Barchester Healthcare Homes Limited

Emily Jackson House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Emily Jackson House is a nursing home situated in Sevenoaks, providing en-suite accommodation for up to 60 older people some of whom live with dementia. There were 50 people in Emily Jackson House at the time of our inspection, 24 of who lived with dementia. This unannounced inspection was carried out on 18 and 19 April 2016.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect. People were able to spend private time in quiet areas when they chose to.

Staff had received all essential training and regular one to one supervision sessions.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered. Staff sought and obtained people's consent before they helped them.

People's mental capacity was assessed when necessary about particular decisions. When necessary, meetings were held to make decisions in people's best interest, as per the requirements of the Mental Capacity Act 2005.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People praised the food they received and they enjoyed their meal times. Staff knew about and provided for

people's dietary preferences and restrictions.

Clear information about the service, the facilities, and how to complain was provided to people and visitors. Additional information was provided to help people make informed choices.

People's individual assessments and care plans were developed in partnership with people, reviewed monthly or sooner when their needs changed.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff took account of people's individual preferences and pro-actively sought of ways to enhance their quality of life and experience of the service. They promoted people's independence and encouraged people to do as much as possible for themselves.

People were involved in the planning of original activities that responded to their individual needs. People's feedback was actively sought at relatives and residents meetings. Complaints were appropriately investigated and responded to in line with the provider's policies and procedures.

Staff told us they felt valued by the registered manager and they had confidence in her leadership. The registered manager was open and transparent in their approach. They placed emphasis on continuous improvement of the service.

There was a system of monitoring checks and audits to identify any improvements that needed to be made. The management team acted on the results of these checks to improve the quality of the service and care.

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 was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. There was an appropriate system in place for the monitoring and management of accidents and incidents.

Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

Is the service effective?

Good

The service was effective. Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

Staff were knowledgeable in the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements.

The registered manager had submitted appropriate applications in regard to the Deprivation of Liberty Safeguards and had considered the least restrictive options.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them

with kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Appropriate information about the service was provided to people and visitors.

Is the service responsive?

Good

The service was responsive to people's individual needs.

People or their legal representatives were invited to be involved with the writing and reviews of people's care plans. People's care was personalised to reflect their wishes and what was important to them. Staff respected preferences and ensured people's psychological needs were met.

The delivery of care was in line with people's care plans and risk assessments. A daily activities programme had been researched to ensure it was inclusive, original, flexible and suitable for people who lived with dementia.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted on.

Is the service well-led?

Good

The service was well-led.

The registered manager placed people and staff at the heart of the service. Emphasis was placed by the management team on continuous improvement of the service. There was an open and positive culture which focussed on people.

A robust system of quality assurance checks and audits was in place to ensure good standards of care were maintained.

The registered manager welcomed people and staff's suggestions for improvement and acted on these. Staff had confidence in the registered manager's style of leadership.

Emily Jackson House

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 carried out 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 was carried out on 18 and 19 April 2016 and was unannounced. The inspection team consisted of two inspectors on the first day and three inspectors on the second day. The visit was supported by an expert of experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who took part in the inspection had specific knowledge of caring for older people who live with dementia.

The provider had completed a Provider Information Return (PIR) prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered the PIR and looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events.

We looked at 20 sets of records which included those related to people's care and medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We reviewed documentation that related to staff management, to the monitoring, safety and quality of the service, six staff recruitment files, menus and the activities programme.

We spoke with 22 people who lived in the service and 10 relatives to gather their feedback. Although most people were able to converse with us, others were unable to, or did not wish to communicate. Therefore we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the regional director, the registered manager, the employee relations specialist, two nurses, six care workers, an activities organiser, an activity coordinator, one chef, and two members of the housekeeping team. We also contacted two local authority case managers who oversaw people's care in the

home and obtained feedback about their experience of the service.

The service was last inspected on 25 September 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They told us, "I don't think I could be safer anywhere else; probably the safest I have ever been, with all the staff around, they watch over me", "I came here to feel secure and I do feel in security" and, "All the staff make sure we are safe all of the time." A relative said, "We have total peace of mind because we know our relative is surrounded by staff who care and who respond to any emergencies."

