

Parkcare Homes Limited

The Orwell

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

Summary of findings

Overall summary

The Orwell provides accommodation and nursing care for up to 40 people, some living with dementia.

There were 33 people living in the service when we inspected on 20 June 2017. This was an unannounced inspection.

At our last inspection of 6 March 2015 this service was rated as Good. During this inspection we found that the service had continued to maintain a Good service and Outstanding in Responsive.

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.

There were systems in place to guide staff to ensure the safety of the people who used the service. Risk assessments provided guidance to staff on how risks to people were minimised. There were arrangements in place to ensure people's medicines were stored and administered safely. Staff were available when people needed assistance, care and support. The recruitment of staff was undertaken to make sure that they were suitable to work in the service and the risks to people were minimised.

Staff were trained and supported to meet the needs of the people who used the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner. People and/or their representatives were involved in making decisions about their care and support.

The service was flexible and extremely responsive to people's individual needs. People were provided with exceptionally personalised care and support which was planned to meet their individual needs. Care and support was planned proactively and in partnership with people.

Arrangements for activities were innovative and met people's needs. People were provided with the opportunity to participate in activities which interested them and designed to enhance their wellbeing and enable them to live a full life as possible. People were encouraged to share their hopes and aspirations and the service used creative ways of meeting them to ensure they were valued.

People were actively encouraged to give their views about the service. A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to drive improvements in the service.

There was an open and empowering culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

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

Staff were available to provide assistance to people when needed. There were systems in place for the safe recruitment of staff.

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 the needs of the people who used the service.

The service was working in line with the Mental Capacity Act 2005.

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.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

The staff in the service were creative and flexible to ensure that people's individual and diverse needs were met and they were valued. People's wellbeing and social inclusion was assessed, planned and delivered to ensure their individual needs were being met.

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

Is the service well-led?

The service was well-led.

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

The service had a 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 good quality service.

Good ●

The Orwell

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 20 June 2017 and was undertaken by one inspector and 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.

We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who used the service and five relatives. We observed the care and support provided to people and the interaction between staff and people throughout our inspection. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us.

We looked at records in relation to four people's care. We spoke with the registered manager and eight members of staff, including the deputy manager, care, activities, housekeeping, maintenance and catering staff. We looked at records relating to the management of the service, four staff recruitment records, training records, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection of 6 March 2015 Safe was rated as Good. During this inspection we found that the service had continued to maintain the Good rating.

People told us that they were safe living in the service. One person commented, "I think I am safe here." One person's relative said, "I do worry about my [person] but I know [person] is being looked after. The main thing is [person] is safe and in good hands." Another relative told us, "[Person] is safe here." Another commented, "In comparison to [person] going home this is so much better, I feel [person] is safe."

We saw staff ensuring people's safety. For example, when mobilising around the service and when being supported to mobilise using equipment. People were provided with personal slings to use when being supported with hoists. This meant that people had the correct assessed size of hoist to reduce the risks and the risks of cross contamination was minimised.

Staff had received training in safeguarding adults from abuse. Staff understood the provider's policies including their roles and responsibilities regarding safeguarding and how they could raise safeguarding concerns to the local authority, who are responsible for investigating concerns of abuse. This meant that there were systems in place intended to protect people from the risk of abuse.

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, falls and pressure ulcers. Where people were at risk of developing pressure ulcers records showed that there were systems in place to reduce these risks. This included the use of pressure relieving equipment, regular support to move position and the administration of prescribed barrier creams. Where people did have pressure ulcers records showed how these were monitored and there were systems in place to treat. One person said, "The clinical nurse has done so much, I get turned every two hours, and four hours at night."

The risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated. This meant that the staff were provided with the most up to date information about how they should minimise the risks to people. Discussions with the registered manager showed that people's safety was considered and risks to people were minimised, for example ensuring that visitors did not compromise people's safety and ensuring that people were provided with a safe place to store their belongings.

Risks to people injuring themselves or others were limited because equipment, including electrical, hoists and the fire safety had been serviced and regularly checked. This was to ensure that they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. There were also regular checks on mattresses, the call bell system and equipment such as wheelchairs to ensure they were safe. Systems were in place to reduce the risks of legionella bacteria in the water system.

