The Orders Of St. John Care Trust

OSJCT Hartsholme House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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?	Outstanding ☆

Summary of findings

Overall summary

We carried out an unannounced inspection on 10 May 2018.

OSJCT Hartsholme House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

OSJCT Hartsholme House provides accommodation for up to 44 older people with care needs and people living with dementia. It is situated on the outskirts of Lincoln and provides accommodation over two floors. On the day of our inspection there were 43 people living at the home.

At our last inspection in November 2015 we rated the service good with a rating of outstanding for responsive and good for safe, effective, caring and well led. At this inspection we rated the service as outstanding overall. We found responsive and well led to be outstanding and safe, effective and caring to remain as good.

There was 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.

Staff understood their responsibility to protect people from the risk of abuse and appropriate action was taken in response to any incidents. Staff were aware of risks to people's health and safety and took action to reduce the risks, whilst not restricting them unnecessarily and maintaining their independence. Incidents and accidents were analysed and used to identify themes and share learning.

Staffing levels were adequate to enable people's needs to be met promptly and staff were deployed effectively. Staff were recruited safely and received regular and appropriate training for their roles. People received their medicines when they needed them and medicines were stored and recorded appropriately.

The service managed the prevention and control of infection well. Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises. The required checks of the premises and environment were made to maintain a safe environment.

People had enough to eat and drink and staff provided them with support when required. Mealtimes were relaxed and sociable and people were complimentary about the quality, variety and amounts of food provided. People health needs were managed well and staff worked with health professionals to ensure all concerns were managed in a co-ordinated and timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible. Documentation of mental capacity assessments and decision making in people's best interests was not always fully completed, however this was being addressed by the registered manager.

People received care from a group of staff who were caring and kind. They encouraged people and worked with them to ensure they achieved the best level of independence they could. Staff treated people in a respectful and inclusive manner and their opinions and views on their care were recognised and acted upon.

Staff provided care in a truly patient centred way and staff had an excellent and in-depth knowledge of the people they cared for. People and their relatives told us staff had an excellent knowledge and understanding of peoples' diverse needs, characteristics and social background that might influence how they wanted to receive support and how they might want to spend their time. The registered manager worked with external agencies to introduce initiatives to further improve people's experience and well being.

People and their relatives were fully involved in the development and review of their care plans so they felt consulted, empowered, listened to and valued. Care and support plans were reviewed and changed as people's needs changed. Staff had extended the life story work they undertook with people, spending time with them over a significant period to further develop the information they had about each person.

People were encouraged to stay socially active and to maintain their relationships with family, friends and their contacts in the local community. Family involvement was actively promoted and relatives spoke about the value of this in creating positive memories for them and their family member. Activities were tailored to people's interests and experiences and a wide range of social activities were provided for people and their families.

Staff benefited from clear and strong leadership and the management team led by example. There was an extremely positive culture that was person centred, open and empowering which achieved good outcomes for people and improved their well-being.

Staff were motivated by and proud of the service and there was a sense of shared purpose. There were consistently high levels of constructive engagement with people, staff and the local community. People were involved in decision making and actively encouraged to share their views.

The management team monitored the quality of the service and performance was effectively managed. There was evidence of a consistent approach to continuous improvement and introduction of innovations to benefit people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains safe.

Staff supported people to remain safe and protected them from avoidable harm.

Medicines were managed safely.

Incidents and accidents were analysed to identify learning and reduce risks for people using the service.

Safe staff recruitment procedures were followed and people were supported by adequate numbers of staff to maintain their safety.

The home was visibly clean, hygienic and the required building and maintenance checks were completed.

Is the service effective?

Good

The service remains effective.

People received support from a staff team who had the necessary knowledge and skills. They received supervision and appraisal.

People were supported to make decisions and their diverse needs and characteristics were recognised and accommodated.

People were supported with their nutritional and healthcare needs.

The environment was suitable to meet people's needs and adaptations were made where required.

Is the service caring?

Good

The service remains caring.

People had excellent relationships with staff who were kind, caring and committed to ensuring they received the care they chose, with their likes and dislikes respected.

