

Healthcare Homes Group Limited

The Malthouse 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

This inspection took place on 18 September 2017 and was unannounced. This was the first inspection since the new registration by the provider in March 2016.

The Malthouse is registered to provide residential care, for older people. The Malthouse can accommodate up to 34 people. At the time of the inspection there were 33 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager displayed good leadership qualities, drive and enthusiasm. They empowered staff to provide care that was tailored to individual's needs.

We found a stimulating environment with a warm and welcoming atmosphere. People, staff and relatives had developed strong and mutually respectful relationships. Feedback we received about the service was consistently high. We saw positive interactions between people and staff and staff treated people with dignity and respect, anticipating their needs.

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time socialising with them. One person told us, "I have no complaints I get help when I need it and my tablets on time".

People using the service were involved in the recruitment process. The robust recruitment and selection process ensured the safety of individuals who lived at The Malthouse.

There were robust systems and processes in place to protect people from the risk of harm. Staff were able to describe in detail different types of abuse and what their responsibilities were in protecting people. This ensured the welfare of vulnerable people was protected through the rigorous whistle blowing and safeguarding procedures.

Assessments were undertaken to identify people's care, health and support needs. There was a strong emphasis on person centred care. People and their families were at the centre of decision making whilst working alongside professionals to get the best outcome possible. Care plans were developed with people who used the service and relatives to identify how they wanted to be supported.

Staff demonstrated an awareness of people's changing needs. Care plans and risk assessment were reviewed and updated to ensure they reflected people's current needs. An assistant manager told us, when updating care plans they involved the person or their representative.

Staff displayed enthusiasm and pride in their work. We saw the registered manager provided

comprehensive levels of supervision and appraisals for staff. This resulted in a talented and motivated workforce. The management team recognised potential and invested in their staff. This empowered staff to support the people who used the service effectively.

There were many occasions during the day where staff and people who used the service engaged in conversation, general banter and laughter. Staff spoke with people in a friendly and courteous manner, and were discreet when speaking to people about their personal care. This showed us that that people were treated with dignity and respect and this promoted their well-being.

We saw that staff had been creative in their introduction of social experiences for people; an example was new information gathered alerted staff to past interests and activities. This resulted in people being supported to join their local swimming pool for 'Swim for the brain'. One person said, "I can't believe that I have been afforded the opportunity to swim again, it has made me feel alive again".

Activities, outings and events were well thought through, and varied. An activity coordinator told us, "We do so much and have great fun. We cook on Sunday afternoon, I don't have to tell anyone how to make a cake, and they make lovely cakes for our tea."

The mealtime experiences were seen as positive for people living in the service. Throughout the day, snacks and hot and cold drinks were offered to all. If people wished to receive alcoholic beverages, these were provided.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely. Medicines were administered by senior care staff. All staff administering medicines had received training in the correct procedures to follow. Records showed annual competency checks had taken place for all staff responsible for administering medicines.

There was a strong presence of health care professional involvement at the service where people had access to all healthcare professionals and services. Professionals who visited the service during the inspection told us the service was outstanding. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt assured that staff would respond and take action to support them. People and relatives we spoke with did not raise any complaints or concerns about the service. The management team sought feedback from staff, people, relatives and external partners on a regular basis.

There was a culture of continuous learning and improvement. Survey responses were analysed and shared with all stakeholders. The registered manager had regularly completed a wide range of audits to maintain people's safety and welfare at the service. Staff told us that the home had an open, inclusive and optimistic culture.

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 to make sure people were protected from abuse and avoidable harm.

People and relatives told us there were enough staff to meet the needs of people who used the service. Robust recruitment procedures were in place to help ensure suitable staff were recruited and people were safe.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good ●

The service was effective

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes. Menus were varied and provided people with choice.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Is the service caring?

Good ●

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was

individualised to meet people's needs.

Is the service responsive?

The service was very responsive.

People consistently received person centred care. People who used the service and relatives were involved in decisions about their care and support needs.

A programme of meaningful activities was in place which enabled people to maintain links with the local community. People were provided with numerous opportunities to take part in a varied range of stimulating activities of their choice inside and outside the service.

People did not raise any concerns. The provider had a system in place in which complaints could be made.

Outstanding 

Is the service well-led?

The service was well led.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and optimistic culture.