Comments from people and relatives varied about if they felt that there were enough staff to meet their needs. For example, one person said, "If I need help at night they are there." One person's relative said, "Our only complaint would be the staffing levels. But [person] is always upbeat and [person] is always quite happy." Another relative told us, "There is enough staff."

People told us that when they requested assistance this was done in a timely manner and if there were any problems staff let them know. One person told us, "Quite good here, the staff are very good, when I press this button here they come and do what you want them to, take me to the toilet, wash me." Another person said, "Answering my call bell during the day is fine, usually I ring to remind them I need turning and they pop in and say five minutes okay? If I am in pain and I say no then they respond straight away." Another person told us, "They come as quick as they can, sometimes they are fairly quick, sometimes they are busy but they let me know. Whatever they do I appreciate it."

The registered manager told us about the staffing arrangements in the service which were planned and assessed to meet people's needs safely. They told us that if people required more support or the numbers of people increased, then the staffing levels would be reviewed. Our observations and records confirmed the staffing levels we had been told about. As well as nursing and care staff, there were domestic, catering and activities staff. These were available to free care staff up to meet people's personal care needs. We saw that the staff were very busy but they were available when people needed assistance, which was provided promptly, this included answering call bells. One staff member said, "I think there is enough staff, we are busy but everyone gets what they need."

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines. Where people were prescribed with medicines to be administered when required (PRN) there were protocols in place to advise the staff when these medicines should be considered for administration. This minimised the risks of inappropriate administration of these medicines. People's care records identified how people were to be supported to take their medicines, including their preferences, such as with water. People's medicines were kept safely but available to people when they were needed. Audits were in place to ensure that any discrepancies were identified and addressed.

We received varying comments about the ways that medicines were managed, people were satisfied with the permanent staff but not so much when agency nursing staff administered medicines. One person's relative told us that when the permanent nursing staff was on sick leave they had intervened with agency staff to stop an error. They had reported this to the management and this staff member was not used again. In addition we received a comment that medicines were not always on time. We checked records and found that they showed the actual time that medicines were administered to reduce the risks of the next medicines being given too close together.

Is the service effective?

Our findings

At our last inspection of 6 March 2015 Effective was rated as Good. During this inspection we found that the service had continued to maintain the Good rating.

People told us that the staff had the skills to meet their needs. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to review and improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met. We saw that training was effective, for example in moving and handling. We saw staff assisting people to mobilise using equipment throughout our inspection visit. This was done safely and in a caring manner. A staff member told us that they were the moving and handling lead, they had received training to provide moving and handling training and they observed staff to ensure that all moving and handling was done safely. If there were concerns staff could be provided with further training.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. Catering and maintenance staff told us that they had received the same training, including safeguarding and dementia, as care staff. This supported them to interact with people in an appropriate manner. One staff member told us about the virtual dementia training they had received. This training is designed to allow staff to experience some of the sensations that people living with dementia may experience. The staff member said that they considered what they had learned when they were communicating with people living with dementia.

Records identified the training that staff had completed and when they were due to attend updated training. New staff were provided with the opportunity to complete the care certificate during their induction. This is a set of assessed standards that the staff member needed to be aware of and competent in when they started working in care. This showed that the service had kept updated with changes in the requirements of staff development to provide a good quality service to people.

Staff told us that they were supported in their role. Records showed that staff were provided with one to one supervision and appraisal meetings. These provided staff with a forum to discuss the training they had attended and the ways that they worked. During these meetings staff also received feedback on their work practice and they were used to identify ways to improve the service provided to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any 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 understood when applications should be made and the requirements relating to MCA and DoLS. They told us how they had made applications to ensure that any restrictions were lawful. Staff were provided with training in MCA and DoLS.

People told us that the staff asked for their consent before providing any care. One person said, "If I say no then that's the end of it." We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals and where they wanted to spend their time in the service. For example, when one person arrived in the communal areas during the morning the staff asked them where they wanted to sit and they chose an arm chair. The staff prepared the area for them, by providing a small table where they could have their drink and breakfast.

Care plans identified people's capacity to make decisions. For example one person's care records identified how they demonstrated their consent to care by specific body language. Another person's records showed that the person may refuse care and staff were guided how to offer the support later and by other staff. This showed that people's consent was sought and care could only be provided when the person had agreed. Where people lacked the capacity to make their own decisions, this was identified in their records, including where best interest meetings and decisions had been made.

