St. Denis Lodge Residential Home Limited

St Denis Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection on 2 and 3 May 2018.

St Denis Lodge Residential Home is a care home for up to 21 older people. At the time of inspection there were 17 people using the service. Some of these people have various stages of dementia so had limited verbal communication. There are two floors and there are bedrooms on both. The home has a number of communal spaces including a dining room, lounge and garden.

At our last inspection we rated the service good.

At this inspection we found the service remained good.

Why the service is rated good.

Since the last inspection the registered manager and provider had worked hard to ensure there were continual improvements at the home. These had been recognised by the home retaining its beacon status for end of life care.

People received exceptionally good care from staff who treated them like part of their extended family and knew them incredibly well. People were involved in decisions about their care and the staff continuously were finding ways to share the information with people. Feedback from people, relatives and visitors to the home informed us about how well cared for they felt.

Care and support was incredibly personalised to each person, which ensured they were able to make choices about their day to day lives in line with their needs, hobbies and interests. Information about people's preferences were gathered in detail by members of staff through life stories.

People were supported to have a dignified death and there was extremely good communication with other professionals to facilitate this. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People, or their representatives, were involved in decisions about the care and support they received.

The service provided to people was responsive to people's individual needs. There were activities coordinators who ran the activities in the home with incredible passion. Staffing levels reflected the ethos that all staff were encouraged to support people with activities and in all aspects of their care. There was a range of opportunities for people and their families to participate in. Activities always considered people's hobbies and interests and were personalised as much as possible.

The management were constantly looking at current research and trying to find innovative ways to support

people in the home. There was a strong emphasis on community participation These provided opportunities for people to reminisce and promoted their well-being by being valued.

Complaints were fully investigated and responded to in a timely manner. The registered manager had a strong ethos of valuing any concern a person or their relative raised because they knew how important it was for them. There were opportunities for people to drive improvements within the home.

The home had an owner and management who strove to provide people with excellent care. People, relatives and staff told us the registered manager was excellent and had ensured the best care and support was provided. The registered manager and provider continually monitored the quality of the service and made improvements in accordance with people's changing needs.

The provider wanted to drive innovation and strive for excellence at all times. The management had created opportunities to recognise the quality care staff were delivering. Staff at all levels felt supported and were proud their work to improve the lives for people was recognised. They often went above and beyond to enrich people's experience and value them as people.

There were suitable numbers of staff to meet people's needs and to spend time socialising with them. Interactions were on a personal level and not just task based. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely. People were protected from abuse because staff understood how to keep them safe and were sure action would be taken if any concerns were raised.

The home continued to ensure people received effective care. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People who required special diets had their needs met and meal times were treated as a social opportunity. Staff had the skills and knowledge required to effectively support people. People told us their healthcare needs were met and staff supported them to attend appointments. One health care visitor was very complementary about how the home supported the people they saw.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

St Denis Lodge Residential Home

Detailed findings

Background to this inspection

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

This inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection took place on 2 and 3 May 2018 and was unannounced.

The provider had completed a Provider Information Return (PIR). 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. Before the inspection we reviewed the information that we had about the service including safeguarding records, complaints, and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the service were living with dementia and were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences. We spoke with eight people who used the service and four people's relatives and one health care professional. We also spoke with 11 members of staff. This included the registered manager, the care manager, care staff and ancillary staff.

During the inspection, we looked at three people's care and support records. We also reviewed records associated with people's care provision such as medicine records and daily care records relating to food and fluid consumption. We reviewed records relating to the management of the service such as the staffing

rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Following the inspection we asked the registered manager to send us some policies, training information and audits. These were all sent within the time frame given.

Good

Is the service safe?

Our findings

People continued to receive a safe service. They said, "I feel safe here", "I do feel very safe here" and, "I do feel safe here. I walk with a support frame, all the staff are very helpful, I am not rushed". One relative said, "We know she is safe when we are away".

People were kept safe from potential abuse because staff understood what to do and how to recognise signs. One member of staff told us they would, "Report to the manager" when they were concerned. Staff were aware of signs of abuse such as bruising, people looking fearful and body language. All staff agreed the management would do something about concerns they raised. They all knew about external agencies they could raise their concerns to if they were worried.

