Colleycare Limited

St Brendan's Care Home

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

St Brendan's Care Home is a residential home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St. Brendan's does not provide people residing at the location with nursing care. Any specific support of nursing or medical nature is provided by the local GP and district nurses.

The service provides accommodation for a maximum of 62 people across four floors. At the time of the inspection the service was supporting 45 people with a range of physical support needs. Each floor is adapted to meet people's specific needs. For example, the ground floor is designed to meet the needs of people living with dementia. Reminiscence areas were developed, with themed corridors. Signage was used, as were memory boxes to help direct people to areas.

The service was registered on 20 September 2017 and this was the first inspection.

The service was exceptionally responsive and strove to meet people's needs, wishes and lifestyle choices. It was flexible and quickly adapted to meet people's changing, diverse needs. It was particularly person-centred and people were seen and responded to as individuals. Activity programmes were creative and designed to meet people's preferences and choices. Where possible, they were encouraged to take a lead role in these. Menus were created to offer diverse foods that were healthy. Care planning was individualised and regularly reviewed ensuring people's current needs were met. Where possible, these were completed with people and / or their representatives, with nothing being finalised until the person gave consent.

The registered manager was experienced, respected and thought of highly by staff, people and families. She and the management team ensured the service was well-led. The registered manager and the staff team were committed to ensuring they offered people the very best care possible and that people were as involved as possible in running the service. The quality of care the service provided was constantly assessed, reviewed and improved. The registered manager strived to create a service that offered outstanding experiences for people.

People were protected from abuse by trained and knowledgeable staff. They were trained in safeguarding people and knew what action to take if they identified any concerns. The service continued to identify individual and environmental risks. Action was taken to reduce these risks, although a comprehensive written account was not always documented.

People continued to be supported by good staffing ratios, which were reviewed and increased as needed. The management supported staff and assisted people on a daily basis where the need arose. Staff were able to meet people's specific needs safely. Robust recruitment systems were implemented to ensure as far as possible, that staff were safe and suitable to work with people. The service worked well with community schemes, including volunteers, who went through the same robust recruitment process as staff.

People were supported to take their medicines correctly by trained and competent staff. Where people were able to self - medicate, they were appropriately assessed and assisted to remain independent. Medicine records were not always accurate. This was identified in audits, and the management team were developing a new method to manage errors in documentation moving forward.

A well-trained staff team were able to offer people effective care. They met people's diverse needs. Care plans were kept up to date ensuring people's current and changing health and emotional well-being needs were met. The service worked closely with health and other professionals to ensure they offered individuals the best care in the most effective manner. A comprehensive care document was always available and kept up to date should the person need to transition from one provision type to another quickly.

People continued to be 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.

The caring, committed and enthusiastic staff team met people's needs with compassion, kindness and respect. They ensured they promoted people's privacy and dignity and communicated with them effectively. Measures were taken to ensure records were maintained confidentially, with a comprehensive and fully secure IT system used by the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had a thorough understanding of how to manage risks associated with people, although the information was not always documented.

Medicine management documentation had been a consistent issue at the service. However, medicine administration was safe.

Staff had a comprehensive understanding of safeguarding issues. They knew what protocol to follow and stated would not hesitate to report any concerns.

The service employed robust recruitment procedures to ensure staff were safe to work with people.

Staffing levels were safe, and a rolling recruitment plan was in place.

All safety checks were completed as required, and the service ensured all measures were employed to maintain infection control.

Is the service effective?

Good

The service was effective.

Peoples needs were assessed and plans developed to ensure they received appropriate support.

Support was provided by staff who underwent a comprehensive induction programme and received relevant training to carry out their duties effectively.

The service was offered in a purpose - built property that took into account people's changing needs. Where required adaptations would be made.

Staff had a thorough understanding of the Mental Capacity Act.

The service ensured good working relationships with health

professionals and developed detailed information packs for transitional working.

Is the service caring?

Good

The service was caring.

Staff spoke with people in a dignified and respectful manner. They ensured people had privacy.

Communication was positive and offered to people within a format that they could understand.

People were encouraged to maintain their independence. Where assistance was required this was completed how the person wanted, ensuring this was person centred.

The service ensured that people's confidentiality was maintained.

Is the service responsive?

Outstanding

The service was outstanding in responding to people's needs.

Care plans were reviewed and accurately reflected people's needs with staff updating these quickly as required.

The service was extremely person centred and focused on continuously meeting people's wishes and assisting them in achieving aspirations.