People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. During breakfast people were offered choices of cereal, toast or a cooked full breakfast. One person told us that they were waiting for their cooked breakfast, "Bacon and eggs, breakfast is nice here." Another person commented, "I had toast and porridge this morning, the food has been very good." Another person said, "The food is very good as a rule," but they said that the sausage had been hard during lunch. One person's relative commented, "The chefs serve the food, it is fresh veg. I've eaten here a few times and I've never had anything I didn't like."

We received some comments that people did not always want the food on the menu and staff told us that they could have an alternative if they spoke with the chef about it. One person said, "The food is good and bad, the chef comes and asks me how it was and I tell them what I think. Quite often I don't want the meal in the afternoon, so soon after lunch. Last night I had a lovely sponge, the day before I gave it to the birds."

Other people told us how the service met their specific dietary needs. One person said, "I'm not allowed any fat at all and the kitchen has been excellent. They give me all the same as the other residents have, if it's something I can't [have] they make me something else. I have a lot of fresh fruit." One person's relative told us that the catering staff listened to people's views and likes and dislikes. They told us about how they had prepared a meal for the person's birthday and included their favourite foods. Another relative commented, "For what they charge the dinners are really good, a good variation. [Person] has to have liquidised food, [person] not keen but they present it nicely, you can recognise the different food."

People were encouraged to eat independently and staff promoted independence where possible. Where staff identified that people may need assistance this was offered in a caring manner, for example, by cutting up their meal. We saw a staff member offered assistance to one person, and this was refused. The staff member respected the person's decision, but offered assistance later in case the person had changed their mind. People ate at their own pace and were not rushed by staff.

People were provided with choices of hot drinks throughout the day. There were drinks available for people in the communal areas and in their bedrooms, if this was where they spent their time. This meant that there were drinks available for people to reduce the risks of dehydration.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support was sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake.

Staff had a good understanding of people's dietary needs and abilities. A member of the catering staff we spoke with was knowledgeable about people's specific dietary requirements and how they were supported to maintain a healthy diet. They said that they had attended training in how to support people with dietary requirements, including for those at risk of choking and requiring a softer diet in varying consistencies. There was a photograph of the chef in the entrance hall to the service advising people and visitors to speak with the chef if people had any specific and diverse dietary requirements.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person's relative said, "[Person] gets to see [their] own GP every week, the heart people visit, it is so much better for [person]." Another relative told us, "Whenever I have raised any concerns about [person] they have asked if I would like [person] to see a doctor." The registered manager told us how they had an agreement with the local GP surgery and a GP visited the service weekly, and they could call them to arrange further visits were required. This enabled any concerns about people to be discussed and people received advice and treatment where required. Records showed where guidance had been provided by health professionals, this was included in people's care records to ensure they received a consistent service which met their assessed needs to maintain good health.

Is the service caring?

Our findings

At our last inspection of 6 March 2015 Caring was rated Good. During this inspection we found that the service had continued to maintain a Good rating.

People spoken with said that the staff were caring and treated them with respect. One person said, "They are very, very kind, excellent actually." Another person commented, "You don't think of them as staff, more like friends, they look after you pretty well in here, they are considerate all the time." Another person said, "It's a big move and you have to face up to these things [receiving care] but everybody has been very kind."

We saw letters and cards that the service had received. These thanked the service and staff for the care provided to people. One relative had written, "You looked after [person] with compassion and love during the time [they] were at The Orwell."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships and we observed caring, gentle and empathetic interactions. However, for part of the day the fire safety company responsible for ensuring the fire alert systems were working, testing each alarm. A staff member told us that the contract had recently been changed and they had not been made aware of the visit. The sounding of the alarms clearly irritated some people. One person told us, "It's getting on my nerves now," and another said, "There is no need to keep making that noise." We saw that the staff supported people by explaining why this needed to be done and respected how they expressed their irritation. A number of people who were showing signs of distress and anxiety were encouraged to sit in the garden together. Staff ensured that people were offered sun hats and got plenty of drinks, because it was a hot day. This showed that the staff responded to people's anxiety promptly and in a caring manner. Once the contractors had left the relaxed atmosphere was resumed. One person returned to the communal area and a staff member greeted them by saying, "Have you been outside, I have missed you." This made the person smile and they cuddled and kissed the staff member.