People were involved in planning and reviewing their care and were encouraged to remain as independent as possible.

Is the service responsive?

Outstanding ☆

The service remains outstanding.

The service had further developed its approach to person centred care.

Staff had an excellent knowledge of people and their individual needs and care was delivered flexibly, in a way which ensured choice and continuity of care. The registered manager was proactive in identifying opportunities to improve peoples' experience and increase staff's understanding of their individual needs. They had introduced innovative methods of identifying how to engage with people living with dementia.

A wide range of social activities were offered, which were tailored to people's interests and preferences. This enabled people to live as full and varied a life as possible. The service went the extra mile to enable families to be fully involved. Relatives were welcomed and events organised on a regular basis which enabled them to create positive memories with people.

People were encouraged and facilitated to maintain their links with the local community and staff involved the community in the home.

Is the service well-led?

Outstanding ☆

The service was outstanding

The management team led by example. They provided clear leadership and direction for staff, showing enthusiasm and commitment to continuous improvement. Accountability was clear and performance was monitored with clear targets for achievement.

The registered manager showed excellent leadership and management skills and was knowledgeable, enthusiastic and passionate about achieving the best possible experience for people and their families.

Staff were motivated by and proud of the service. The management team demonstrated consistently high levels of constructive engagement with people and staff. There was a strong commitment to continuous improvement of the quality of care and improving the experience of people using the service.

People using the service were actively involved in decision making which was a democratic process where everyone's view was listened to. Relatives praised the service and felt actively involved.

Staff, people using the service and their relatives praised the management of the service and the approach and attitude of the registered manager and head of care.

The registered manager actively sought to work with other organisations to introduce innovative practice and work collaboratively with them. They had developed strong community links and worked closely with volunteers to reflect the changing needs and preferences of people using the service.

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

This inspection took place on 10 May 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home including notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided. Healthwatch is the local consumer champion for people using adult social care services.

During the inspection we spoke with three people using the service and six relatives. We spoke with the registered manager, the head of care, three care staff, a cook, and the head housekeeper.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included looking at all or part of four people's care records and associated documents. We reviewed records of meetings, recruitment checks carried out for four staff, staff rotas, staff training records and maintenance and safety logs. We also reviewed the quality assurance audits the management team had completed.

Good

Is the service safe?

Our findings

People felt safe living at the home and relatives told us they were confident their family member was safe. One relative said, "I am very confident they are safe and happy here. They settled in very quickly."

Staff supported people to stay safe and protect them from avoidable harm. Staff were aware of the signs of abuse and the action they should take if they identified a concern. The telephone number of the local authority safeguarding team was provided in the provider's safeguarding policy. Information about safeguarding for people and their relatives was available near the entrance to the home.

Risks to people's health and safety, such as their risk of falls and risk of developing pressure ulcers, were identified and actions were taken to reduce the risks. Risks were reviewed on a monthly basis and in this way additional actions that should be taken, were identified. Staff completed incident forms when incidents and accidents occurred and the manager reviewed these and recorded the outcome of their analysis.

Staff collated information about falls on a monthly basis to identify themes or trends. For example, they provided reports on the time of day falls had occurred and the location of the person when the fall had occurred. They also reviewed the number of times a person fell and the circumstances. The registered manager told us they used this information when they discussed ways to reduce falls with the staff team. The provider had developed a new falls management policy to provide further guidance for staff and to ensure a consistent approach was taken.

Following incidents, reflective practice sessions were held where staff reflected on situations, had open discussions and as a team developed new strategies to support similar situations in the future.

People using the service and their relatives told us they felt there were enough staff available to provide the care and support people required. One relative said, "I have never seen them short of staff." Another relative said, "There's plenty of staff around – always; and they always seem to know exactly where [my family member] is and what he has been doing, whoever you ask."

Staff rosters indicated that the number of staff on duty over a two week period corresponded with the planned staffing levels. The registered manager and the area operations manager reviewed staffing levels against dependency levels and said they had increased staffing at specific times of day when people required additional support or oversight. A member of staff re-iterated this saying, "The 5pm to 8pm shift has been added in so we can be on duty around the lounge, being the eyes and ears to keep people safe and get to them quickly if they get into difficulties."