The service took exceptional measures to improve people's communication and relationship with relatives, boosting confidence.

The service involved relatives, professionals and people in all reviews.

A robust complaints procedure illustrated all complaints were appropriately investigated.

Is the service well-led?

Good

The service was well-led.

The registered manager was exceptional in ensuring the service's vision was met, and care was delivered to a high standard.

Staff spoke highly of the management team. They found them

approachable, open and offered a continuous presence at the home.

The service carried out comprehensive audits that were responsive to the needs of people.

Quality audits were completed and feedback sought from people, relatives, professionals and staff to shape how the service moving forward.

Meetings were held for staff and people on a regular basis, ensuring all were kept involved in the development of the provision.

The service was transparent. An open - door policy was reinforced within the home. With the registered manager being accessible, and seen within the service daily.

St Brendan's Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 6 September 2018 and was unannounced on the first day. The inspection was completed by one inspector. Additional supporting evidence was provided following the inspection by the provider. St. Brendan's Care Home was registered with the CQC on 20 September 2017. We inspect a new service within 12 months of registration to ensure it is compliant with the regulations.

As part of the inspection process, the local authority were contacted to obtain feedback in relation to the service. We also referred to notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, which they are required to tell us about by law. As part of the inspection process we looked at the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make, in relation to the five domains we inspect. We had received the PIR for St. Brendan's Care Home and reviewed this prior to the inspection process.

During the inspection we spoke with nine members of staff, including the registered manager, both deputy managers, the maintenance man, the engagement lead, a domestic and three care staff. We spoke with seven people who use the service and six relatives of people who were authorised to speak with us on their behalf. In addition, we spoke with two professionals. We employed the Short Observational Framework for Inspection (SOFI) over lunchtime on day one of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We further made general observations throughout both days of the inspection, including medicine rounds, during group activities and general interaction of staff when assisting people.

Records related to people's support were seen for eight people who use the service. In addition, we looked at a sample of records relating to the management of the service. For example, staff records, complaints, quality assurance assessments, policies and procedures. Staff recruitment and supervision records for six of

the staff, including some of the most recently recruited were reviewed as part of the inspection process.

Good

Is the service safe?

Our findings

People reported they felt safe at the service. They were supported as required with their medicines from trained and assessed staff, who took on the role of medicine management. This included the team leaders, seniors and deputy managers. Staff assigned the task of managing people's medicines were provided with theoretical training and observed three different colleagues administering medicines. They were subsequently then observed on three separate occasions prior to being signed off as competent to administer. Observations of staff administering medicines were completed annually to ensure staff remained competent to complete this task. Where people did not require support with their medicines, staff did not assist. However, if concerns were identified about people's ability to safely self-administer, this was then raised with the registered manager and the relevant discussions were had to ensure people remained safe. All self - medicating people had risk assessments in place that clearly identified where there may be areas of concern. These were completed within a multi-disciplinary meeting with other professionals. Staff completed audits on their medication, in agreement with people to ensure they were safely completing the task. Monthly audits on all medicines staff were involved in administering were completed. We noted that every month since the service had commenced operating, medicine errors had occurred, and were identified in the audit. These included not signing when medicines had been given, and errors in totalling medicines. We discussed the action the registered manager had taken to date, and how effective this had been given the continuous errors. The registered manager, advised that where errors had occurred staff had been re-observed, re-trained and supervised. Mistakes appeared to be a result of human error as opposed to lack of knowledge. Further these were linked with documentation, and had not resulted in any missed medicines, or over medication. The registered manager advised that all staff would be performance managed with appropriate disciplinary action considered for repeat errors The medication policy had been updated to reflect this change in policy, and staff were going to be notified of this in the next meeting.

People were kept safe by a comprehensive and robust recruitment process. This included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. The recruitment process had been implemented by the provider to ensure staff were able to carry out their duties both safely and effectively and to ensure that people were being looked after by appropriate staff. Gaps in employment were explained, photographic ID verified, with recent up to date photos contained within each staff file and cross referenced. Potential staff were unable to work with people, until their recruitment checks were complete. People were supported by a strong staff team that was consistent in delivery of care. Agency staff were rarely used, with any gaps on the rotas (for example, as a result of staff sickness or annual leave) filled by regular staff. This meant that people knew the staff well, and this in turn allowed relationships to develop leading to people feeling safe and secure within the service. One person said, "It is absolutely wonderful here. They make you feel so safe… the girls are wonderful, absolutely wonderful." Staff reported that the registered manager would often come and assist with "shop floor" tasks if staff requested additional support or if a staff member went off sick.