Surveys for people who used the service had been completed and regular meetings took place with people relative and staff.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role

Good 

The Malthouse 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 September 2017 and was unannounced. It was carried out by an adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who used the service, three relatives who were visiting, six members of care staff, the registered manager, two assistant managers and chef. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included six care plans, six staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider. We also received feedback from one health professional prior to the inspection and three visiting health professionals on the day of the inspection.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person said, "I do feel safe here, they always make sure I have my call pendent on to alert staff if I need support" Another person said, "If I ring my bell someone always comes, particularly at night which is really important".

People were protected from potential harm because staff had attended training in safeguarding people and had access to the organisation's policies on safeguarding people and whistle blowing. There was clear guidance around the home on how to raise a concern if anyone witnessed or suspected abuse. Staff spoken to were able to discuss the procedures they would take if they felt anyone was at risk. The provider had an open and accessible culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. All demonstrated a good understanding of their responsibilities to protect people and said they would have no hesitation in reporting safeguarding concerns.

Risks of abuse to people were minimised because safe recruitment procedures were followed. The recruitment records contained a range of evidence that showed all new staff had been thoroughly checked and were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed new staff did not commence work until all checks had been carried out. Staff members spoken to confirmed the registered manager had obtained references and a DBS before they started work.

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time socialising with them. The registered manager completed a dependency assessment of people who used the service to determine how many staff should be on duty.

The staff we spoke with told us that there were enough of them to provide safe care to the people who lived in the home. Some staff told us that on rare occasions, they were not always able to spend as much quality time with people as they desired when staff called in sick at the last minute. They added however, that at such times, all of the team pulled together to make sure people received the care they required and that they were kept safe. One person told us, "I have no complaints. I get help when I need it and my tablets on time". The assistant managers worked alternative weekends which meant there was management cover at all times. People received care promptly when they asked for help, and had access to call bells.

Risks to people's safety had been assessed and actions taken where necessary to mitigate these risks. This included risks in relation to falls, eating and drinking and developing pressure sores. Staff were able to demonstrate to us that they understood these risks and what they needed to do to keep people safe. There was clear information within people's care records providing staff with guidance on how to reduce these risks. For example, some staff told us the importance of making sure the environment was safe and clear of

any obstacles when people were walking around the home. Staff told us, when people were moving around the home they ensured those that may need support had call pendants which enabled them to summon assistance when they needed it.

Visiting health professionals confirmed staff were proactive in reducing risks to people. They said, "We have a resident who kept falling, with staff support we agreed a plan of action to reduce the risk. The person has not had any further falls, as the staff have followed the actions agreed.

Staff supported people to take responsibility to manage risks they faced. Care plans incorporated a series of risk assessments. Risk assessments and care plans had been reviewed and updated regularly. For example, Where people were at risk of weight loss this was highlighted in the care plans. People who were identified as at risk were weighed regularly. Where weight loss or gain had been identified, adjustments to their diet had been agreed with them, and progress towards a safe weight was monitored.

People were encouraged to remain independent and safe. For example, one person liked to access the community alone. Risk assessments identified agreed actions in emergency situations, the provider needed to know who was in the building to ensure fire regulations were met. The person had agreed to inform staff if they were going out, and had the use of a mobile phone if they wished to contact the staff or the staff wished to contact them. We heard staff checking with the person if they were staying home or going out on the day of the inspection. This meant the person was able to remain safe, independent whilst in the home and out in the community.

Medicines were administered by senior care staff. All staff administering medicines had received training in the correct procedures to follow. An annual competency check was carried out to ensure they remained up to date with current best practice. Guidance was in place to ensure staff followed the correct procedures when administering medicines. Safe procedures were followed when recording medicines. Medicines administration records (MAR) were accurate. There were no unexplained gaps in the medicines administration records. Audits of medicines had been completed and appropriate actions taken to monitor safe administration and storage.

People, their family and visitors were protected from risk as regular maintenance checks took place on equipment used in the home. The health and safety of the home was checked by the maintenance person. Staff used the daily communication book to pass on any concerns. All equipment was inspected and serviced in accordance with statutory requirements. Certificates were held that showed renewal dates. The registered manager told us a member of the management team completed a daily walk around the home to ensure all remained safe and well.