There were a sufficient number of staff to meet people's needs in a safe way. Sufficient numbers of care and nursing staff were deployed during the day, at nigh time and at weekends. The registered manager reviewed staffing levels regularly using a dependency tool that took account of people's specific needs. Additional staff were deployed when necessary, for example when a person needed one to one support when they were unwell, and to support a person at the end of their life. A relative told us, "There is always a member of staff around we don't have to look far to seek any form of assistance." People's requests for help were responded to without delay.

Staff who worked in the service understood the procedures for reporting any concerns. All of the staff we spoke with were clear about their responsibility to report suspected abuse. Ninety three per cent of staff had received training in the safeguarding of vulnerable adults. There was a detailed safeguarding policy in place in the service that reflected local authority guidance. This included information about how to report concerns and staff knew they should report to the local authority or the police if necessary. Staff were aware of the whistleblowing procedure in the service and staff we spoke with expressed confidence that concerns would be raised.

Disciplinary procedures were followed and action was taken appropriately by the employee relations specialist when any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties. Thorough recruitment procedures were followed to ensure staff were of suitable character to carry out their roles, including the checking of references. There was a system in place for checking and monitoring that nurses employed at the home had appropriate professional registration.

The premises were safe for people because the home, the fittings, equipment and portable electrical appliances were regularly checked and serviced. Safety checks had been carried out throughout the home and these were planned and monitored effectively. These checks were comprehensive, appropriately completed and updated. Each person's environment had been assessed for possible hazards. People's bedrooms and communal areas were free of clutter.

The premises were well maintained. An improvement programme was being carried out throughout the home and rooms were being redecorated on a rolling basis. There was a system in place to identify and log any repairs needed and action was taken to complete these in a reasonable timescale.

Systems were in place to ensure the service was secure. A security system ensured that people remained

safe inside the service and people were assisted or accompanied by staff when they needed or wished to leave the building. Staff were familiar with the process for evacuating the service in case of a fire and there was appropriate signage about exits and fire protection equipment throughout the service. People had individual personal emergency evacuation plans in place which detailed the level of assistance they would require if necessary. There were detailed plans in place concerning how the service would manage an emergency including evacuation. There was a 'grab bag' which included contact details for people's next of kin as well as supplies that might be needed. Regular checks on fire equipment were carried out and fire drills were completed in accordance with the home's policy. There was a detailed fire risk assessment in place.

Accidents and incidents were being monitored to identify any areas of concern and any steps that could be taken to prevent accidents from reoccurring. Appropriate logs were completed, analysed and audited by the registered manager. These were then forwarded to a clinical nurse specialist who was employed by the provider for the purpose of reducing the risk of accidents and incidents from happening in the service and in sister homes. The registered manager told us, "This clinical nurse specialist is our 'extra pair of eyes" and can establish trends taking into account people's diagnosis and medicines."

Appropriate arrangements were in place in relation to the storage, and recording of administration of medicines. There were locked rooms on each floor for medicines to be stored in lockable cupboards and trolleys. A system of stock rotation and checks was used to ensure that medicines did not go out of date. Some items needed storage in a medicines fridge. Thermometers were placed so that staff could easily see the fridge and room temperatures, and daily checks were made and recorded which showed that temperatures were being maintained within the correct range.

Medicines were dispensed from medication trolleys, which held administration records for each person with a recent photograph and details of allergies or other relevant medical information. Staff gave people time and support to take their medication without rushing. Staff told us that they tried to avoid interrupting meals and gave medicines in a way that supported each person's dignity. They were able to describe people's individual needs and preferences around taking medicines, what these were for and what signs or symptoms to look out for. For example, how one person who was unable to communicate verbally indicated when they needed pain relief. The records of medicines given to people were accurately completed. The clinical lead carried out regular audits of medicines and the service had changed their pharmacist provider to another in order to obtain prompt external audits of medicines. Competency checks for staff who administered medicines were carried out and monitored.