The service employed sufficient staff to work on shift with people to keep them safe. A rolling recruitment

drive was in place so that as the service filled, sufficient staff were employed. One member of staff reported, "There are just enough staff working… we don't get time to catch up with our residents and do things with them as much as we would like." However, went on to say, "We have lovely volunteers coming in and doing things with the residents, [engagement lead] works very hard with the residents…they thoroughly enjoy all the activities she plans."

People had their risks assessed to ensure they were kept safe whilst being able to retain their independence. Staff were able to verbally advise of potential risks and what measures they would take to mitigate and manage a risk should this occur. However, we found that this was not always documented. For example, one person was at risk of developing pressure sores. The care plan comprehensively detailed how to care for pressure sores. However, there was no detail on how to prevent them. Staff were able to verbally describe what techniques were used to prevent, as far as possible any sores. These had been effective in managing the risk. Similarly, a significant proportion of people were identified at high risk of falls. This was based on features the risk assessment tool had raised as high risk factors. For example, a person's age. However, this was not always an accurate reflection of the potential risk to the person. Some people had lived at the service for over eight months and never had a fall or a history of repeated falls. We discussed this with the registered manager and staff who acknowledged that this was not an accurate reflection of people's needs. It had led to the lack of information on how to mitigate the risk within other key documents. The registered manager, advised that amendments or footnotes would be included on risk assessments to advise where the risk assessment score was overruled by staff.

Whilst the service was not a nursing home, a call bell system had been installed and operated to allow people to feel safe. These were located in people's bedrooms and bathrooms as well as all communal areas. We tested a call bell in one of the communal lounges and found staff responded within 60 seconds. The service prided themselves on responding to calls within 120 seconds. If a call bell was not responded to within the allotted time an alert was raised to management. Each person's file contained a personalised evacuation plan. This is a document that contains information on what to do in cases of emergency – for example fire. Details on the person's mobility, sleep pattern and ability to follow instructions were included as well as the best fire escape route. The service operated fire drills to ensure people knew what course of action to take in an emergency.

The service employed domestic staff to maintain the premises, keeping them clean and hygienic. Rooms were cleaned daily, with bathrooms cleaned more frequently throughout the day. The service was extremely clean and tidy. Several people we spoke with during the inspection referred to the service as, "Living in a hotel." They advised that the home was very comfortable, and offered all provisions that were needed, more so than in their own home. Personal protective equipment (PPE) such as gloves and aprons were readily available for staff to use as required. The domestic staff reported that they were never short of cleaning products, and if they requested additional supplies, these were always provided. We observed staff tidying up and calling domestic staff when an area needed additional cleaning. The kitchen was rated 5 stars (the highest score) by the Food Standards Agency (FSA). The FSA measure the standards of food hygiene employed by a service, to ensure that these are in line with best practice guidance. The kitchen and areas where foods and equipment were stored indicated that clean and appropriate methods were employed to ensure prevention of infection or cross contamination.

All maintenance safety checks were up to date e.g. Fire systems, emergency lighting and emergency equipment. The maintenance man had the key role in managing checks, with external agencies asked to assist as required for more specialised checks. For example, health and safety experts were requested to complete annual checks of the service. Certificates illustrating safe heating, gas and electric appliances were seen.

A system was in place to monitor incidents and accidents. This allowed the registered manager to assess any increase in incidents or accidents, which would then prompt them to complete the necessary trends analysis. This analysis would look at how to manage the incidents and accidents, minimising the frequency and severity. Where necessary the relevant authorities would be contacted or alerted. The registered manager was constantly seeking methods of improving the experience and safety of people living at the home, ensuring lessons were learnt as required.

Good

Is the service effective?

Our findings

The service ensured that people's needs and choices were assessed prior to them commencing the service and then continually following admission. An initial assessment document was completed which detailed how the person wished to be cared for and supported to maintain their independence, and where assistance was required. The person and where relevant relatives or professionals provided further information on how the person may be best supported. This information was used to write a personalised care plan that would be reviewed by the person and agreed prior to being used.

The service had implemented an equality diversity and human rights (EDHR) policy. This specifically looked at what measures the service would employ to keep people protected regardless of their sexuality, disability, gender preference and religion. As part of the initial assessment questions around these areas were discussed. People's protected characteristics would be appropriately, safely and securely managed, in line with their wishes and the legislation. We saw evidence of people's religious needs being maintained. For example, the service had an on - site chapel. Those people who did not wish to attend a service, or followed a different faith, were encouraged and offered the opportunity to worship where, when and how they wished. Where possible and requested, an appropriate faith leader would be asked to provide a service for the person.