We saw staff meeting people's emotional and physical needs. They responded to people's non-verbal prompts showing that they needed touch, this included holding hands and hugs. This was done appropriately in line with people's wishes, and this contributed to the calm environment. One person cried, a staff member reassured them, communicated with them about why they were upset and hugged them. Following this interaction the person stopped crying and eventually smiled at the staff member.

Staff communicated with people in a caring and respectful manner. They communicated in an effective way by making eye contact with people and listening to what people said. People laughed and chatted with the staff. When people were being assisted by staff to eat their meal, this was done in a patient and caring manner.

During the morning medicines administration round the staff member responsible for ensuring people had taken their medicines, sat with people and talked them through each medicine they were taking. To one person they said, "Almost done, oh you don't like the taste of this one do you? Have a drink and it will soon

be gone." The staff member stroked the person's hand whilst they managed the medicine that they did not like taking. When this was done the person smiled at the staff member.

Staff respected people's privacy by knocking on bedroom doors before entering. People's privacy was further respected by staff who communicated with people discretely, for example when they had asked for assistance to use the toilet. One person told us, "They knock on the door first, they respect you."

Staff talked about people in a caring and respectful way. They knew people well and understood people's specific needs and how they were met. Where people had diverse ways of communicating, there was guidance in their bedroom about how staff may communicate with them. Their care records included details of an interpreter that could assist with communication. We saw staff using sign language to communicate with one person. People's care plans guided staff how they should use methods of alerting people that they were asking to access their bedrooms, when they may not hear knocking. This showed that the staff were provided with guidance on how people's privacy was to be respected.

People's views were listened to and their views were taken into account when their care was planned and reviewed. One person's relative commented that they and the person were included in the care planning and their views were listened to.

People's records included information about how their preferences were met and listened to. People's usual routines were identified and how these should be respected. People's records included their decisions about their end of life care, including if they chose to be resuscitated.

We saw that staff listened to people's choices throughout our inspection visit. This included when they wanted to eat and drink and activities they wanted to participate in. During the morning a staff member asked a person if they wanted their breakfast or a drink first, "Do you want a nice cup of tea or your breakfast now?" and they followed the person's instructions. They also offered the person an apron, which they agreed to wear when eating to reduce the risks of food and drink being dropped onto their clothing. This was also the case for other people during meal times, this meant that the staff listened to what people wanted and took action to ensure that their dignity was respected.

We saw staff assisting people with their mobility using equipment when they were unable to mobilise independently. This was done in a caring manner and people were kept updated with what actions the staff were taking. In addition the staff ensured that people were sufficiently covered, for example when assisting people using a hoist, which respected their privacy and dignity.

The registered manager showed us cards on which people had written what dignity meant to them. This had been done on dignity day. They were considering where these could be displayed in the service. We saw that people were dressed in clean clothing, their hair was groomed and spectacles were clean, for those who wore them. One person's relative said, "[Person] always looks like [they] did at home." This showed that people's dignity was considered when staff provided care and support to people.

People's independence was encouraged and respected. One person said, "I walk with a frame with a nurse following me with a chair, its building my confidence." Another person told us, "I can't fault the staff in any way, they give me a bed bath, I can do bits and pieces [of their personal care independently]." Another person said, "It's very nice, they are all friendly people. They have been marvellous, if I want anything done they'll do it. They are helping me become more independent. I clean myself." One person who we spoke with told us that they had been supported to vote. This showed that their rights were respected.

People's care records identified the areas of their care that they could attend to independently and the areas that they required help from staff. We saw staff encouraging people's independence and providing assistance when asked, for example when they were eating or mobilising around the service. People had been supported to obtain electric wheelchairs which provided them with more independence to move around the inside and outside of the service as they chose to. One person told us, "I could not get around, now I have got this I can go where I like."

The service had systems in place to support people and their relatives when a person was at the end of their life. There was a family tree on a wall in the service where photographs of people using the service were on the branches. For people who had died their photographs were on falling leaves from the tree. The registered manager shared with us examples of the end of life care provided to people and their relatives. This included the registered manager making a teddy bear and key rings from an item of a person's favourite clothing which was given to members of the person's family.

Despite the positive comments received from people about the caring approach of staff, we did receive some comments where individual staff could improve in their approach. One person said, "Some of them are really good, some are hard to understand... Some are a lick and a promise, some are not gentle but they look after me very well and do their best." One person's relative commented, "[Person] has settled in quite well, [person] gets some really good staff, some are just here, they are not uncaring but it's their approach."