People were supported by enough staff to meet their needs and keep them safe. One person said, "I press pendant" and they, "Come immediately". Other people told us, "Yes I feel safe here. There's always someone on duty at night" and, "The staff always have time for me, they are very patient". One relative said, "It seems to be well staffed". Staff all agreed there were enough staff. One member of staff said, "There is definitely enough staff" and explained because of the staffing ratios they, "Can have quality time with people. Able to sit and have a chat about their worries and concerns. You can get involved in activities. So important to have that time".

People were kept safe because there was a robust recruitment system in place. All staff had checks completed prior to starting working. One member of staff confirmed the registered manager had sought references from previous employers and checks to make sure they were suitable to work with vulnerable people. These had all happened prior to them starting work.

The PIR told us, and we saw, people's medicines were safely managed and administered by staff who had received appropriate training. One person said, "Three times a day medication. Wherever you are, you get tablets you need. They make sure it is appropriate medicine". People were comfortable when supported with their medicine and staff were patient and went at the person's speed following their preferences. Improvements could be made to ensure practices around pain medicine patch rotation were in line with medicine instructions. This was because some people had pain patches not being rotated in line with the manufacturers discussion to prevent skin breakdown and the dose being incorrect. No impact to people was found at the inspection.

Risks to people had been considered and ways to maintain their independence explored. Pressure care, malnutrition, mobility and access to the community were considered. Where risks had been found ways to minimise them were in place. One person had identified pressure risks so preventative measures such as barrier creams and regular repositioning were in place.

People were kept safe because the provider and management took health and safety seriously. Special equipment had routine checks and when concerns were found they were rectified. One hoist had been found with damaged wheels during the checks so taken out of action until fixed. There were routine fire

checks including fire drills and alarm tests.

People were supported by staff who knew how to prevent the spread of infection. One member of staff told us they always wore aprons and gloves when carrying out intimate care. The home was clean and smelt pleasant. There was a system in place if there were soiled clothes to ensure they did not touch any others.

When there had been accidents or incidents the management had reviewed them to find out if any lessons could be learnt. One person had a fall. In response changes to the bathroom were made, there were referrals to a specialist falls clinic and they checked for any infections. The registered manager told us they, "Try and be responsive" which included looking for reasons and trying to prevent future falls.

Good

Is the service effective?

Our findings

People continued to receive an effective service. People were supported by staff who understood about capacity and consent. One person said, "Everything I need is done with my consent". People who had capacity were asked for their consent prior to any care and treatment. This included if restrictive practices were needed to keep people safe. For example, if a person had bed rails to prevent them falling out of bed and hurting themselves.

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 who lacked capacity were supported by staff who understood how to make decisions in their best interests. One member of staff told us they would speak with the person's family and other health and social care professionals. This was to ensure the least restrictive options were chosen.

They had developed a system of checking every new person moving into the home with the Office of the Public Guardian. This made sure they had accurate information about who held the decision making rights for people who lacked capacity or were at risk of their health declining.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff and management had identified when people required DoLS. The applications included all the up to date information about their care so it was relevant. One person's had recentlyhad a DoLS authorisation granted with conditions in place. All the conditions were being met.

The home had been designed to meet people's needs and help them maintain as much independence as possible. There were three communal bathrooms. One had a special cradle bath for people who had limited mobility. The other two bathrooms had seat baths for more able people. The garden had been kept at one level so people with mobility issues could access it independently.

People were supported to maintain a healthy, balanced diet with opportunities to have takeaways and meals out. One person said, "You can choose whatever you like" from the menu. They continued, "You can quietly get exactly what you want". Meaning if it was not on the menu they would still prepare your choice. There had recently been a meal out at a local restaurant. People spoke fondly about this opportunity and enjoyed eating out. Other people told us, "The food is very good", "I like the food here, I can get drinks day or night" and, "I like the food here and I can have it in my room or in the dining room".

One speech and language therapist had been consulted when staff identified people were at risk of choking or aspiration when eating or drinking. One person had been advised of a specialist diet which they chose not to follow. Staff had worked closely with the health professional to adapt the person's meals to make them

safe. Improvements could be made with the training all staff received around specialist diets because staff had limited understanding.
People were supported by staff who had received most of the training to meet their care and health needs. One member of staff said, "I do think there is enough training" and told us they were currently completing an additional health and social care qualification. All staff agreed if they wanted additional training in something the care manager would source this.