People were cared for by a team of staff who undertook a comprehensive induction. This included completion of mandatory training and additional training that would be supportive to them in their role. Staff were constantly seeking to improve their skills, with the registered manager emphasising the need for staff to grow and develop their knowledge. One staff member told us, "We are encouraged to continually learn. Courses are offered, as well as the opportunity to learn from role modelling and watching professionals." We saw evidence in supervision records and team meeting minutes where discussions on additional training and new methodology and guidance was included. The service supported staff to complete nationally recognised vocational qualifications as well as any professional training that they felt would further support them in their role. The training matrix showed that all training for staff within the home was either up to date or booked. An IT system alerted one of the deputy manager's in advance when training would expire. This was an effective management tool in ensuring that staff knowledge and skills were continually updated in a timely way.

People were supported by a staff team that received regular supervision. This provided both the staff and the supervisor with the opportunity to discuss the job role in relation to areas that needed support or improvement, as well as areas where they excelled. One member of staff told us that they had recently e-mailed the provider's head office, to tell them that St. Brendan's Care Home was both, "A lovely place to work and appreciate all the support given by the management here." This is an example of how the process of supervision was used positively to improve both personal practice and make the staff feel valued.

People were supported to maintain a healthy and balanced diet. The chef prepared cooked meals for lunch and dinner daily. Menus were discussed with people, seeking their opinion and preference. Discussions took place during house meetings. Where people did not wish to eat the foods on the menu, alternatives were

offered. We noted that the chef prepared many individual requests, including sandwiches, or fish and chips.

We saw evidence of good working between the staff team. Daily handovers detailed what each person had been doing during the day, and any matters arising and/or remaining outstanding. This included any appointments, visits or matters. The team coming onto the shift would then take over the responsibility for care and ensure the person continued to receive the same level of support.

We saw visiting professionals attend the service during the inspection, including social services staff and a district nurse. We spoke with the visiting professional from the local authority who advised, "…Best thing we ever did [placing her here] … she's just really well looked after." People and their relatives told us that if a person sought assistance from a health professional this was arranged immediately. If the person wished for staff to be present during a consultation this was facilitated, or alternatively arrangements were made for a relative to be present. The person was enabled to maintain control over their health as far as possible. They were encouraged to converse with health professionals independently or with staff, to ensure they were knowledgeable of how to maintain their own health and retain their independence safely. The professional from the local authority told us that the consistency in staff and their knowledge of the person meant that people's health needs were well managed. The service was also able to print off and provide paramedics with the last seven days information, should they require emergency treatment. This contained information which included medication (and compliance), food intake, how they had been, all risk assessments and next of kin details.

The care was provided in a purpose - built building. The design and any adaptations that had been made to the property and grounds aimed to enable people to maintain a healthy and active lifestyle. One person enjoyed their morning walk and exercise routine along the external perimeters of the ground during summer. Yoga mats and balls added to the gym, so they could complete exercises in bad weather conditions. The exterior gardens had railings along the perimeters allowing people to access the garden safely whilst encouraging them to maintain their independence. We spoke with three people regarding the adaptations and were told, "The grounds are wonderful, you can see [name] using the gardens every day, as do so many others." In addition, the service provided a cinema, with a daily show at 2pm, a hair salon, a chapel, a spa room and a bar. The ground floor was specifically designed to meet the needs of people living with dementia. Chairs and tables were located within the corridors allowing people to sit and rest, whilst focusing on the theme of each communal corridor. Reminiscent activities were made available on each corridor, fitting in with the relevant theme. For example, a beach themed corridor had a mural painted on the wall and sensory artefacts on display. Memory boxes were displayed outside each bedroom on the ground floor. These contained people's personal memories that helped them recognise their room. Signage was made visible for people to help direct them to specific areas, for example the communal dining room, lounge and lifts. All bedrooms offered en - suite facilities. Rooms were decorated with people's personal belongings and in the style of their choice. One person said, "I feel like I am living back home. These are my personal belongings."

Staff understood the principles of the Mental Capacity Act 2005 (MCA). They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions when necessary. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. They all stated how they asked for permission before doing anything for, or with a person. People's rights to make their own decisions, where possible, were protected.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The service ensured that

where necessary DoLS applications were made. Best interest decisions were made, as required and were fully evidenced within people's files. Where relatives had power of attorney for either health and welfare and / or property and finance, evidence was retained by the service. This ensured that people only had decisions made for them by others that had a legal right to do so.