Is the service responsive?

Our findings

At our last inspection of 6 March 2015 Responsive was rated as Good. During this inspection we found that the service had improved in how they responded to people's needs. This was because the leadership in the service was inclusive and encouraged people to share their views about their hopes and aspirations. These were met in creative ways to ensure that people felt valued and were supported to live a full life.

People and relatives were extremely complimentary of the responsiveness of the service they received. One person said, "It is smashing here, they [staff] are all so good." Another person said, "I don't want to live anywhere else, I have told them [registered manager] I don't want to leave, I like it here." Another person commented about how their care met their individual choices, "They ask what time I want to go to bed, they wake me at 6am which is when I would have done at home." Another person told us, "I can't fault the treatment here, they do things that I need, they help me with my medication... they put me to bed. I have had plenty of help, they washed me here this morning."

One person's relative told us how the care and support that the person received in the service contributed to their wellbeing. They also shared that they and other relatives visited often and there were never any concerns about the person being neglected, such as with their continence needs. They said, "I can't knock the care at all." Another relative commented, "It's excellent, I wouldn't have [person] go anywhere else. When you walk in there isn't any smell. It is just like family."

We observed interactions throughout our inspection which showed that the service provided was extremely responsive to people's individual needs. One person asked the registered manager for assistance with correspondence they had received and their finances. When the person had asked for this assistance, the registered manager ensured that it was provided immediately, which reduced the person's anxieties. The registered manager read the person's letters to them and explained any actions that needed to be done, or had been done. The registered manager responded to the person's needs in a very caring manner, listened to them and provided reassurance whilst respecting the person's abilities. The person told us why they needed this assistance and said that they could go to the registered manager and other staff at any time when they needed help. They said, "It is good I can get this help." This showed that the staff were aware of what the person could do independently and where they needed support in line with their preferences.

One person told us that they had recently moved bedrooms, which they were happy about. This was after a hospital stay and they said that the new bedroom was more suitable for their needs. The person said, "I can move about better in there [their new bedroom]." We saw this person ask the maintenance staff, "When are you doing my room?" They wanted some pictures putting up to make their bedroom more homely. The staff member went with the person to their bedroom straight away and listened to what the person wanted to make their new bedroom more personalised. The person told us that they were happy about this and that they had directed the staff member to what they wanted. This showed that the staff in the service responded to people's needs in a timely manner and in ways that helped them to feel valued and included in the decisions about their home.

The registered manager shared examples of where the service provided an exceptionally responsive service where staff went 'the extra mile' to let people know that they mattered and to enhance their well-being. This included where a person's key worker had visited the person daily during a stay in another health service and provided some areas of personal care to ensure that the person's dignity was respected. The registered manager told us how they also had visited the person and observed this staff member supporting the person to assist them to maintain their usual and chosen standards of appearance. This person had also telephoned the registered manager and told them that they did not like the food where they were staying and the registered manager had asked them what they wanted. The person had chosen, "One of chef's sandwiches," which was prepared and taken to the person. The person confirmed what we had been told and said that the sandwich was, "Lovely, I enjoyed that."

The registered manager told us about one person's preferences about what they wanted to wear in bed, so they could keep their mobile telephone on their pocket. The registered manager had made the person something they could wear in bed for their stay at another health service to ensure that their usual routine could be maintained. This enabled the person to keep their telephone close by which reduced the risks of them becoming anxious. The person told us about how they liked to keep their telephone to hand, "You never know when I need to use it." We saw one person wearing an apron at lunch which had been designed to look like a shirt. The person told us that the registered manager had made it for them. This demonstrated that innovative ways of ensuring people's routines were respected and that the staff knew about the person and where changes to their usual activities may cause distress.

Lunch was served by the chef from the lunch trolley in the dining room. This meant that food was hot when served. We saw that the chef observed the meal time and where people wanted something else than what was on the menu, they directed staff to get items from the kitchen. For example, one person who required a specific diet wanted the high in sugar desert. The chef asked another member of the catering staff to get frozen yogurt from the kitchen which they had purchased for this person. This was picked up by a care staff member who spoke with the person about trying this and talked with the person about how it had been especially purchased for them. This made the person smile and they clearly enjoyed the dessert provided. This demonstrated that the staff were aware of the person's dietary requirements and preferences and had obtained something for the person to try to minimise the risks of the person choosing to eat something which may contribute to them becoming unwell.