Risk assessments were centred on the needs of the individual and were reviewed monthly, or sooner when people needs changed. Staff were aware of the risks that related to each person. Assessments in regard to falls took account of a wide range of factors. These included people's age, history of falls, cognitive ability, balance, sight, footwear, mobility, medicines and patterns of behaviour at day time and night time. Control measures to reduce the risks of falls included specialist equipment. People were provided with beds that could be lowered at floor level. Bed rails were provided with people's agreement or in consultation with their legal representatives to keep people safely when they remained in bed. The registered manager told us, "We used to have pressure mats in place to alert staff when people got out of bed and may need help. However we found these also presented a risk of trips and slips so we now use tiny boxes placed out of people's way that alert staff via an electronic system which is not intrusive." People who were at risk of weight loss due to reduced appetite were closely monitored, and people who were at risk of skin damage were provided with specialised mattresses. These were regularly checked to ensure they were suitable for people's individual weight. There were risk assessments that were carried out before people came into the service, such as risks of choking or associated with smoking.

There was an infection control policy in place that provided clear guidance for staff concerning the steps they should take to protect people from the risk of infection. The staff were knowledgeable of the policy, wore appropriate personal protection equipment and followed good hand hygiene practice. The premises were cleaned to a high standard and people were complimentary about the housekeeping staff. They told us, "The place is always being cleaned, the bins are always emptied, there is always someone hoovering nearby and it is good to know the place is hygienic." A relative told us how they appreciated the service to be "So 'spick and span'." Laundry was segregated appropriately and soiled items were cleaned at the required high temperature to minimise the risk of infection. Regular audits were carried out to identify any potential risks and actions that needed to be taken in relation to infection control.

Good

Is the service effective?

Our findings

People said the staff gave them the care they needed. They told us, "I am happy because everything is done well and kindly", "Everyone knows how to treat my father; they [staff] really understand him." A relative told us, "All the staff seem to really know what they are doing and are obviously well trained." Another relative told us how the quality of the food played a part in choosing this service for their relative to live in. They told us, "Our mother's health has certainly improved due to great care and very good food'.

Staff received essential training to enable to carry out their roles effectively. Staff received a thorough induction that incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. During their induction, essential training was provided that included enhanced dementia care including behaviours that challenge, mental capacity, safeguarding, infection control and manual handling. Staff completed workbooks to evidence their knowledge that were reviewed regularly.

Following a three months' probation period, the registered manager wrote personal development plans in partnership with each member of staff that outlined how to further develop their skills and increase their knowledge. Additional training included tissue viability, end of life care, diabetes, Huntingdon's disease and stroke care.

Records showed that a high percentage of staff had completed essential training or were scheduled to do so. Staff were reminded when they needed to renew their training. The provider had set up the Barchester Business School which provided training using E-learning, workbooks, workshops, action learning, coaching and mentoring. The staff we spoke with were positive about the range of training courses that were available to them. They told us, "The training here is amazing, accessible to any members of staff, and we are really supported throughout."

Staff were encouraged to gain qualifications and progress their careers through the service. They received one to one supervision sessions six times a year and were scheduled for annual appraisal of their performance. The registered manager and deputy manager carried out unannounced spot checks at day time, night time and weekends, to check good standards of practice were maintained.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered manager had considered the least restrictive options for each individual.

Staff were trained in the principles of the MCA and the DoLS and were able to tell us of the main principles of the MCA. Assessments of people's mental capacity were carried out when necessary. When people did not have the mental capacity to make certain decisions, meetings were held with appropriate parties to decide the best way forward in their best interest.

Staff sought consent from people before they helped them move around or before they helped them with personal care. A person told us, "They keep asking me if this or that is OK with me and I keep telling yes please, I know they would listen if I said no thank you."

Staff knew how to communicate with each person. Staff bent down so people who were seated could see them at eye level. They used people's correct and preferred names, and spoke clearly. They showed interest in people's response and interacted positively with them. We observed a nurse who ensured a person's hearing aid was correctly fitted before they carried on conversing with the person. The activities coordinator ensured the group activities were inclusive as they spoke clearly to people to make sure they heard and understood.

There was an effective system of communication between staff. Staff handed over information about people's care to the staff on the next shift twice a day, using 'MISKIN' which is a particular type of documentation devised by the provider. This tool provided nurses with prompts that they could work through to ensure clinical information and small changes to a person's wellbeing were highlighted. This method ensured that preventative measures could be put in place. Information including new admissions, referrals to healthcare professionals, people's appointments and medicines reviews was shared by staff appropriately. This system ensured effective continuity of care.