Medicines were managed safely and in line with requirements. Processes were in place to ensure people's medicines were available when needed and people told us they received their medicines regularly. We observed the administration of medicines and saw staff made the necessary checks prior to administering each person's medicines and stayed with the person until they had taken them. Protocols were in place to provide additional information about the safe administration of medicines which were given only on an 'as

required' basis; however, these would have benefited from some additional detail. Staff received training and competency assessments to gain and maintain the knowledge and skills for safe medicines administration. Audits of medicines were completed by staff and external pharmacists. We saw action was taken to address issues identified in a recent audit completed by an external pharmacist.

The premises were maintained and adapted to increase the safety of people living there. For example, there was appropriate disabled access to bathroom facilities and adaptations such as safety rails and raised toilet seats were in place. Records showed that equipment was serviced regularly and staff were aware of the need to check the safety of equipment they used. A care staff member said, "We need to check that the hoists and slings are Okay every time we use them too." Fire safety checks and checks of essential utilities were carried out. There were personal emergency evacuation plans in place for the people using the service. These showed how each individual must be assisted in the event of an emergency and an emergency plan was in place to manage any foreseeable emergencies.

Records showed that prior to staff being recruited the registered manager carried out checks to ensure applicants were suitable to work with people who used the service.

Processes were in place to prevent and control infection. The environment was visibly clean and the housekeeping staff were clear about their responsibilities. They told us the registered manager did a weekly walk around with them to check on the standards of cleanliness and identify any shortfalls. The registered manager had taken steps to rectify issues that were identified in an external audit of infection prevention and control. Personal protective clothing and equipment was provided and we observed staff wearing this when providing care.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and their care and support was planned and delivered in line with legislation, standards and evidence-based guidance. Policies and procedures were based on national guidance. We saw there was information from national bodies such as the national institute of health and care excellence (NICE) and Public Health England was available for staff to refer to. The registered manager told us staff were to be involved in a project to improve oral health care in a care home. The plan for the project was to cascade training to the provider's other services.

Staff generally received training and support to enable them to provide safe and effective care and support. Staff joining the service completed the national care certificate and records indicated most staff had either completed the care certificate or were in the process of completing it. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe and compassionate care and support. Most staff had completed the required mandatory training. 96% of staff had received mandatory training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). A new enhanced online programme had recently been introduced by the provider and 50% of the team had undertaken this module. Staff were provided with the opportunity to undertake a range of training on improving awareness and care of people living with dementia. Staff had regular supervision and annual appraisals. The provider used a process called 'Trust in Conversations' to guide the supervision and appraisal process. A member of staff said, "It is really helpful – not just for telling you what you have done wrong, but how you can develop your skills every day in what you do at work."

The home had champions to promote best practice in safeguarding, dignity, dementia, medicines and infection control. Several of the champions attended external meetings and forums to share best practice and increase their knowledge.

People had enough to eat and drink and were offered support as needed. People told us they enjoyed the food and they were offered drinks and snacks throughout the day. They were particularly complimentary about the homemade soups provided and we saw people who had refused a meal at lunchtime were left with a bowl or mug of soup and they ate it. One person said, "The food here is good –I really enjoy it and eat well." Another person said, "I have a fork mashable diet and it always comes up looking appetising." We observed the dining experience was relaxed and people were given assistance in a dignified way.

Staff monitored people's weight and made referrals for specialist advice when they identified a concern with the amount they ate, their weight or swallowing problems. We also saw evidence that people had access to other health professionals when necessary and regular access to a chiropodist and optician. The service had worked with the care home liaison team to develop hospital information packs for provide information for hospital staff in the event that a person required an emergency admission to hospital. One person said, "Staff always go with me to the hospital if I need to go. They took me just the other week in a taxi."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

People were supported with their behaviour in the least restrictive way. We observed people were able to walk around the home and the garden when they wished and when necessary staff stayed close by or monitored them from a distance to ensure their safety. We reviewed the care of a person living with dementia who showed distressed reactions at times which presented a risk to themselves and others. Care records for the person gave clear guidance for staff on how the person should be supported and ways in which staff might be able to calm the person and gain their cooperation.