Good

Is the service caring?

Our findings

People told us, "Everybody is terribly kind to me," and, "Very friendly staff". One relative when asked about the care their parent received stated, "Very caring… marvellous service, [parent] has never looked so well." People were provided with support and care in a sensitive and compassionate way, by a committed and caring staff team. We observed people being spoken to in a kind and compassionate way during both days of our inspection.

Staff knew the importance of developing relationships with people. This point was further commented on by visiting professionals and people, who reported that a strong positive relationship enabled care to be delivered in a helpful way. One person told us, "The staff take time to get to know us." Staff told us that this allowed people to feel safe to raise any concerns or issues that were important to them, as well as be confident and relaxed around the staff. People were continually provided with the opportunity to request care delivery in the manner they wished. One person told us that staff only assist when they want and how they want. This meant that they retained control of their care. The registered manager told us that the service was designed for the people, therefore any care delivery needed to be how they wanted. Staff described the importance of working in line with best practice guidance and regulations.

The service continued to support people to maintain and develop their independence. Care plans included information about how people were supported to make decisions and keep as much control over their lives as possible. For example, people were encouraged to self-medicate (where appropriate), visit the high street and attend excursions with family and friends. Risk assessments supported people to live their life as independently and as safely as possible.

The staff team were passionate about respecting people's privacy and dignity. Staff ensured that people had privacy and supported them to maintain their dignity at all times. If staff needed to offer assistance with personal care, consent was appropriately sought and people were covered as required. People were asked if they wanted their bedroom doors left open, ajar or closed at times when personal care was not being delivered. When people requested being left alone, staff obliged, checking on the person as agreed. Where people needed assistance with eating, staff were respectful and discussed with people prior to helping. Where possible, they were encouraged to eat independently, with staff offering assistance only when the person was unable to manage. We observed that staff conversed with people during this time, and sat with people to make the experience as natural as possible. The registered manager advised that a new initiative that the service was going to implement was to encourage staff to eat with people, who needed support. The aim was for people to begin mirroring staff, and improve their eating with this encouragement.

Support plans included positive information about the person and daily records were maintained for each person. They were written in a respectful manner, containing pertinent information only. Daily handovers passed on information confidentially to changing staff teams, whilst ensuring that people's privacy was maintained. The service used an electronic system to record and maintain all information related to people. This ensured that information was only accessible to staff who required it, on a need to know basis, thus maintaining confidentiality. People's records were kept securely and only shared as required. If relatives or

professionals requested access, permission was sought from the person. Access was granted for 30 minutes. The service had prepared for the new General Data Protection Regulations (GDPR).

Staff met people's diverse physical, emotional and spiritual needs. The service had a strong culture of recognising equality and diversity amongst the people who resided at the home and the staff who worked at the service. The service had an equality and diversity policy and further training had been completed on this area for all staff, with key topics discussed during team meetings. The service was committed to meeting people's specific needs, for example, religious attendance and family celebrations.

The service ensured that communication with people and their representatives was positive and presented in a way that they understood. We noted that one person used pictorial symbols to communicate. The staff told us that they were trying different methods of communication, as it appeared the person was choosing not to verbalise. They had utilised the help of a multi-lingual member of staff who would converse with the person in their first language, hoping that they would increase communication, although the person was fluent in English. We spoke with the person's relative who was very complimentary of the staff and service approach. We were told that the person appeared happier and calmer. They would occasionally verbalise, which was a significant improvement on before, when the person would not speak at all.

Outstanding ☆

Is the service responsive?

Our findings

People told us that the service was responsive to all their needs. One person said, "I feel much better living here…They [staff] look after all my needs." Another person said, "I know I am looked after here, I am very fortunate."

Care staff communicated and responded appropriately to people who were showing signs they needed assistance or requested help. We observed staff response to call bells, and found this fell within the service's 120 second call response preference. Staff interacted exceptionally sensitively and gently with people. A visiting professional told us how the atmosphere was always calm, with people looking relaxed within their environment and smiling. We were given an example of how staff were incredibly responsive to a person's changing needs. A person who was admitted to respite for a couple of weeks, as a result of health deterioration. The person's family were afraid that they may not be able to manage in their own home. The service offered the person the opportunity to remain at the service until they felt a little better, increasing the support offered. If the person felt better and able to return home, then the service would happily assist them to achieve this. Alternatively, if the person wished to become a permanent resident, the service offered this. However, the registered manager spoke to the family reiterating the importance that the person made their own decision, and if need be develop a reablement programme. This focused on assisting the person transition to full time care, if need be.