People praised the food they had and told us they were very satisfied with the standards of meals. They told us, "The food is absolutely superb" and, "Really delicious." A relative told us, "They pay particular attention to presentation and everything is made from scratch, very impressive." Several people had their breakfast late in the morning as they preferred, and cooked breakfasts were available when requested. We observed lunch being served in the dining areas and in people's bedrooms. The lunch was freshly cooked, hot, well balanced and in sufficient amount. People were offered a choice of two main courses and of alternatives. People were supported by staff with eating and drinking when they needed encouragement.

The chef spoke with people and their relatives in order to gain an understanding of people's preferences and needs. The chef maintained current records based on people's dietary needs, preferences and allergies. This information was displayed on a board in the kitchen to inform all kitchen staff when they prepared individual meals. The chef ensured that a range of soft foods was prepared in order to meet the needs of people who needed a soft diet. The registered manager had implemented monthly nutrition meetings to discuss any persons with specific dietary needs and who were on modified diets. They told us, "This helps us see how we can improve our practice and see people's weight going up when needed." The chef, the clinical lead, the registered manager and the team leaders from day and night shifts attended these meetings.

People were weighed fortnightly and fluctuations of weight were noted in a dedicated care plan. People were referred to the GP or a speech and language therapist (SALT) when necessary, and their recommendations were followed in practice. A person who was at risk of choking was helped to sit in a particular position when eating, as per the guidance provided. A local authority case manager who oversaw

a person's care in the service told us, "Historically the staff have been proactive in requesting services for SALT, GP etc and wound or pressure care is being monitored appropriately."

People's wellbeing was promoted by regular visits from healthcare professionals. People were able to retain their own GP or were registered with local GP surgeries. A chiropodist visited every six to eight weeks to provide treatment for people who wished it. People were escorted to their optician or dentist appointments when needed and a visiting optician service provided dementia-specific eye tests that are tailored to each individual. People were offered routine vaccination against influenza.

People had been referred to healthcare professionals when necessary. For example, to a GP, a Parkinson's nurse specialist, tissue viability nurse, to the Community Response team from the local hospital and to a memory clinic. When people became unwell, information was promptly communicated to staff at handovers so effective follow up was carried out. This ensured that staff responded effectively when people's health needs changed.

The premises had been designed and decorated paying attention to the needs of people living with dementia. There was signage throughout the home to help people find their way around. Some people had memory boxes next to their bedroom doors when they had agreed to, other people chose to remove them. The registered manager told us, "We have an on-going programme of refurbishment and will revisit how people would like to personalise their bedroom doors if they have difficulties with orientation."

The accommodation was spacious, comfortable and welcoming. All areas were furnished to a high standard and were wheelchairs accessible. All bedrooms were en-suite and there were four sluice rooms in place. There was a dedicated hairdressing salon and free internet available. There was ample provision of quiet spaces where people and their visitors could sit and relax. There were three assisted bathrooms and three assisted shower rooms. The dining room opened onto large well maintained gardens with sitting areas. Two relatives told us, "Look at this, isn't this a wonderful space?" and, "We spend a long time sitting outside when the weather is warm and it is wonderful here, very beautiful."

Good

Is the service caring?

Our findings

People told us they were satisfied with how the staff cared for them. They said, "I am happy here because everyone is pleasant and willing to help at all times", "I am happy because everything is done well and kindly; everyone is nice." Relatives told us, " All the staff know how to treat my father, they keep a careful eye on him; they give him a hug and talk with eye to eye contact" and, Staff here are amazing they have so much time for the residents."

We spent time in the communal areas and observed how people and staff interacted. There was a homely feel to the service and there were frequent friendly and appropriately humorous interactions between staff and people whom staff addressed respectfully by their preferred names. The staff approach was kind and compassionate. Some members of staff sat and conversed with people with genuine interest. A local authority case manager who oversaw a person's care in the service told us, "Staff are always helpful and polite to residents, families and public alike."