DoLS applications were made and authorisations obtained when necessary. Mental capacity assessments were completed when people could not make a decision about living at the home and the best interest decision making process was documented. However, mental capacity assessments and decision making in relation to decisions about the use of sensor mats, medicines administration, and the provision of personal care when this caused the person distress, were not always documented. However, staff were able to explain why the measures were needed and were the least restrictive option for the person. The manager agreed to review the documentation further and address the shortfalls.

Good

Is the service caring?

Our findings

People said staff were kind and caring and they were happy living at the home. A visitor said they observed staff assisting the person they visited and staff were always very gentle and caring. People told us they liked to have a laugh and joke with staff and felt comfortable with them.

Relatives described staff as friendly and helpful and commented on the in-depth knowledge staff had about their family members which they used to ensure their happiness. For example, one person said, "All the staff made a real effort to get to know [my family member] when they first moved in and they seem really happy here." Two relatives were reassured by the fact staff always knew where their relative was and what they had been doing.

People and their relatives said staff took pride in their work and were always upbeat, happy and 'bubbly'. They said this resulted in a good atmosphere which promoted people's well-being. One person said, "The carers seem like they really want to be here with the people and don't just come here because it is their job." Another person said, "The [staff] don't treat it like a job. They take real pride in their friendships with the residents and do everything they can to make it a better home than all the others around."

During the inspection we observed that staff were attentive to people's needs and when a person called out to staff repeatedly, staff responded with patience and understanding. When people were assisted to move using a hoist, staff explained the process and gave them lots of reassurance. We observed people teased and joked with staff and staff responded appropriately and in a friendly and open way.

People said staff protected their privacy and dignity and a relative said, "Everyone is always treated with the utmost dignity." Staff told us and we observed that staff knocked on people's bed room doors before entering. Staff said they covered people as much as possible during personal care and closed the door and curtains. We saw the results of some work people and staff had completed about dignity and what it meant to them. This had been a group activity which involved discussions between staff and people using the service. They had put their ideas onto coloured doilies and they were displayed on the walls of one of the corridors.

Staff treated people and their possessions with respect. A person said, "The housekeepers are all lovely and take such good care of my things, dusting them carefully and putting them back. I love chatting to them about who each person is as they lift and dust the photos."

People and their relatives were involved in deciding the care and support they needed and in reviewing their care plans. A relative said, "I have been involved in [my family member's] care plan right from the start. They always tell me when [my family member] is having any meeting so that I can be there." We saw evidence, of the involvement of people in reviews of their care in the care plans we reviewed. These included feedback from people about their overall perception of the care provided and on what staff could do better.

Outstanding ☆

Is the service responsive?

Our findings

The service was rated as outstanding for responsive at our inspection in November 2015 and it was evident during the inspection that the registered manager and staff had further developed and embedded the person centred approach to exceptional care which was recognised in the previous inspection.

The registered manager was proactive in identifying opportunities to improve the experience of people using the service and staff's understanding of their individual needs. For example, they had participated in a project with the university of Lincoln which used activity books to identify areas of cognitive impairment and how this affected people. It was developed to, "Enhance care home workers' awareness of residents' cognitive strengths and weaknesses and influence care-giving decisions". It enabled staff to develop their knowledge and understanding of how to engage with people and enhance their lives. It involved a training programme for employees and families and had been consistently used since the last inspection. A member of staff said, "I was able to better support individuals in areas where I knew there was a deficit, but equally important I was able to encourage individuals to be independent with areas where no/little deficit was present." The registered manager felt that this approach enabled them to develop ways to support people living with dementia without the need for medication.

They were also involved in a cognitive stimulation therapy programme which had been implemented in the home for several years. This programme encouraged people living with dementia to engage more effectively. The sessions were described by staff as fun and interactive and promoted well- being. The sessions were evaluated and individual care records are updated to reflect individual's responses and involvement, this gave other team members new ideas of how to develop their own conversations and interactions, further promoting person centred care. A social work student who undertook a placement at the home was involved in the project and ran a group during their placement.