Risks to people in emergency situations were reduced because a fire risk assessment was in place and was reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared; these detailed what room the person lived in and the support the person would require in the event of a fire.

Is the service effective?

Our findings

People who used the service told us that staff provided effective, good quality of care. One person told us, "I get help quickly. The staff are very efficient, I choose to remain in my room but I can set my clock on them coming to see me when they should." A visiting health professional told us, "Very effective support, if the staff spotted anything such a sore developing they are on it. Our instructions are recorded and followed, we never worry".

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people effectively. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. Staff confirmed that they were not allowed to work alone until they had completed their induction training. Induction training was linked to the Care Certificate Standards. The Care Certificate Standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We asked staff to tell us about the training and development opportunities they had completed at the service. Staff told us that there were lots of training opportunities. They told us they had received training in moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards and health and safety amongst others. Staff told us the quality of their training was very good. One member of staff told us, "When I started work here, although I had completed training in my previous employment, I had to re train to ensure I was competent. It was good to refresh my knowledge". The management team recognised potential and invested in their staff. This empowered staff to support the people who used the service effectively.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). 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. Care plans held consent forms, and evidence of best interest decisions. One record evidenced how professionals and family had been involved in the decision making process in regards moving to the service. The registered manager told us in their PIR "We have mental capacity assessments in place for residents that require them. However a new, improved format will be introduced to assist staff to have clearer direction around best interest decisions and mental capacity".

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. One person had the support of an advocate. The person's DoLS application was due to expire on 11 August 2017. A renewal request had been submitted by the registered manager on 31 July 2017. The

application was supported by a letter from the person's advocate, which stated they were, "Happy the person remained settled at the service and it remained in their best interest to remain living there".

People were supported to maintain a healthy diet. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. This ensured people's dietary needs were tailored to each individual. We saw completed charts to record people's fluid intake. Care records showed the service was referring people to a dietician or speech and language therapist (SALT) in a timely way if they required support with swallowing or dietary difficulties.

We looked at the menu plan. The menus provided a varied selection of meals based on what people had told the staff they liked and also on individual's nutritional needs. People told us there were two choices available at each meal time. There were also other alternatives available at each meal time such as a sandwich, soup, jacket potato or salad. Staff were able to tell us about particular individuals and how they catered for them. At lunch time we saw that staff supported people in a very caring way. Staff provided help to maintain people's independence where needed. For example plate guards were used to support people to remain independent whilst eating. The dining experience was relaxed with people chatting over their meals about the events of the day.

Food was well presented and looked appetising. Several people chose to have trays in their rooms. These were also well presented and food looked appetising and attractive. People were offered a variety of snacks and drinks throughout the day including alcoholic beverages with their meals. People said they were happy with the meals they received. One person told us, "I love the roast dinners, they [staff] will always go to the kitchen and find something else if someone doesn't want their meal." Another person told us, "Food is very nice we get two or three choices. They know my favourite food and also what I'm not allowed to eat". The chef was aware of people's requirements, likes and dislikes. They informed us where people needed additional calories they ensured cream was used instead of milk, or food was fortified. The chef told us. "It is very important that people are getting a lovely dining experience. We really don't want food coming back to the kitchen. We want to see people getting choice and their favourite foods." The chef supported staff in the dining areas at lunch time. People were shown two plated meals and offered vegetables of their choice with their meals. The atmosphere was relaxed with soft music playing in the background. Where people needed support to eat, they received this from staff.

We saw records to confirm that people had visited or had received visits from the dentist, optician, Chiropodist, dietician, and their doctor. The registered manager said that they had excellent links with the doctors and community nursing service. During the inspection we spoke with representatives of the community nursing service, who told us the care and service provided at The Malthouse was, "Excellent".

People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. People told us staff contacted the doctor if they were unwell. One person said, "I can see my doctor when I want to." A visiting health professional from the local surgery told us, "Staff will always ring us if they have any concerns but are also proactive in supporting people to remain well".

Is the service caring?

Our findings

People and relatives told us that they were very happy and that the staff were extremely caring. Throughout our inspection we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged people. One person told us, "The staff are very kind and caring, nothing seems to be too much trouble for them". A relative told us, "It is fantastic care here, it's like a four star hotel".