People were assisted discreetly with their personal care and bathing needs in a way that respected their dignity. A person told us, "They always cover me quickly so I don't feel exposed." Staff were careful to speak about people respectfully and maintained people's confidentiality by not speaking about people in front of others. A member of staff told, "It's all about the language we use, the way we speak, the tone we use; all this must be appropriate and respectful." People were given the choice of having their doors open or closed; People's records were kept securely to maintain confidentiality. When appropriate, Independent Mental Capacity Advocates (IMCAs) were enlisted to help represent people's views at best interest meetings, when families were not available.

Staff encouraged people to do as much as possible for themselves. Staff checked that people were appropriately dressed and all people were well presented with comfortable clothing and footwear. People washed, dressed and undressed themselves when they were able to do so. People followed their preferred routine, for example some people chose to have a late breakfast, or stay in bed. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote their independence. A person went out of the premises for a daily walk and staff watched out for their return; a person used a lift to go and visit the gardens independently; a person had their own privately funded yoga sessions. Another person liked to go in the gardens and smoke tobacco. Staff told us, "They can do absolutely what they like; we just make sure they are safe doing so."

Attention was paid to equality and diversity. People's spiritual needs were met with the provision of a bi-monthly religious service held for people of all faith denomination.

Clear information about the service and its facilities was provided to people and their relatives. There was a comprehensive brochure that contained ten informative sheets on different aspects of the service. This explained how the provider catered for people who need nursing care, residential care, and dementia care. In addition, people were provided with a 'service users guide' that included the service's statement of purpose, the service's objectives, details of accommodation, facilities and services, and the procedures

about how to lodge a complaint. There were further booklets provided, such as 'Welcome to Emily Jackson House' which included the list of staff and which uniforms they wore, prices of additional services, activities, the service's open door policy, and how to stay safe in the event of a fire. There was a website about the service and sister services that was informative, well maintained and user-friendly. This included, "Meet the team" and "Life at our home." Visitors to the website could take a virtual tour of the premises. Visitors were provided with booklets about 'selecting your ideal care home' and 'choosing a care home for people living with dementia', to help them make informed decisions.

People were involved in their day to day care and in the reviews of their care plans when they were able to and when they wished to be. There was a key workers scheme and people we spoke with knew who their key worker was. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need. Key workers sat with people and reviewed their plans of care with them or their legal representatives. A relative told us, "I am kept well informed and I often talk with staff over the phone about our mum's care. They listen to me, they change things when it is needed and update their paperwork."

People or their legal representatives were consulted about how they wished the service to manage their care and treatment when they approached the end of their lives. When appropriate, people were invited to take part in 'advance care plans' (ACP) and were supported by staff during the process. These plans give people the opportunity to let their family, friends and professionals know what was important for them for a time in the future where they may be unable to do so. This included how they might want any religious or spiritual beliefs they held to be reflected in their care; their choice about where they would prefer to be cared for; which treatment they felt may be appropriate or choose to decline; and who they had wished to be their legal representative.

People's wishes regarding resuscitation were appropriately recorded. People had pain-management plans and plans were written in advance in regard to their possible use of pain relief medicines, to avoid any delay should people's needs suddenly increase when they approached the end of their life. Therefore people could be confident that best practice would be maintained for their end of life care. Staff were encouraged to attend people's funerals. A member of staff told us, "We like to pay our respects to people who have been living with us and so often we feel like they are members of our family."

Good

Is the service responsive?

Our findings

People gave us positive feedback about how staff responded to their needs. They describe the way the staff responded to their needs in emphatic terms such as, "Superbly", "Amazing, they do go out of their way" and," They value us as individuals, not as a bunch." A relative told us, "All the staff, from the manager, the nurses, the carers, the receptionist, the admin, the chefs, to the cleaners, are simply fantastic, they really want to make living here the best experience."

A local authority case manager who oversaw a person's care in the service told us, "The staff in Emily Jackson are always willing to support and take on any advice or guidance offered around care plans and will always note any inconsistencies which may occur; they are accommodating to all solutions; Emily Jackson is one of the nicest homes that I visit."