This person called out, "Help," each time they had finished eating or drinking, staff were attentive to the person and ensured that they asked what was wrong and what the person wanted. This meant that the staff were very caring to the person and their behaviours did not cause others distress. The registered manager told us that triggers had been identified that the person called out when they had finished eating, which they wanted to continue to do. As a result the registered manager and chef had started to provide food 'little and often' which was working. This was also confirmed by the chef, who had a good understanding of people's specific needs. This showed that the staff were aware of people's behaviours and triggers and had sought creative ways of reducing the risks of anxieties.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with information about how to meet people's specific needs. Where people may display behaviours that could be challenging to others, these had been identified and were recorded. Records were maintained to enable staff to monitor any behaviours, such as distress reactions, that people displayed. This was to identify any patterns and triggers. Records of incidents were detailed and gave a clear picture of what had happened and the support people were provided with during their distress.

We received examples of the very responsive approach of staff when people were anxious. One person said, "In all honesty I couldn't fault this place at all... They accept that some days they get short shrift as all I do is lie here." One person's relative told us, "Staff are brilliant, they are still lovely when [person] is not feeling well and is nasty. They give [person] a cuddle." Another relative commented, "They do persevere with [person], very patient. The nurses here are good, it's as near to perfect as you are ever going to get. [Person] gets angry when [they] can't stand and they are very good with [person]." This showed that the approach of staff was very responsive to how people expressed their distress.

The registered manager told us about how a person's wellbeing had improved who had been admitted to the service for end of life care. They were now able to mobilise in the service and their eating and drinking had improved, which contributed to a gradual weight gain. We spoke with this person who told us that they felt that they were well looked after in the service and that the meals they received were, "Lovely." We checked this person's care records and they confirmed how the support provided in the service had contributed to the improvements in their wellbeing.

Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. If any changes in people's needs were identified these were included in the records, for example in their mobility. This showed that people received personalised support that was responsive to their needs. One person said, "I have a care plan, yes, everything is discussed with myself." People and, where appropriate, their relatives were involved in the review process and kept updated with any changes in people's wellbeing. One relative said, "We always talk to the carers when we come, they always keep us informed." Another commented, "If there is ever a problem they contact me."

People told us that there were social events that they could participate in, both individual and group activities. One person commented, "There is lots to do, I can't get bored." One person's relative said, "They have nice little birthday parties. They have a lot of things going on."

People who spent their time in their bedrooms told us about the activities that they could join in with. One person said, "I have my meals here and watch my telly... Staff come and chat to me." Another person commented, "I don't do much, the birds amuse me, if I can see I'll read the newspaper, I don't do any of the activities but I do get to sit outside." A third person told us, "When they have activities, if there is one I'd like they send them in to see me. When the Elvis impersonator came the staff all dressed up, one of the male carers wore a skirt and we all had a good laugh." One person's relative said, "[Person] doesn't do many of the activities as they don't appeal to [them]. They had animals come in, dogs you can pat, a little zoo." Another relative said about the support provided to their relative, "The man who comes and plays the guitar came in [to their bedroom] and played [person] a few songs."

The activities staff told us how they spoke with people about what they wanted to do each day, and how their choices were respected. This included, as well as group activities people had one to one time.

During our inspection we saw people participating in various activities, this included sitting in the garden, reading their newspaper, a religious service and talking with staff. One staff member had boxes of items, including jewellery and hats, which they used to encourage discussion with people. They moved around the communal areas wearing different items of head wear and asked people if they wanted to try them. This made the people involved laugh and smile. One person was assisting them by sorting their jewellery. One person cradled an item designed to look and feel like a baby. We saw staff comment on the baby and how it was dressed and looked. This made them smile, hold the baby out so staff could get a better look and gave the baby a cuddle. This clearly enhanced the person's wellbeing.

The registered manager showed us aprons which they had made, which had items attached to it for people to handle and feel to stimulate people's senses. They said they had made these for people to use who may not have the abilities to actively participate in social activities. We saw that these were available for people to use in the service.