Staff worked with other health professionals to maintain people's health. One person said, "A chiropodist does my nails". Relatives were kept informed when their family member was not well. One relative said, "She wasn't well a few months ago and they kept us up to date". One health profession said, "Staff are approachable, knowledgeable and take you to the patient". One member of staff told us that recently they had a visit from a nurse who was happy with the hydration of a person being monitored. This was because staff had been inventive in how they managed to maintain the person's fluid by encouraging the person to eat gravies and other liquid filled food.

Theregistered manager had introduced the 'red bag system' which was a community wide approach of transferring information between the home and hospital. It listed people's personal items which were being transferred as well as important information about how they communicated and their mobility levels. This was an extension of a scheme the staff had already begun. It was agreed they could include the detailed packs they already had in place for any hospital transfer. Feedback from the hospital was it had aided the person's admission and discharge.

People with recognised differences were respected and had equipment in place to help them. One staff member said, "Everyone should be treated the same". One person had sight difficulties so a coloured plate was used to create contrast with the food. Many people had specialist equipment to promote them being able to be independent at mealtimes.

Prior to moving into the home there were assessments of people's needs to ensure they could be appropriately supported. One relative told us their family member, "Settled quickly" and put this down to the, "Attitude of staff". They had seen physical and emotional improvements since their family member had moved in the home.

Good

Is the service caring?

Our findings

People were supported by extremely kind and caring staff. All of the comments we received during the inspection, without exception, reflected how staff consistently put the people first. One person said, "Yes. They look after me well" and continued to explain the staff were, "Kindness itself". Another person said, "You will gather we are all very happy here" and continued, "It is a happy place and atmosphere. Staff are so good". Other people told us, "The carers are very supportive of my needs. They are very respectful and friendly towards me" and, "The Staff are very caring towards me".

One relative said, "I am very pleased with how mum is looked after" and continued, "Staff seem to be very friendly" they told us staff knew about their family member's sense of humour. They explained their family member's health had not declined further since moving in the home. Another relative told us, "My Late mother was treated with great respect. The carers knew she liked to look her best and always dressed her properly with her pearls and earrings on as she would have dressed herself". One health professional told us, "Everyone is extremely well cared for"

Compliments reflected the incredibly positive feedback we received about how kind and caring the home was. One person had written, "Thank you very much for a lovely Christmas and lovely presents". One relative wrote, "We feel very lucky that she was able to come initially for a respite stay which was then extended to a six month period during which you provided a home for her". This continued with, "You made friends with her and showed such resilience and consideration, tact and sensitivity. All of which requires enormous faith and dedication at every level". Other relatives wrote, "We cannot think we could ever have found a better place than St Denis. He was only with you a few weeks but the care and dedication you all gave surpassed any expectation we may have had", "We cannot speak highly enough of the level of care you provided for more than three years" and, "Lots of thanks for all the love and care you gave mummy over the last five years".

People were treated with kindness and respect at all times. One member of staff said, "I love coming into work. A lovely home here. Feel proud of it". The registered manager told us, "Carers go that extra mile" and explained it was down to the owner's passion. One member of staff would regularly come in on their day off to support people in the home. The staff member said, "I love it here. I come in my own time" to help people. One person was sitting in a wheelchair waiting to be supported to an arm chair. The member of staff recognised this so got down to the person's level to make eye contact. They explained they needed another member of staff to help them transfer so the person was kept informed of why they were waiting. Throughout the inspection we saw people were interacting with members of staff and were incredibly happy. One member of staff told us, "We have to remember they have a sense of humour and they want to have fun. They have not forgotten how to".

Staff were clear they worked as a team to support people. They took time to learn about each person and adapt the support they provided to meet their needs and wishes. One member of staff explained they felt the advantage of working in a smaller home was, "You get to know the residents". They continued, "We really appreciate the people we are supporting". Staff knew people incredibly well and would always

produce their preferences. Before some activities started the activity coordinator brought a person their mints. They laughed and joked with them about their love of the specific mints and how many packets they had a day. The person appreciated this personal touch and laughed with them. Others joined in the conversation jovially. This demonstrated the strength of the relationships built with people to show how much they were valued.

People were encouraged to access as many social opportunities as they wanted to. This included at all times during the day. Mealtimes were a social opportunity for people to share experiences and have conversations. One member of staff said, "I love it here. The people are great fun to be with". Another member of staff said, "The atmosphere here is brilliant". They continued, "They are an easy bunch to sit and talk with".