The service employed two enhancement leads. Their role is specifically designed to respond to each person's needs to enhance their daily living experience whilst resident in the service. People told us, "[name] is absolutely wonderful, she comes and speaks with us, gauges what we want to do, and then arranges it." The enhancement lead had arranged a volunteer programme. Volunteers went through the same recruitment process as staff, however their roles differed. They accompanied and offered assistance to people during activities. For example, the home had a real life fully stocked bar for people to enjoy. One volunteer acted as the bar-lady during days the bar was open. Another volunteer helped develop the garden club. This encouraged people to grow their own vegetables. One person, took over the responsibility from the volunteer, and watered and harvested the vegetables daily, taking these to the kitchen to be used in the meals. They told us, "We not only are doing things to keep ourselves busy, but eating the fruits of our labour!". The enhancement lead had developed exceptional links within the community, from academic establishments to local clubs. A recent excursion to a ball, included and saw people who had limited mobility participating. They reported they thoroughly enjoyed the experience, and, "Felt young again!" The service ensured activities away from the home were arranged several times a month, to allow people to be out and about as much as possible.

The service was very person-centred and staff had an exceptional understanding of people's needs. People had personalised care plans which ensured care was tailored to meet their individual and diverse needs. One couple had been together for a number of years. Both required support and were living with dementia. The couple wished to remain together, however would often become confused regarding their environment. They wished to continue sharing a bedroom, however would become upset when leaving the room and entering what appeared to be unfamiliar surroundings. The service arranged a visit to their family home.

They took photos of the lounge, and replicated this at the service. The couple became more confident, and ventured out of their room. Staff reported that they became less anxious, and communication with the staff and other people increased. On occasions they joined others in the communal lounge. The family reported that they had become happier and more relaxed. The service's response to their need to recognise their environment had reduced anxiety and increased their well-being.

Care staff worked exceptionally hard at enabling people to spend time with their families when they were missing them. The service encouraged family members to visit and remain for a meal with their relative or arranged private time for them, including participating in activities. One person used to enjoy going to the cinema, but had not been for several years. The service worked with the person's relative to encourage them to go to the daily show at the service. They established what films the person enjoyed watching, and recreated their memories of cinemas, by ensuring they had popcorn at every showing. Initially their relative attended the movies, however as time progressed the person attended the cinema daily independently. They told us that they were extremely happy and wanted to thank staff for allowing them to recall and live through some of their youth. They said it had made a difference to their life by making them, "Extremely happy"

People we spoke with told us that they were grateful to the home for allowing them to continually experience family life and living. Relatives told us that people had gained confidence, self-esteem and independence since they moved to the service. The service offered a flexible approach to enable people who could not return to their families over Christmas the opportunity to have a Christmas meal with all trimmings at the service. In 2017 a number of people and their families took up this opportunity. Some staff attended the service with their families and encouraged a family atmosphere, whilst offering a "all hands on deck" approach. People told us how they no longer felt worried at the prospect of being isolated over the festive break. The service did all they possibly could to allow people and their families to feel welcome to the home. This was also true for birthdays and any other special events. The service had arranged Valentine's day meals for people, to allow them to relive some of their memories. Children from the local school designed and created cards for each person, and gave them out. This meant that everyone felt involved and saw the event as special. People told us that this was "wonderful", "we received cards from the little ones… what a beautiful gesture."

The service was totally committed to assisting people to pursue their interests. Staff offered people a wide variety of flexible and interesting activities that were meaningful to them. Activity plans were developed according to people's choices and needs. They were designed to increase people's experiences and increase their choices of how they wished to spend time. Photographs and videos (with consent) were kept of people participating in specific activities so they could choose from the pictures what they most enjoyed doing. For example, going to the bar and having a pub quiz, bingo, experiencing yoga – all designed to increase well-being. Additionally, activities were related to other aspects of people's lifestyles some of which may have sentimental value to the person or help increase their sense of self- worth and confidence. For example, one person was a keen painter. The enhancement lead had learnt this during an art class. They discussed this with the person, and in agreement they then took this class over. Some of the canvases painted by the person and others in the home, were put on display. We spoke about this with the person who advised they had found their confidence had dropped recently, due to a deterioration in paint strokes being steady whilst painting. However, when they took the class their confidence grew. They felt able to share their experience and knowledge of art with others, and again wanted to paint. Another person commented that they had noticed how they were now more confident. In another example, a person was a keen darts man, often playing at local tournament level. However, since moving to the service they had not taken part in this activity. The service purchased a darts board and darts and spoke with several people in the service, establishing if they would wish to partake. This had now become an activity that several people would