Arrangements for social activities were innovative and met people's needs. People's care records identified their interests and hobbies and how these were incorporated into their daily living to enhance their wellbeing. For example, one person was supported to participate in using a sewing machine because this was what they had used in their job. Photographs showed this person smiling and using the machine. The registered manager told us that the person had made the place mats in the dining room. Where it had been assessed that people would benefit from doing tasks in the service to improve their wellbeing, this had been promoted. For example, one person assisted in the clearing the car park, they had also been given a hand held vacuum cleaner and we saw them hoovering the registered manager's office. They told us that they liked doing these jobs, "I like to help." This showed that the activities provided were meaningful to people and designed to meet their individual needs and choices and enhance their wellbeing.

Photographs posted around the service showed people enjoying activities, including visiting entertainers and outings to local areas. One person said, "I went to Needham Lakes." Records of meeting minutes also showed that days celebrating tradition were held, including making Easter bonnets.

Staff used individualised ways of involving people so that they felt consulted, empowered and valued. The service operated a 'resident of the day' system where people were provided with the opportunity to say what they wanted to do to enhance their wellbeing. One person relative said, "They have door numbers as each resident's day." This enabled people to make choices about specific things that they wanted to do, including their hopes and aspirations. People were encouraged to take part in activities outside of the service. We saw photographs of what people had chosen to do, including one person who had chosen to go on a day out to watch horse racing because they could remember this being a part of their childhood. This had been organised and photographs showed the person enjoying their day out.

Another person had said that they wanted to go abroad on an aeroplane. The registered manager told us how they had talked with the person about where they wanted to go and how long for. Whilst we were discussing this the person was present and agreed with what the registered manager was telling us. The person had decided on a day trip to Edinburgh on an aeroplane, "To see if I like it." We saw photographs of this person's day out, where they had visited tourist attractions. The person told us about their trip, which they said they enjoyed. But they were now planning going on another form of transport because, "There is a lot of waiting about in the airport." They said, "I have never been on a plane and wanted to go to another country," they confirmed that their choices were listened to throughout the planning of their trip. This was something the person had always wanted to do and had never had the opportunity to do it. The person told us that they were thinking of other things they wanted to do.

Another person had chosen to visit the area where they grew up. The registered manager told us that feedback received from the staff who had taken the person was that they pointed out places they could remember. The person was singing and playing their harmonica during the trip which indicated that they were happy.

The registered manager told us about how the staff in the service had supported a person to visit their relative to watch a sporting event on the television which was shown during the night. This was because the person's relative had said that they used to watch these events together before the person started using services. The registered manager told us that this made the person and their relatives happy that they were

able to spend this quality time together.

People told us that they could have visitors when they wanted them. We saw people entertaining their visitors, which confirmed what we had been told. This reduced the risks of isolation. One person's relative said, "I can visit any time, day or night." We saw staff greeting people's relatives and updating them on their wellbeing. Where visitors and people preferred, relatives could have a meal in the service with the person. One staff member asked a relative if they were, "Eating today?" The relative said that they had not booked a meal but they would like to and the staff member said, "Don't worry I am sure we can find you something." We later saw this person eating a meal with their relative. This meant that the service promoted positive family relationships. We saw another person eating with their relative in another room, which provided them with privacy to enjoy their meal together.

People were actively encouraged to give share their views about the service and complaints were used to drive improvement. There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that complaints and concerns were responded to in a timely manner and the complainant was kept updated with the outcome. The minutes of a relative meeting in December 2016 identified that a person's relative had thanked the registered manager for addressing their complaint appropriately and quickly. The registered manager told us that they encouraged people and relatives to make a complaint if they were concerned about anything in the service. They said that this was important to gain people's views and make improvements. In addition they told us that they operated an open door policy where people and relatives could speak with them at any time.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed in an open way. They said that they were satisfied that their concern was addressed in a timely and appropriate manner. One person told us that the registered manager was approachable and often asked if there were any problems with the care provided. One person's relative said that they had raised a concern which was addressed by the service's staff, "Sunday night I said they have done nothing for Father's day so Monday morning [person] had a little bottle of beer and some chocolates wrapped in cellophane." This showed that comments made by people were used to improve the service and value people.