'Smell generators' (rather than air fresheners) were used to add fragrance to corridors to aid navigation around the home. Different corridors and areas had different fragrances so that people living with dementia who may not be able to recognise their surroundings visually might recognise familiar fragrances and associate them with areas where they were comfortable.

The service ran a support group for relatives and carers of people living with dementia. This was primarily developed to provide support for relatives of people using the service but other people also attended from the local community. They had also participated in the 'spare a chair' scheme offering Sunday lunch for those in the local community who were isolated or lonely. People using the service also benefited from having new people to talk and socialise with.

People and their relatives said a wide range of social activities were offered. One person said, "There is always something going on." Activities were developed based on people's individual interests. We saw a person's interest in taking photographs was recorded in their care plan and supported, whilst another person was supported to attend church and a mid week bible class locally. On the day of the inspection one of the staff spent time with a person who had an interest in architecture, helping them access information

on the internet and printing it for them. Opportunities were created for people's families to be involved if they wished. They held coffee mornings for charities, themed evenings such as a 'puddings' night, barbeques and bingo evenings to which families were invited as well as celebrating Christmas, Easter, and other celebrations. A relative told us they were able to use the small kitchen on the first floor to cook a family lunch for their family member and the rest of the family, or they could arrange with the manager for them to eat what the cook was making together as a family. They said, "That is really important to us and we have so many happy memories as a family here."

Staff had extended the life story work they undertook with people, spending time with them over a significant period to further develop the information they had about each person. Significant life events were recognized and celebrated and people's past life experience was taken into account when considering events they might be interested in. For example, a relative told us their family member used to be a lorry driver and they were going to the truck festival. 100 years of the RAF were celebrated by holding a party and inviting ex-service men and women to join them along with family and friends. The service kept chickens in the garden area. A person told us they loved animals and used to keep chickens, pigs and goats, so they loved the chickens and helped to look after them.

The staff provided a wide range of group activities based on people's interests and preferences. The service had recruited a number of volunteers who attended regularly to facilitate activities for people, these included dominoes, cards, crafts, singing activities and musical instruments. There was also regular entertainment and opportunities to attend external clubs in the community, such as 'Singing for the Brain' at the local church hall, a community garden, and 'Singing for fun and friendship.' Staff told us singing activities were particularly popular and they had regular visitors to the home to lead sing alongs. One visitor played the accordion, whilst another sang songs from the 1940s and 50s, another brought their guitar. Line dancers also came in regularly to provide entertainment and staff told us they were very popular with the people using the service. Local school children visited the home for a range of activities with people living there. One person said, "There are always plenty of activities in the home – they come and get me when they start – I'd never want to miss out. Its bingo this afternoon I think! I enjoy the singers when they come – there's usually one at least once each week." They went on to say, "There's also things we do individually and I love to sit out in the garden. I used to love help the volunteer gardener."

Staff assessed people's care needs and care plans were developed to meet those needs. Care plans provided a good level of detail about the amount of support the person required and their personal preferences in relation to their care. They were reviewed and changed as people's needs changed. Staff had an in - depth knowledge about people that was apparent when they spoke with us and they used this to inform their approach and maximize peoples' involvement and independence. For example, they described the behaviour of a person living with dementia who had was unable to communicate verbally which they recognized as signals of the person's needs. This enabled them to assist the person whilst promoting their independence. Information about people's life history and interests was documented in their care records and the dementia care framework being introduced, encouraged further development of life story work. A member of staff said, "The more information we have about their past, helps us to understand more about their present." Staff demonstrated an individual approach to involving people, their family, friends and other carers in the development and review of their care plans.