During the inspection we spent time observing interactions between staff and people who used the service. There was a calm and relaxed atmosphere. We heard staff speaking to people about topics that interested them, or they had experienced in their lives. We heard one member of staff having a conversation with a number of people who had been completing an activity. The conversation was relaxed, and people were joining in with their own experiences and suggestions. We heard another staff member compliment a person on the way they were dressed and their hair, we saw the person smile as they were complimented. These examples showed that staff were knowledgeable about each individual and were able to use this knowledge to have meaningful interactions with people in a very caring way.

There were many occasions during the day where we saw staff and people who used the service engaged in conversation, general banter and laughter. We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. This showed us that that people were treated with dignity and respect and this promoted their well-being. We saw staff interacting with people in a caring and friendly way, promoting independence, dignity and choice at all times. One person told us, "Staff are so lovely, they come and turn my bed down and sit and have a little chat".

Staff were polite, friendly and caring in their approach to people and their relatives. They carried out their tasks in an unhurried manner. Before care was completed they talked with people and explained what they needed to do, and sought their agreement. We observed one member of staff supporting a person from their room to the garden. The person had impaired vision. The staff member walked by the person's side pointing out changes to the floor, reminding them to hold on to their arm for support. The staff member kept asking the person if the pace was ok and if they would like a cup of tea or coffee brought out to the garden once they were settled. Once the person was sat in the garden, the member of staff was heard to call out, "I am just going to get a cushion for your chair, so I know you're comfortable".

Staff told us and we saw how they respected people's privacy. They told us how they always knocked on People's doors before entering. One person told us, "They [staff] always have a lovely smile on their face when they come to see me." Staff told us they respected people as individuals and decisions that they made. This meant that the staff team was committed to delivering a service that was compassionate, caring and had respect for people. People were seen to have personalised their rooms, communal areas were clean and decorated with tasteful furnishings and decorations. One person told us, "I have visual impairment. The staff have made sure my bedcover is darker than the carpet so I can locate my bed easier".

We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. The service was spacious and this allowed people to spend time on their own if they wanted to. We saw that people were able to choose to go to their rooms or for strolls in the garden at any time during the day to spend time on their own or in the company of others. Lounge areas were welcoming, with pretend fire glows in the large lounges giving a cosy welcoming atmosphere. Smaller seating areas were available with lots of photos of people and the activities that had taken place. Magazines and books were available in the lounges as were soft drinks. The hall was very welcoming for visitors, showing the weekly activity programme, what events were taking place in the local area and numerous certificates and awards.

Staff said that they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw that people made such choices during the inspection. Staff told us how they encouraged independence on a daily basis. Staff were patient when supporting people to be independent with their mobility. People were seen to use the lifts independently with staff available if needed.

The registered manager told us they fully involved people and their representatives in the care planning process. Care plans were very detailed about personal needs and wishes and this showed us how people and their relatives had been involved including end of life advanced care plans. The provider told us in their PIR, "We have been awarded the Beacon status for Gold Standards Framework for our end of life care, we attend monthly meetings at our local surgery to ensure people approaching their end of life are identified and the right care and support is offered". The registered manager informed us, they had registered with a charity to ensure the home becomes, "A pet friendly home". They told us "This is a national charity for elderly and terminally ill people and their pets. This means that any person wishing to come to live at The Malthouse can be assured we will not turn away their pet".

The service provided compassionate care to support people approaching the end of their lives. Systems were in place which ensured people's wishes and preferences were respected during their final days and following death. The service had achieved the National Gold Standard Framework (GSF). The framework provides a comprehensive training and quality assurance system to enable care homes to provide quality care for people nearing the end of their life. Providers have to apply for re-accreditation every three years. The last review was in July 2016. The review comments included, "The management and staff are firmly committed to GSF as a way of life, ensuring through activities, outing parties and entertainments that residents live well until they die". One visitor told us their relative was receiving, "Excellent palliative care". The registered manager told us, "It is an honour to support people at the end of their lives. We have the discussion early on. We find some relatives are relieved for us to lead this discussion. We support family and staff through this process ensuring families are welcomed back to the home following the death and ensure staff have an opportunity to debrief. I assist other homes to gain their accreditation by sharing our portfolio and giving guidance". The registered manager told us, "We have a dedicated area in the home to remember our lost residents, with a memory tree and remembrance book. In this area there are also other guides for people who are suffering someone coming to the end of their life. This shows that we support our residents and acknowledge that they feel the loss of a fellow resident along with staff and relatives".