There were also meetings where people's views about the service were sought. People were offered the opportunity to have one to one meetings with staff to assist with their communication, understanding and to enable them to pass on their views about the service. In addition relative's meetings were held on a three monthly basis and people using the service could choose to attend these also if they wished. These meetings were also attended by activities, housekeeping, care and catering staff to enable them to receive feedback on their department and make changes as required. One person's relative said, "The residents meetings are open and people are frank." Another relative commented, "I went to a relatives meeting last week. It was good all the things they brought up, it was interesting, they involve everyone and there were lots of staff." We saw that actions were taken as a result of people's and relative's comments. For example one relative had suggested walking to a local food hall for a day out. This was done with the support from relatives and the chef had transported a picnic at lunchtime. This ensured that the food was fresh and did not have to be carried. Where people struggled to get back they were picked up by staff in the service's mini bus. This showed that people were still able to take part in the activity regardless of their mobility. The relative told us that it was an enjoyable day out and people liked it. Photographs of people at the activity and picnic showed they were smiling and enjoying their day out.

Is the service well-led?

Our findings

At our last inspection of 6 March 2015 this service and Well-led was rated as Good. During this inspection we found that the service had continued to maintain a Good service. However, the ways that the service responded to people's individual needs was outstanding. This was because the leadership in the service listened to what people wanted and used creative ways to ensure that they were valued.

There was an open culture in the service. The registered manager told us that they operated an open door policy where people and visitors could speak with them when they needed to. This was confirmed during our inspection visit where people and relatives came to the registered manager's office for a chat. The registered manager moved around the service and it was evident that people and visitors knew them well by their discussions and responses to the registered manager. People's comments about the registered manager and the service were positive. One person said, "I like [registered manager], helps me." Another person commented, "The manager is marvellous to me, does all my correspondence, [registered manager] done my trousers, turned them up." One person's relative told us, "If [person] ever has any concerns the manager will act on it immediately, [registered manager] is on the ball, [they are] hands on. [Registered manager] took [person] out last week... I recently rang [registered manager] and said [person's] curtains need washing and it was done. [Person] doesn't have any stress here." Another relative said, "The manager has the residents [people] at heart." A third relative commented, "I really am impressed with the whole set up."

People were involved in developing the service and were provided with the opportunity to share their views. This included in satisfaction questionnaires and meetings. The minutes of the relative's meeting in March 2017 showed that feedback from the recent questionnaires received and the actions being taken as a result of comments received were shared. Relative meetings demonstrated that people and their relatives were kept updated with any changes in the service, such as with staffing and encouraged to provide feedback on the service provided. One person's relative said, "I go to all the relative meetings, they do listen, you have a chance to have your say and I appreciate that." Where comments were received actions were taken to address them, for example suggestions had been made to improve the car parking area and this had been done to minimise the risks to people and visitors in the service.

In the entrance hall to the service there were forms that visitors could complete when they wanted to, these were titled, 'how was your visit today?' Recent ones completed stated, "Always good cake and lovely staff," and, "Enjoyed helping in the garden, [Person] enjoyed being outside, thanks for the barbecue."

Staff told us that they felt supported and listened to and that the service was well-led. One staff member said, "I love it here, people's needs are definitely met." Another staff member said, "We are all family here." A third staff member commented, "I would like my relative to live here if they needed a care home."

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff were provided with the opportunity to share their views about the service in meetings and they received feedback in any changes to the service provided and people. The service had an employee of the month system in

place and where staff had demonstrated good caring practice, this was recognised by the service. The registered manager told us the action they had taken to address the comments made by staff and people using the service relating to the plastic aprons that staff wore, for example when serving meals. The registered manager had purchased fabric and aprons for staff were made, after each meal service they were put in the laundry for washing to reduce the risks of cross infection. The registered manager told us that when the staff started wearing them, some people had laughed and commented that they used to wear aprons just like these.

The registered manager was supported in their role by a deputy manager. The registered manager told us that the provider was supportive. The registered manager understood their responsibilities in monitoring and assessing the service and had plans in place to ensure that the service continually improved.

The service's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls, infection control, tissue viability, people's dining experience and care records. Incidents and accidents were checked and reviewed by the management team and there were records which identified where actions had been taken to minimise future risks, such as referring to health professionals and they analysed incidents for any trends and patterns. Regular staff meetings (senior quality meetings) were held where specific issues were discussed and ways forward agreed to improve the wellbeing of people, this included the prevention of pressure ulcers and falls. The registered manager also completed night checks, the last one was at 4am to check that people were receiving the care that they required at night.