People and their relatives told us staff had an excellent knowledge and understanding of peoples' diverse needs, characteristics and social background that might influence how they wanted to receive support and how they might want to spend their time. Staff we spoke with and the care plans we reviewed, showed these characteristics had been considered when providing care for people. For example, a person using the service was partially sighted and their care plan identified actions staff should take to ensure the person was

provided with choices. We observed staff at lunchtime, guiding the person's hand with the fork to show them where everything was on their plate. The manager told us they had contacted a society for the blind for advice and consequently they had provided a stereo for the person's room. The registered manager had put the service forward to participate in a university of York research project in caring for people with sight loss.

Some information was available for people in accessible formats and staff provided assistance to enable people to remain as independent as possible when they might have difficulty in accessing information. For example, we saw staff supporting a person with sight loss sensitively and at lunchtime we saw picture menus being used to support other people with choices. We also observed that a recent survey to obtain feedback from people was in easy read format and was supported by pictures.

The environment within the home was decorated and adapted to provide a pleasant environment for people and provide opportunities for reminiscence. There were large social areas on the ground floor and smaller lounges on both floors. There were also several small, discreet areas with comfortable seating and tables where people could sit if they wanted to sit down whilst walking around he home. People's doors had number and display boards with names and photos and toilets/bathrooms had signs with text and images to support with orientation. There was a large garden area with a variety of areas to sit and walk.

Staff regularly obtained feedback from people about their views of the service and the care provided when they involved them in the review of their care plans and this was documented prior to the documentation related to the review. Whenever areas for improvement were identified, we saw these areas were addressed in people's care plans. People and their relatives had the utmost confidence that the registered manager and staff would respond to any concerns they raised. The service had received no complaints for over a year. People we spoke with said they had no reason to make a complaint, but they all said they would speak with the manager or head of care if they had a concern. Relatives said that whenever they had mentioned small issues they were always dealt with immediately. The registered manager said they always dealt with any 'niggles' early to prevent problems. The manager did not keep a central record of low level concerns; however we saw evidence in people's records that they had been identified and dealt with.

At the time of the inspection no one was receiving end of life care; however, we saw advanced care plans were in place identifying people's key wishes for the end of their life. A relative said, "When someone passes away, staff remember that we knew them too, and they support us in our grief as well as allowing the residents to grieve." We were told of a person and their relative. Staff explained had they had supported them during the person's last days and then their relative through the grieving process after, considering them both during this difficult time.

The registered manager received numerous letters of thanks for the care provided to them and their loved ones as their loved one approached the end of their life. For example, "We were very impressed by the thorough, professional and yet very sensitive way you discussed [family member's] circumstances. We appreciate the way her needs were at the centre of discussion."

Outstanding ☆

Is the service well-led?

Our findings

The home benefited from strong leadership and a management team that worked together effectively and had a clear vision. The registered manager was passionate, caring, enthusiastic and experienced and was universally praised during our inspection for their approach to improving the lives of people using the service and developing a strong and effective workforce. The registered manager further developed the skills of staff and was actively succession planning.

The registered manager's expectations of staff were clear and the management team provided constructive feedback to staff. Staff told us the registered manager and head of care were regularly 'on the floor' and participated in providing care; a housekeeper told us the registered manager completed a weekly walk around with the houskeepers to check on standards. The registered manager described their role as finding solutions.

People and their relatives knew the registered manager and head of care well and universally praised the management of the home. They told us they had confidence that the management team would address any concerns and kept them fully informed. A relative said, "This is a fabulous place and we are so pleased that [family member] is here." A person we spoke with, said the home was, "Very well run," and went on to say they had full confidence in the manager and head of care."

Staff we spoke with were very positive about the manager and head of care. One person said, "We have the best manager, the best head of care and are the best team – ever! We all pull together so well." Staff told us the manager had an open door policy and they could speak to her at any time. Another member of staff said, "Yes, the home is well led from the manager up and from the manager down. They all talk to us, ask us and involve us."

The registered manager and staff showed immense enthusiasm and a commitment to provide the best experience possible for the people they cared for. The culture was open and everyone's input was listened to and valued. During our visit we found the atmosphere was friendly and relaxed. Staff were highly motiviated and worked well together and supported each other. The registered manager said that if staff saw something which needed attention they were encouraged to deal with it if possible, regardless of whether it was their job. Our observations indicated that this was the approach taken at the home and staff willingly helped each other.