Compliments seen included comments, "We would like to thank you all for the excellent care and attention you gave to our dad. You made his final year happy and content in his surroundings". "Very friendly atmosphere with very helpful caring staff".

Is the service responsive?

Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time. One person said, "I have breakfast in my room when I am ready, I never feel rushed to get ready. I try to stay independent and staff respect my wishes".

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. Life stories were included in care plans, and staff were heard to speak to people about past interests, or shared interests. People who used the service told us how they felt supported to plan all aspects of their life, and staff had an excellent understanding of responding to their needs. For example one person told us, "I have recently moved here, it is very important that I don't lose the independence I have always had and I keep my interests. I need support now which is why I am here. I am very clear what I want done and things I can do myself. The staff are there to help and guide me but never rush me. When they come into help me I tell them how I plan to start my day, maybe a shower or just a wash. I can have what I want they have all been very helpful and kind".

People received support that was planned proactively with them. Staff were seen to be responsive to the needs of people who used the service. Call bells were answered quickly in a non-hurried manner. Staff were seen to be responsive to individual needs. For example, when one person was upset, a passing staff member was responsive to the situation, encouraging the person to speak about what was upsetting them, and to calm them. They quickly reassured the person offering a "Nice cup of tea, while you tell me what is upsetting you". The person was seen later happy and content. Another person told us, "My independence is important to me. My greatest joy has always been gardening. The staff take me out into the lovely gardens every day if the weather permits. They always remind me where the key is so I can get back in. To be honest they don't seem to forget I'm out there".

People received regular support from health professionals including community nurses. During the inspection we spoke with representatives of the community nursing service who consistently praised the service for the high standard of responsive care provided to people. They said, "This is a brilliant home very responsive, information gets completed as we ask. The team have total respect for individual choice and care". Another health professional told us, "The staff are very responsive and always available to assist us. They told us, staff at the service were proactive and if they noticed the slightest indication of early pressure damage they were quick to contact the community nursing service for advice and guidance. Another visiting health professional said, "There have been no issues of my advice not being followed. The home is innovative in providing person centred care. This is an excellent home and I have been very satisfied with the care people receive. It is a pleasure to come here."

Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. The registered manager told us, people's care plans were created and reviewed with people. People, who had recently moved to The

Malthouse, confirmed they had been involved in the assessments and signatures in care plans showed when changes had been identified in people needs, these changes had been discussed. One person, who had recently moved in, told us they had discussed their care needs including which room and view from their room. They told us, "I am ok in here but the manager knows if a bigger room becomes available I would like it". Daily records were informative on what people had been doing during the day, and any issues were raised at the daily handover.

Systems were in place to review care being provided. The registered manager informed us their care plans were being updated in line with the providers other services. Keyworkers had been asked to find out five pieces of new information from the people they were supporting, that was not already in their current care plan. The registered manager told us although the current care plans were individualised and bespoke, they believed the keyworker time would enhance staff knowledge of getting to know people in more depth. They said, "This will then help us to tailor activities and care based on the information".

Care plans reflected hopes and aspirations. New information gathered alerted staff to past interests and activities. For example one person had been a very keen swimmer. The person told us, "I could swim before I could walk. Swimming had always played a big part in my life many years ago". An assistant manager told us, "We gathered the new information and then linked it to activities held at our local swimming pool. A new initiative was being held for care homes in the local area 'Swim for the brain'. We can't believe the change it has brought to [person's name], they got in the pool and they were off swimming. It was amazing". Other people were also given the opportunity to swim, one staff member wrote in the weekly newsletter, "It was very emotional to see them achieve something they did in their younger days." One person who had enjoyed the swimming told us, "I can't believe that I have been afforded the opportunity to swim again, it has made me feel alive again. I could swim before I could walk and taught my children to swim. I am living the dream. The best is that we are going to be going on a weekly swim".

The activities coordinator was extremely enthusiastic about what they did. They told us, "We do so much and have great fun. We cook on Sunday afternoon, I don't have to tell anyone how to make a cake, and they make lovely cakes for our tea. We go to garden centres. We had a lovely garden party with a brass band. Today is knit and natter". The registered manager told us they felt the service was flexible and responded to different interests and needs. They told us people were enabled to be part of the local community and the home was also very much part of the community, with local groups often visiting the home. They said, "There is a homely, friendly ethos within the home where staff work together as a close knit team, we care about each other as well as the residents. Staff are always displaying their respect for the residents and uphold dignity, independence, choice and rights at all time.

