who regularly visits to provide an activity told us "I come weekly. The main aim is to get everyone to do some

form of exercise. The response has been great...They participate as much as they want to. We can accommodate them." People told us about the hairdresser who visited each week and how there was a choice whether they had their hair done by them or not. One person explained, "A hairdresser comes every Friday but [person] has her own." There was a religious service taking place in the afternoon of our inspection which was well attended by people who appeared to be engaging in the service and enjoying the singing.

There was a complaints procedure in place which explained how people could raise a complaint. When asked if they had ever made a complaint a person replied, "Not really. They see to everything." Records of previous complaints showed that they had been investigated and responded to in a timely manner. One of the concerns related to a comment that there was nowhere to put toiletries when using the new shower room. This had been responded to and addressed within a few days and an appropriate toiletries holder was now in place. The person who had raised the issue confirmed to us they were impressed that it had been dealt with so quickly. This showed that concerns and complaints were acknowledged, listened to and appropriate steps were taken to respond and put things right.

Is the service well-led?

Our findings

People, relatives, visitors and staff all gave extremely positive feedback about the management and leadership of the service. One person commented, "[Registered manager] is very good though [aren't they?]" At Easter we came down and there were Easter eggs for all of us." A relative said, "I can't thank [registered manager] enough for what they do. They are all such lovely [staff.]"

We found that these experiences meant that people, and those close to them, felt valued and that their views mattered. As a result they experienced a consistently high standard of care. Comments from relatives included, "I haven't seen any fault in over eight years", "I really would recommend this place to anyone" and "It's absolutely beautiful here. This beats the whole lot of them. I have no worries whatsoever."

People were at the heart of the service and there was a positive, inclusive and open culture. The regional manager told us, "We try to be open and transparent." People, staff, relatives and professionals consistently expressed their ongoing satisfaction with the service and confidence in the ability of staff to ensure a high quality service. A person visiting the service on the day of our inspection commented "They all seem to get on. There's a lovely atmosphere. They all muck in and do what needs doing."

The positive culture was further promoted through the provider's Charter of Values which stated "Every person matters and will be treated equally, compassionately and with the utmost respect and dignity" Staff practice demonstrated this approach was being adhered to and they were clear on their roles, responsibilities and how they contributed towards the provider's vision and values. Care and support was consistently delivered in a safe and personalised way with dignity and respect and independence was promoted at all times.

The provider, management team and staff were committed in their holistic approach to providing people's care and support. Relatives told us that as people's health concerns became more complex they considered not only their physical needs but also how it affected their social and emotional well-being. This care extended to supporting those close to the person and staff demonstrated empathy and understanding in their approach.

The service encouraged and welcomed the involvement of people from the local community. The registered manager worked with local 'friends and neighbours' networks to further strengthen their links with schools and other services in the area. This gave people the opportunity to engage build relationships with people they may not otherwise come into contact with We observed the sense of community and positive interaction between people, staff and members of a local church who were visiting the service during our inspection.

Strong relationships had been formed with a variety of healthcare agencies which meant that people received consistent care when specialist support was required. We heard from relatives how people's health conditions had vastly improved since moving into the service because of the way the service proactively engaged with health care professionals and acted on their recommendations and guidance.

Staff told us that they felt supported, listened to and that the management team were approachable and provided support when they needed it. A member of staff commented, "[Registered manager] is approachable and easy to talk to." The regional manager explained, "We have a low staff turnover. We like to retain our staff." A member of staff confirmed, "Most staff have been here quite a while." Importance was placed on this to ensure that people could get to know staff well, develop trusting relationships and provide consistent care. Staff were encouraged to support and value each other to ensure they worked effectively as a team. Each month they nominated an employee of the month from amongst their peers. This motivated staff to drive continual improvement within the team.

All levels of the management team were positive about ensuring effective communication with staff through regular meetings and setting clear expectations about standards. This helped to promote a positive culture where staff and management could discuss issues openly and seek to work together to resolve any issues. Minutes of meetings had been signed to acknowledge that staff had read them and understood any actions they needed to take. The registered manager and deputy manager spoke positively about how they were supported by the provider. They told us, "[Regional manager] comes about 3 times a week and phones every day. If you need any equipment or anything you just have to ask." The regional manager told us that the management team were, "open and transparent." and staff were very clear that they would have no hesitation in reporting concerns and were confident that these would be dealt with appropriately. For example, records showed how steps had been taken to address a staff disciplinary issue and we saw that this had been followed up a short while later to ensure that those involved had improved their practice and conduct.