People's needs had been assessed before they moved into the home to check whether the service could accommodate these needs. This ensured that people's needs could be met effectively. These assessments included an outline of people's life history and their likes, dislikes and preferences over their care and lifestyle. There were clear accounts of people's needs in relation to their medicines, communication, nutrition, skin integrity, pain, sleeping pattern and mental health. There was a section titled 'hopes and concerns for the future'. A relative told us this encouraged people to think positively about their life ahead in the service. Their loved one had answered positively such as, "To get better, to continue, to live as well as I can and do many things as long as I can."

Individualised care plans about each aspect of people's care were developed further within six weeks, as staff became more acquainted with people, their particular needs and their choices. People were encouraged to personalise their bedrooms as they wished and bring their own articles of furniture to make them feel at home from the beginning of their stay.

How relatives may feel when their loved ones came to live in the service was acknowledged and taken into account. The registered manager told us how time was devoted to reassure people and their relatives and how they were invited to come and visit as often as they wished before making their decision. They told us, "Time is no object, as long as they need." Grandchildren were provided with a book to keep, titled "Visiting Grandad's new home". This explained to children basic facts about dementia, how their grandparents or great grandparents' behaviour may change, acknowledged their possible worries and how they may be feeling visiting them in this new environment.

The registered manager carried out a routine review of people's care plans six months after they came into the service. Families were invited to these reviews with people's agreement. In some cases, this review was brought forward. The registered manager told us, "If we have any concerns at all then we meet there and then and involve people of course, their families or legal representatives." Care plans were routinely reviewed and updated by staff monthly thereafter. Care plans had been updated following a fall, a period of hospitalisation, an illness and the identification of a particular dislike.

People's likes, dislikes and preferences were taken into account. Staff enquired with people what they liked, disliked, and noted their preferences about routine, activities and food. These included details of what type of food they liked, for example a person liked "Simple food such as cottage pie"; another disliked any type of gravy and another person preferred fish to meat. One person disliked a particular colour and this preference was reflected in the food and clothing options that staff offered to them. People's favourite activities and special interests were noted, such as when people liked dancing, baking, knitting, or favoured music from a particular era. A person had listed their favourite TV programmes and staff reminded them when these series was showing. We asked five members of staff to tell us about people's preferences and they were aware of these.

People's special requirements were met by staff who were attentive to people's emotional wellbeing. They often sought what would have a special significance for people. For example, one person had a piece of manuscript paper with music on that their grandfather had written. This piece of music had been composed for the royal household. He had never heard it and no one at the home was musical so the registered manager had arranged for York University to look at the music and advise on the best instrument it should be played on. This was due to be recorded and put on a CD to give to the person. Staff had researched a person's favourite poet with their relative to select poetry reading. One resident was an avid football fan. Staff wrote to the club and arranged for signed photographs and memorabilia to be delivered for their birthday. They put a photo album together to remind them of this happy event. We observed a cleaner who sat down with a person after having vacuumed the room, spending time with them to look at their photo album, showing genuine interest. The person told us, "She often sits with me when she has finished her work."

People had several opportunity to give their feedback about the quality of the service. There was a system of 'Resident of the day' implemented in the service. On that day, each head of departments visited the person and gathered their feedback about the care they received. This gave people the opportunity to discuss and interact with them and be listened to. Quarterly residents and relatives meetings were held, to discuss upcoming events in the service, what had been happening, and what people would like to do. These meetings helped the activity team plan the programme of events and helped the chef and his team alter existing menus and plan new ones. Additionally, staff talked with people at their monthly reviews and noted whether they were satisfied with their care and support.

A series of annual satisfaction surveys had been carried out in 2015 by an independent market research organisation that provided questionnaires to the service. One survey was to capture people's views; another was for their relatives or representatives. The surveys measured feedback about 'staff and care', 'home and comforts', 'choice and having a say', and 'quality of life'. One of five volunteers had been coached on how to support people with completing these. The survey was analysed, fed back to the provider and reported back to the registered manager. The overall satisfaction score was 905 out of 1000. The relatives' survey scored 819 out of 1000. A person told us, "They are very good at asking us what we think, we definitely have a say about what goes on." The surveys benchmarked the results against previous scores to identify where improvements could be made. It also listed the results in a way to identify whether the service was compliant with legal requirements. As a result, action plans were written to implement improvements and these were monitored by the registered manager and regional director until completion.