The registered manager told us they had recently made links with a local school, where some students were part of a citizen group, run by the national citizen service. The National Citizen Service (NCS) is a UK Government voluntary personal and social development programme for 15–17 year olds. The registered manager told us, "We have very close links with a local school who have recently celebrated their centenary. They had a specially iced cake to celebrate the history of the school. This was donated to us here at The Malthouse, and delivered by a group of the students, who then continued the link". They told us the school students visit the home, including on occasions with the school brass band. They told us, "We asked all of our residents if they wished to be involved and we had 12 residents that chose to participate. The students arrived and spent around 2 hours in the lounge talking to the residents on a one to one basis, playing cards etc. This was a magical time where you could see young and old both gaining from this experience. Our residents really enjoyed the links they made with the younger people". New links with a local pre-school have been organised from October 2017. The registered manager told us if this was successful it was hoped the children would visit the home on a monthly basis. People also had access to links within their local

community, including clergy, dentist and chiropodist." Additional links to the community continue to develop with children from a local pre-school organised to visit the home on a monthly basis from October 2017.

There was a full calendar of stimulating events which was displayed in the entrance hall, so people and relatives could see the activities taking place. Activities included arts and crafts, gentle exercises, bingo and quizzes and trips out into the community. People who were less able or who did not want to join in group activities received visits from the activity coordinators. One person told us, "Although I choose not to go, I always get a weekly timetable delivered informing me of the activities taking place". The weekly newsletter gave people an idea of the range of activities taking place, and photos of recent events.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person we spoke with said, "I have nothing to complain about but would do so if I felt the need."

People were encouraged to give their views and raise complaints or concern. There was a large suggestion box by an entrance of one of the dining rooms where people were encouraged to post suggestions. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. For example, one person was disturbed at night. Records showed the complaint had been partially upheld and staff made aware of the complaint. An apology was made to the complainant. The registered manager told us, "We take all complaints seriously and investigate fully. The last residents meeting held on 11 May 2017, records residents were asked to ensure if there were any concerns to ensure they raised them. People were informed at the meeting, "If we don't know it going wrong we cannot put it right. We welcome feedback positive and negative".

Records indicated that complaints had been dealt with promptly and appropriately. The service kept a record of complaints and compliments. Records showed us complaints were investigated and where needed apologies were given when the investigation outcomes showed the service was at fault. For example one person was asked if they wished to vote. The person's name got missed off the list of people wishing to vote. They therefore missed the opportunity to vote. The registered manager told in their PIR lessons had been learnt an apology issued and a more comprehensive list will be achieved in the future, this meant. The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The provider sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken.

Is the service well-led?

Our findings

The service had a registered manager who had been in post for a number of years. There had been recent changes to the provider of the service. People who used the service and relatives spoke highly of the registered manager. One person said, "[registered managers name], is on it as soon as you tell them there is an issues". They told us that they thought the home was well led.

Without exception people, their relatives and professionals told us they felt the service was well led. They felt people living at The Malthouse experienced compassionate care from staff who strove for excellence. One visiting health professional told us, "This service is very well led. The management team have complete understanding of roles and responsibilities, lots of empathy and compassion. If my mother needed care I would recommend this service to her. People are clean and well dressed and well cared for. I have never seen any bad practice. I would rate the home as outstanding". Staff told us they were proud to work at the service and would recommend it to family and friends, they told us, and "People are at the heart of the service". This ensured the service was run in the best interest of people who used the service.

The registered manager told us about their values which were communicated to staff. They told us, "We value of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals". They told us that they had an open door policy in which people who used the service and staff could approach them at any time.

Staff displayed enthusiasm and pride in their work and told us they felt valued and supported by the registered manager. Comments included, "The registered manager is amazing. I am still learning and they guide me all the time". "Our manager is really open and listens, I can tell them anything". "The manager is very supportive, particularly with our activity programme". "There is always an open door, if we do something wrong we are supported to learn from our mistakes.