Staff were continually updated with best practice guidelines through the monthly topic focus subjects and were encouraged to be aware of and report any issues of concern as soon as they arose. This was demonstrated by the detailed understanding shown by staff of how to support people with specific health needs. For example, a recent topic focus relating to dysphagia (swallowing difficulties) gave staff the knowledge they needed to provide people with food in an appropriate way. A visitor confirmed, "All [persons] food is minced up really well and [their] drinks are thickened."

Staff consistently received targeted group and individual support to continually learn and develop. This development was promoted as an integral part of everyday life so people, relatives and others also understood the importance of ongoing learning. The focus on the importance of skills and knowledge gave staff the tools they needed to deliver a high standard of care and support. The impact of this could be seen in the way staff showed a deep understanding of people's individual needs and supported people in line with the providers values. Where staff had not worked to these values, appropriate action had been taken immediately and apologies had been made to the people concerned.

The management team continued to update themselves with regard to changes within the care industry. The registered manager attended bi-annual networking meetings with other managers from within the provider group which gave the opportunity to be updated with regard to changes as well as allowing knowledge and skills to be shared.

Management and staff continually strived to improve through learning, research and consultation and this fed into the on-going development of the service. An annual action plan relating to staff training and development was written with consideration to peoples changing needs. Staff confirmed that they were supported to access alternative training which would enhance the quality of care provided. For example they had been proactive in researching and sourcing new technology and ways of working to enhance the quality of care and promote the safety of the people living there. Staff had been trained to support a person

to use a new anti-choking device which gave the person and staff confidence that this need would be met. There were plans to upgrade the call bell system to ensure that staff were aware how long people had been waiting for assistance and could respond in a timely manner. An action plan relating to premises had been written with reference to items raised in recent 'resident' questionnaires. Items on the plan for 2016 had already been actioned. For example, the renovation of an upstairs toilet to convert it to a wet room and re-carpeting of many areas within the service. A person told us how much they liked the new wet room as it was now easier to use.

The management team had a holistic approach and had clear oversight of how the service was meeting people's physical, emotional and social needs. The provider set a high standard and this was reflected in the way they monitored every aspect of the service provision. Robust quality assurance systems were in place which were used to identify shortfalls and to drive continuous improvement. Audits covering all aspects of the services operation were completed once a month by the registered manager as well as the regional manager. These included checks on care plans, staffing levels, medicines management and health and safety. Each month a different regional manager employed by the provider also visited the service to carry out additional checks. This ensured that any potential issues for concern were quickly recognised and acted on. A recent audit showed that the number of falls taken place had been assessed and action taken included the involvement of the falls prevention team and the introduction of a pressure mat for one person so that staff were aware that they were on the move and could check whether they needed any assistance.

Regional managers carried out regular night checks to ensure that the high standard of care and support continued at all hours of the day. Issues raised during these visits had been noted and acted on. For example a member of staff had pointed out there was an issue with one of the garden gates. Records showed this had been fixed quickly. This showed that a high level of importance was placed on quality and safety within the service. People could be confident that the service would maintain high standards whatever the shortfall.

The management team knew people well and were aware of their individual needs. A visitor told us, "[Registered manager] would do what [they] asks anyone else to do. If you had any problems [they] would sort them out." The registered manager was clear that listening and consulting with people and those who were important to them was critical. For example the monthly assessment of staffing levels was completed with input from staff and the people they were supporting. This helped them to ensure people's experience was included in effectively monitoring the levels of staff required to maintain a high level of quality care and support.

The regional manager held a quarterly 'resident meeting' Minutes of the last meeting showed that topics covered included activities, menus, staff care, call bells and maintenance and stated that, "Everyone said they were really happy with everything." Comments relating to the menus had been taken on board and people confirmed to us that they had been asked to have an input as these were updated and revised.

People and their relatives had been asked to complete satisfaction questionnaires. A visitor confirmed that "We often have surveys. Not long ago I had one." The results of surveys carried out in January 2016 had been displayed in the lounge and in peoples resident guides which they kept in their rooms. The results of surveys had been analysed and relevant actions taken to address any issues raised. The management team also encouraged people to express their views of the service on a national care home database website and we saw that reviews were consistently positive. This showed that the service empowered people to voice their opinions and these were listened to and acted upon. People were encouraged to be involved and have ownership of what was happening in the service. There was a strong emphasis on continually striving to improve in order to provide a high standard of care.