arrange independently. They remained autonomous and able to arrange activities as they would have done when living in the community. We were told, "We can do things that we want, when we want…it's not like living in a care home." Another person told us, "I can engage in the activities I used to do when I was living in [city]. Whilst I enjoy it, obviously it's not the same. But I am truly grateful to them."

The service assessed people's needs regularly with monthly reviews taking place and meetings held as required with professionals involved in people's support packages. People were encouraged to attend their reviews and choose who else they wanted to be present. If a person chose not to attend a review, they were provided with a copy of the discussion, and a draft care plan (if updated). This would only be put in place if agreed by the person, thus ensuring they consented to their care. The service ensured that they were ready as far as possible, to respond to people's changing needs. For example, the service has purchased several pieces of specialist equipment to help people with their mobility should they need some assistance in the future.

The service made particular efforts to involve families (where agreed by people) with various aspects of caring for people. This enabled them to see the work that goes on with other professionals and give their input. This has proved invaluable and helped the staff team to develop close relationships with everyone concerned. For example, families were invited to multi-disciplinary meetings where specific issues around people's specialised care were discussed. This created an environment where everyone involved could work out the best way to support the person consistently. A relative we spoke with told us, "We are involved as needed. I can truly say my [parent] has never been so well looked after."

The service understood how to protect people from discrimination. They were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles. Throughout the two day inspection we saw staff conducting themselves in line with the principles. People's records showed that equality was embedded in the practice of the service. We noted that the service provided accommodation for three couples. They were enabled to live how they wished and continue with their relationships, as they had done whilst living independently in the community. One couple we spoke with told us how they were, "Very fortunate to be able to remain together." The service had offered them one bedroom, and they had declined. They wished to retain their independence, a replication of how they lived in the community. They would visit one another and have quality time in each other's room daily, as well as engaging in activities. They told us, "We are able to have our independence, whilst being certain we are still with one another and able to see one another every day." Another couple were enabled to continue to support one another, with staff assisting only when needed. This had meant they were able to remain together even after 60 years of marriage, that was celebrated at the service. We were told, "We're as happy as can be. We're together."

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication plans to ensure staff were able to communicate with them as effectively as possible. Information was produced for people in formats that they wished. One person who had communication difficulty had information provided using a pictorial system. To ensure this information was understood, the service further offered the information in the person's first language. This ensured the service took all necessary steps to ensure the information was presented to the person in a way they understood. We witnessed excellent communication between staff and people. It was evident that people were understood and that they were confident and comfortable speaking with staff.

The service had a robust complaints procedure which was produced in a user - friendly format. The service appropriately managed and dealt with complaints. They documented investigations and responded to each complainant within their policies' stipulated timeframe. The people we spoke with, relatives, staff and other professionals who commented on the care provided were all exceptionally complimentary.

The service did not have anyone currently receiving end of life care, although where required information on resuscitation was contained in people's files.

Good

Is the service well-led?

Our findings

People benefitted from excellent quality care provided by a staff team who were well-led by the registered manager and the management team. 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.

Staff described the service and the quality of the management, with one stating, "They are brilliant, I love working here," and another, "Very lucky to be working in an establishment like this". Professionals said, "So glad we placed here. Life changing for [name]." and, "It's like living in a five- star hotel," referring to the staff approach and the property.

The registered manager had been in post since the service registered, in September 2017. They were experienced in managing care homes, having managed a sister home within the provider's portfolio. Additionally, having been involved in the development of the service they knew each person and their families exceptionally well. They reinforced their commitment to providing person-centred care to individuals, reinforcing this ethos within the staff team. The registered manager was supported by a conscientious experienced and knowledgeable staff team and supportive management team, consisting of the deputy managers and the team leaders. People knew the manager and the management team very well and were confident to approach them if they wanted assurance or assistance. We were told by the staff team that if an issue were to arise they could be confident that it will be dealt with promptly by the registered manager. Staff described the registered manager as, "Very supportive and knowledgeable." A visiting professional said, "The manager and staff are very good. They are very knowledgeable. You can rely on them to resolve any issues should and when they arise." A person we spoke with said, "The staff are lovely." Family members were also very complimentary about the registered manager and the management team.