Staff were invited to comment on how the service was run. There was a comment box in reception area that people, relatives and staff could use and which was emptied weekly by the registered manager. However this was seldom used as the registered manager operated an open door policy. A member of staff told us, "If I have anything to say or suggest, I just go and speak with the manager, or I speak at staff meetings, communication is not a problem here." The registered manager ordered 'General Dementia Care' and

'Nursing Times' for the staff to read and keep their knowledge up to date. Staff used these as a spring board for discussion on topical issues such as different medicines or mouth care at team meetings.

A range of daily activities that were suitable for people who lived with dementia was available. The provider employed an activities advisor as well as an activities coordinator. This activity team promoted inclusion, researched and understood the recreational needs of people living with dementia. The activities advisor researched activities online and helped develop an understanding of people's interests. The activities advisor and the activities coordinator both spoke knowledgably about the preferences of individual people who lived at the service. They told us, "They let me know what kinds of things they like to do." The activities advisor engaged people with reading therapy and was particularly focused on ensuring that people were not socially isolated and had access to meaningful activities that they enjoyed. Some people enjoyed colouring therapy and access to arts and crafts activities. The activities advisor spoke to us about trying different activities to learn about people's preferences. They would also speak to people and their relatives to find out more about the kinds of things they liked to do with their time.

There was a visual display in a communal area that informed people about what activities were taking place within the home. People were also provided with information about activities and this was left in their rooms for reference.

There was a diverse range of activities that were arranged within the home. This included puzzles, coffee mornings, reminiscence, poetry, cocktail hours, pampering, visits from 'pets as therapy' dogs, arts and crafts, movie afternoons, cooking and gardening. Activities strived to be stimulating, for example arts and crafts focused on Chinese dragon art and people's friends were invited to join 'chit chat club' for tea and cakes. A music session included a drumming kit and a relative had joined in the session. A person told us, "This was so loud but very funny." We saw that a crossword was being completed as a communal activity on the second day of the inspection. This was coordinated by a volunteer. A member of the public came to the service to speak with people who lived in the same village as them to reminisce about the village history. A relative told us, "My mother is really looking forward to this." Alternative activities were offered to people if they changed their mind and according to their mood. The activities coordinator had accessed specialist training to help them to carry out their role. We observed their specific skills of empowerment during a group poetry reminiscence session where they encouraged people to recall the next lines of poetry themselves. When a person was able to recite the whole poem, their achievement was acknowledged with genuine respect and admiration. A person told us, "The activities are wonderful."

The service had its own minibus so people were able to go out and access activities in the community to minimise isolation. This helped maintaining links with the community. People were accompanied to the polling station to vote; they were able to go out to a bowling club regularly if they chose. Entertainment was also sourced externally and there were frequent visits from musicians and local school groups. Plans were being made to start a 'pen pal scheme' with people who lived in sister homes in other parts of the country. The home was engaged with their local church and people were able to attend services if they wished. The activities coordinator told us, "We take residents to the local supermarket, to pub lunches and garden centres; one resident meets her friend at the supermarket, it makes her feel she is doing the same things she did in her own home. Several residents go for days out or on holiday with their families." People from the Memory Lane were encouraged to socialise with others and join group activities. One to one activities were provided when people did not wish to join groups, such as reading aloud, singing, hand massage, reminiscence with sensory equipment and light exercise.

People we spoke with were aware of how to make a complaint. One relative said, "The manager listens and take action straight away, so there is little need to make formal complaints." Five complaints had been

made in the last year and these had been investigated and responded to in line with the provider's policies and procedures. Detailed information on how to complain was provided for people in the service user guide and a summary was displayed on the wall in reception.

Good

Is the service well-led?

Our findings

People told us the service was very well-led. They told us, "The manager is absolutely lovely, so kind and caring, most of us just love her", "She gets things done" and, "She manages everyone with a smile but make no mistake she is the captain of this ship." A relative told us, "We have total confidence in the manager; she is very caring and efficient."

The registered manager held quarterly general staff meetings and encouraged the staff to be involved with the running of the service. They met with nurses every month, with care workers, the housekeeping team, the catering team and the activities team quarterly, and with team leaders in between. They walked around the premises each day to get an overview of the day to day running of the service.