People told us they saw the registered manager, "Most days". One person said, "[registered manager name] is always about and there if we want to have a chat". Professionals told us how passionate the registered manager was about the service using words such as "on the ball" "dynamic", "driven" and "enthusiastic." Staff we spoke with were keen to tell us how the registered manager recognised potential and was very keen to develop staff who worked at the service. One member of staff told us, "The support is really good, if I feel I need more training to develop I would just ask". Our end of life training has been really very good. It makes you put it all into prospective".

The registered manager told us, "First impressions count. When people walk through the door of The Malthouse we want them to feel welcome. Visitors and health professionals confirmed they always received a warm welcome. A visiting health professional told us, "The care is excellent and seamless. The quality of care is so person centred. The home is clean and tidy and very welcoming. As soon as you walk through the door you get a sense of a very well run service. One relative told us. "The staff here are like an extended family. The care is outstanding. I am here on a regular basis and it never changes. Always made welcome". The registered manager told us, "This is our residents home for as long as they wish it. It is a privilege to

come to work here

There was a strong emphasis that people living at The Malthouse "Had a home for life". The registered manager told us, if people become unwell and we can support them with the support of our community health professionals we will. The registered manager told us, "We have been awarded the Beacon Status for Gold Standards Framework End of Life Care. We went to London for the award ceremony. We felt it important to involve the staff also, so we raffled two tickets for two staff to join us in London this led to the team feeling valued and appreciated". Comments seen from relatives in regards end of life support included, "Thank you, [relative title] was always so adamant about never going to a home, but when the time came, no place could have been better. Words cannot express the gratitude we have for each and every one of you in taking such fantastic care of my [relative's title.]

The service had a positive culture that was person-centred, open, inclusive and empowering. . There was a strong emphasis on continually striving to improve the experiences of people living at the service. The registered manager told us, "Although we have a new provider we want to ensure The Malthouse remains person centred and individual for the people that live here". They told us although there would be new systems in place, the day to day running of the home would continue to strive for excellence. The said, "We know our residents and the relationships with have built up with other professionals involved in their support. It is like a triangle. We all have the person at the heart of what we do. It is important we are not just another care home.

The registered manager was supported by the regional director and two assistant managers. The registered manager told us in their PIR, "The deputy manager recently retired after 28 years of service. They has been replaced with two assistant managers, both have been promoted from team Leader role. Both have worked in the home for a number of years, this ensured the continuity for the residents and their families. It is good to promote from within". People and relatives spoke about the strong leadership at the home.

The registered manager told us "Regular staff supervisions and appraisals are held to support the team. Staff are always treated with respect. There is always a minimum of four weeks rotas on the board, to enable staff time to plan." Staff confirmed they received their rota in time to plan their personal lives, and they received regular supervision and support. People, their representatives, and stakeholders, were encouraged to share their views of the way the service was run.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Monitoring of the service was very good.

There was a culture of continuous learning and improvement. The provider strived for excellence through consultation, research and reflective practice. They told us in their PIR "We have a regular order of caring publications to ensure we remain updated in changing practices. Regular attendance at manager meetings, local hub meetings, monthly GP meetings, Gold standard framework sustainability meetings" Including, and Facebook links with Dorset care ambassadors. External consultant visits the home twice yearly and carries out inspection of the home and current practices and produces a report". The registered manager told us they received, "Regular visits from the regional director and quality assurance manager", they told us in addition they also received support from the provider's trainers to ensure all staff were keeping up to date with the providers training targets.

The registered manager completed a wide range of audits to maintain people's safety and welfare at the

service. These looked at quality in areas of the service such as infection control, housekeeping, medicines, care records, the environment and health and safety. Any areas identified as needing improvement during the auditing process were analysed and incorporated into a detailed action plan. A detailed report was frequently produced in relation to quality.

People were supported by a motivated staff team. Records confirmed staff meetings had taken place on a regular basis. There were regular meetings with staff. Staff told us that the meetings provided them with an opportunity to share their views. The provider completed a team survey in June 2017. Questionnaires were issued to staff. 85% responded they would recommend The Malthouse a good place to work, 96% would recommend to anyone needing care.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid reoccurrence.

Satisfaction surveys were used to gather feedback. We saw that a satisfaction survey for people who used the service had been undertaken in February 2017. The results of the service showed that everyone was extremely happy with the care and service received.