People using the service were actively engaged in decision making and suggestions for improvement were sought from them. We saw examples of this from the fabrics and décor chosen for communal areas, external trips, entertainment and involvement of people in the staff recruitment process. The registered manager told us they had further developed the person centred approach and wanted to empower people using the service to be fully involved in decision making about the service.

Relatives felt engaged and involved. One relative said, "It is fantastic here, and it feels like a real family environment." Another relative said, "We are all a close team, the staff, the residents and the other families. I

volunteer in the garden, its an absolute pleasure." A third relative said, "At Christmas, Easter and any special event we all make it really special – you'd be missing out if you weren't here!"

Staff felt they were valued and supported, both by the management team within the home and by the provider. Several of the staff had been recognised in the provider's annual employee awards and they told us this boosted their confidence and they felt their contributions were recognised.

Staff participated in forums with other homes within the trust and in local authority forums to share ideas and further develop practice in specific areas. For example the activities coordinator said they met with activities coordinators from other services and exchanged ideas. They also arranged for friendly competitions with other local services such as a sports day and falls awareness challenge cup. Staff attended infection prevention and control forums and other local authority forums for care homes.

The registered manager and head of care promoted and implemented innovative programmes to further increase the quality of care and the responsiveness of the service. They actively sought opportunities to work with other organisations to introduce innovative practice and participate in research projects. We saw examples of recent working with two universities in research projects for the benefit of people using the service. They were also to be involved in a project to improve oral health in care homes.

The home was involved in the local dementia action alliance. They attended meetings and influenced how people in the local community reacted to the needs of those living with dementia. Staff also contributed to the organisation's action plan

The home also accepted student social workers on their placements and used this as an opportunity to improve care. We were told of several examples of projects carried out by students which had benefited the people using the service.The team valued the interaction with the students to improve their knowledge and understanding of the role of a social worker and the support each gave to the other. The students also interacted with the residents and their families building up a working knowledge of individual's experience, something they could take with them as their careers progressed. Several of the students returned to the home as volunteers, to continue with the positive engagement that they enjoyed during their placements.

The home had a team of volunteers to support the residents to participate in their chosen activities and lifestyles. Many of the volunteers had strong connections with the home, some had themselves had loved ones cared for in the home, going from attending the homes day care service to then becoming a resident in the home.

The registered manager, head of care and area operations manager completed regular quality monitoring audits of different aspects of the service. The audits showed generally good compliance with the standards measured. The registered manager had an action plan for the home which included actions to address areas for improvement from the audits. There were clear targets in the action plan in relation to performance indicators such as pressure ulcers, falls, medicines errors and complaints. The registered manager conducted night visits and regularly came in early in the morning to see the night staff.

The registered manager analysed incidents and falls and learning was communicated to staff. Staff participated in identifying ideas and changes to practice that would positively impact on the safety of care. At the time of the inspection a flip chart sheet was pinned to the wall of the care office with the heading safety. The manager and staff had added ideas they had about factors affecting safety for such as the environment, staffing etc. Reflective practice sessions were held which involved the whole team, to openly discuss situations and reflect on incidents to enable everyone to learn from them and further develop

practice.

Regular meetings were held for people using the service and for staff. We reviewed the minutes of the meetings and saw a range of topics were discussed relevant to the service and improvements which were planned. As a result of discussions at a recent residents meetings the service had bought a new television and DVD player and custom made pressure relieving seating cushions for the new chairs in the lounge were ordered so that they appeared like normal chairs.

The provider commissioned an independent residents and relatives feedback survey which was completed in October 2017. They had not received the report from the survey at the time of the inspection, however provided evidence following the inspection that this was received and being actioned..

The registered manager was aware of their responsibilities and made the required notifications to the CQC. The CQC ratings from the last inspection in 2015 were displayed on the provider's website and in the front entrance of the home. We also contacted external agencies such as those that commission the care at the service and were informed their contract monitoring visit was entirely positive and they had identified areas of innovative practice.