The registered manager and their deputy carried out regular unannounced spot checks of staff practice at any times of day or night. A local authority case manager who oversaw a person's care in the service told us, "The manager is very good at making spot checks on staff, even going in to work at 3am for spot checks." One of these visits had highlighted that during the night a food and fluid intake chart had not been totalled. This was addressed immediately at the time and we saw a memorandum had been placed in the nurses' office informing them that this must not occur again. The records seen showed that these were being now appropriately completed.

Staff were positive about the support they received from the registered manager. They reported that they could approach the registered manager with concerns and that they were confident that they would be supported. They described them as, "Very kind, also quite firm", "Very clued on" and, "Very supportive and understanding, and really competent." The deputy manager told us, "We have a very good working relationship."

The registered manager was very visible in the service. They were knowledgeable about each person in the service, interacted with them at frequent intervals during the day and addressed them by their preferred names. They had set up and advertised an 'open surgery' where there were specific times when people, staff and visitors could talk with her without an appointment. However, as they operated an open door policy this principle was implemented daily. The registered manager talked with people's relatives and took action on the day when they voiced any concerns, such as missing laundry or hearing aids. During our visit, a member of staff needed immediate support and the registered manager had ensured this staff was listened to and supported both emotionally and practically.

The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They were fully aware of updates in legislation that affected the service and communicated these to staff effectively.

The registered manager spoke with us about their philosophy of care. They told us their vision was "All about quality of care; to encompass family and friends; to train staff so they understand the importance to deliver truly good care; to create the feelings of a home." From our observations in the service, this vision

was shared with staff and implemented in practice.

The registered manager regularly attended Healthwatch meetings and care home forums organised by the local authority. They also participated in meetings at the local hospital regarding safe discharge and moving from hospital to care homes. They currently participated in a project with the Clinical Commissioning Group (CCG) regarding the number of people in care homes with suspected dementia and without formal diagnosis. The registered manager regularly met with other managers of sister homes to discuss best practice and exchange ideas. They used resources from the Alzheimer's Society, Parkinson's UK, Age UK and Skills for Care to ensure that they were up to date with regards to good practice.

The service was fully integrated into the local community. The registered manager had built good links with local schools and children regularly came in to volunteer with the activities team. People had been invited to the 'Local Lions' fun day and regularly went to visit sister homes in the area. There were seasonal themed activities in the community such as Christmas shopping, or going to the seaside. Staff were organising a summer fete on the 18th June and were looking forward to participating in the annual national Care Home Open Day.

There was a robust system of quality assurance and governance in place to monitor the quality and standards of the service. The registered manager was supported by a senior management team that included the regional director, an internal regulations team, a marketing manager, a hospitality manager, and a property manager. Spot checks of staff practice were recorded and discussed with the regional director. As a result of these checks, staff attire and the recording of food and fluid intake charts had been improved; an additional member of staff had been deployed at night time.

The internal regulations team came to inspect the service annually and wrote a comprehensive report to check whether the service was safe, effective, caring, responsive and well-led. The report included recommendations and a clear action plan for the service with completion dates. The regional manager followed this action plan and reported their progress to the regional director. A regional nurse specialist carried out clinical audits for the service and looked at accidents and incidents and possible links with people's medical conditions or medicines. The last report dated 05 April 2016 had identified a need to schedule and maintain staff supervision and appraisal and this was being implemented; a need for individual slings to be named and stored in people's rooms to minimise risks of cross contamination; the need to store toiletries and other articles that may present a risk of ingestion in a more secure location. These actions had been implemented.

The regional director carried out 'Quality First' audit visits every two months. The last visit had identified a few shortfalls in care plans and this had been remedied without delay. There was a monthly time table for scheduled internal audits that included medicines, care plans, laundry, housekeeping and infection control. The registered manager used an action plan management tool where all reports, visits and audits findings were centralised in one place. This facilitated the monitoring the progress and completion of any actions that needed to be taken. When action had been completed, these were signed off.

The service's policies were appropriate for the type of service and included 'Duty of candour', quality assurance and research. They were easy to understand, to help staff when they needed to refer to them. They were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. All records were organised, accurate, kept securely and confidentially.