Staff meetings and meetings with people and their families had been introduced to allow all to feel involved in the service and its continuous development. The enhancement lead advised that she would be developing a newsletter that would include feel good stories collected and authored by people. For example, important information related to the service including any planned excursions, would be included. This meant that people would feel involved and a part of the service development moving forward. The staff signed up to the service and provider's 'vision' which was for people to live a comfortable and happy life which is caring and provides full peace of mind as they grow older. The service further enabled people to try new opportunities and to reach their full potential, as they may have done when in their own home. People reported that this was a, "Home away from home", with one of the three couples living at the service describing how they had been allowed to remain together.

People felt content and happy to approach any staff about any issue. The registered manager felt this could only be achieved with the support of a confident staff team. The vision and values of the registered manager were reflected in staff attitude and behaviours and the work they did on a daily basis. Staff told us they were

very happy working in the service. They felt included in decision making and improving the service. Effective mentoring, supervision and support from the management team had developed a strong staff team who were confident in working with people.

Care staff were kept involved, informed and up-to-date with new guidance so they were able to offer care in line with up-to-date good practice. Frequent staff meetings were held and issues such as areas that needed development, procedural improvements and information regarding legislation were discussed by the team. Within these meetings there was an opportunity for staff to discuss any concerns, compliments or practice issues. Staff told us they felt they and their opinions were valued and they would not hesitate to discuss any good or poor practice issues they had identified. They said the management welcomed their comments and ideas and acted upon them when appropriate.

The management team completed good governance of the service. This benefitted people who lived there because it ensured the quality of care was maintained and enhanced. A variety of auditing and monitoring systems were in place. For example, regular health and safety audits were completed at appropriate frequencies. The registered manager or assigned staff completed regular audits of care plans, medicines and other records. Senior staff (including the entire management team) worked alongside staff, on a daily basis, which ensured good practice was modelled and maintained. However, we had picked up that within the medicine audit, spanning the last 12 months, medicine errors had occurred. Staff had been offered re-training and were competency assessed again. Nevertheless medicine recording errors continued. The registered manager, during the course of the inspection advised that a new policy had been developed that would mean any new errors in medicines would result in performance management. This policy was being sent out for review following the inspection.

Actions taken as a result of quality assurance surveys sent to staff, people, relatives and stakeholders included increasing the variety of activities offered to people and developing new menu ideas. A quality assurance outcome development plan was produced as a result of the various quality assurance processes and was in place for the next 12 months.

The service continued to work extremely closely with the community to ensure people received the best possible care and felt integrated within the community. The enhancement lead had contacted three local academic establishments and arranged visits from the children to the home. Children would read, sing and perform small plays for people. They would also engage in activities, including planting bulbs and decorating flower pots with their 'key person'. In return, the children developed valuable relationships with the people living at the service. They were given the opportunity to learn about life in different periods, and gained insight in different professions and engage with people sharing their life experiences. For example, one person often had several young people volunteering to support them. This person would share their experience of high performance cars. Feedback from the academic establishments was full of praise of the service, specifically the enhancement lead. We were told that the children valued the relationship they developed with people living at the service. They were taught the importance of respect, and how important it is to help others. The people had also had an opportunity to feel valued by sharing their stories, and the visits from the children. One person told us, of their experience of using a tablet for the first time, and being taught by a person significantly younger than themselves. They stated they had "admiration for the young boy who showed me how to use the device."

The registered manager had developed professional relationships and worked in collaboration with external professionals. She advised that she was experiencing some problems with a GP practice, however, was working with them to overcome some of the hurdles. Other professionals commented on the exceptional co-operative working. For example, one commented, "The staff are always willing to assist and try to offer

support." Another said, "The service always seeks medical help as required and expected". People and their relatives reiterated this point, commenting on how the staff and registered manager would arrange appointments and remain with them if they so wished, or ensure relatives were in attendance. For example, recently a person had become unwell, requiring hospitalisation. They wished for their relatives to be made aware and accompany them from the home to the hospital. The staff contacted the family and arranged this. The person reported feeling reassured that their relative was present.

People's records were of a good quality. These were written completely in a person-centred style, detailing information as required by staff. They informed staff how to meet people's needs according to their preferences and choices. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC). These were sent, when necessary, and within the required timescales. The registered manager was very knowledgeable about new and existing relevant legislation.