The staff supported people to develop friendships within the home. One relative told us, "[Name of person] became associated with other people. It is encouraged" and continued, "The other residents are cared for and happy". Every afternoon the activity coordinators brought in a selection of fresh fruit and would cut them up. During the inspection we saw how much the people enjoyed this event. Lots of people told us they were looking forward to it and they could place requests on which fruit was on offer. Lots of laughing and talking occurred throughout the inspection in various areas of the home. By embracing all social opportunities, staff were enhancing people's lives whilst they lived at the home.

The management and provider arranged staffing levels so people's care could be prioritised rather than just task based. One member of staff told us, "I have time to talk to them [meaning people]. I have just been chatting with [name of person] and cut her nails. More chance to interact. Definitely makes quality of life for people and satisfaction for the staff". Another member of staff explained, "I don't feel I have to rush people" and told us this meant you, "Get more out of people and makes them more relaxed". No requests were too much because of this approach. Relatives recognised the positive impact staff had on their family members. One relative explained prior to their family member moving in they were not eating, drinking or sleeping well. As a result of all the caring support they said their family member has, "Gained in confidence" and improved physically.

People were supported to make choices and staff respected them. One person said, "I can have a bath whenever I want to". One member of staff said, "It is a very happy place. Residents have choice". People were free to move around the home as they pleased. One person left an activity to go to their bedroom to watch television.

If people were unable to understand what was being said to them the staff found alternative methods to communicate. For example, one person had a whiteboard in their room. Staff would write on it and the person could respond. Other people required staff to speak loud and clearly so they could understand what was being said. One member of staff said, "Everything is about choice" and explained this was regularly reinforced by the management.

People were supported by staff and a management who had created a strong ethos promoting privacy and dignity. One person told us, "We are treated with dignity I believe". One member of staff said, "Dignity is a big thing. Give them [meaning people] the respect they need". They knew to always shut the door and keep people as covered as possible. All staff agreed they would go at the person's speed and keep them informed at all times when supporting them with intimate care. During the inspection we saw people asked discretely if they needed support when in communal areas.

People were encouraged to maintain relationships with family and friends. There was an open door policy

which meant visitors could come at any time. One relative said, "I am always welcomed. Offered tea and coffee. We have a choice of where we sit and talk to her. It is a lovely home". One member of staff told us they, "Would be welcoming for all their visitors". During the inspection all visitors were made incredibly welcome and staff would update them if it was appropriate.

The management and staff considered how to promote people keeping as much independence as possible. This included sourcing relevant equipment to assist with transfers so people could do as much as possible themselves. The registered manager explained they had attended a social care conference recently and seen a specific piece of equipment to aid transfers. They told the provider who immediately went out and purchased the equipment. By having different types of equipment to assist with transfers staff had really considered a drive towards support rather than care for people. To further promote people's independence there were rabbits and chickens in the garden. The people were encouraged to help look after them by feeding and cleaning them out if they wanted to.

People's religious and cultural differences were respected by staff. Ways to facilitate them were found. One person requested someone from their church and this was organised. Other people attended the regular services held at the home. One member of staff said they would respect people and their choices. They told us, "I would not treat them any differently". Another member of staff told us they, "Respect their [meaning the people's] beliefs and values". This information was recorded in their main care plan and all their wishes documented.

Good

Is the service responsive?

Our findings

People were supported to have a dignified death which met their wishes and needs. Feedback from relatives demonstrated the compassion staff showed at the end of people's lives. One relative wrote, "I just wanted to say thank you again for making Mum's last few months so warm and comfortable in every sense. We couldn't have wished for a more kind and loving environment for her to end her days and will be grateful to you for ever for your loving care of her".

The staff and management had achieved beacon status in the Gold Standard Framework (GSF). This is a standard to ensure people had dignified deaths which considered their needs and wishes. Beacon status was achieved by homes which had continuously sustained a high standard of end of life care. The registered manager explained one of the major impacts the GSF had made was improved communication. This was because they worked with the person, relatives and other professionals to ensure a clear pathway plan was in place.

Every month staff held a meeting to review each person's care needs to assess whether they had moved towards end of life care. This was so they could anticipate what each person's needs would be and reduce inappropriate hospital admissions. The registered manager said, "It enables them [meaning people] to stay in the place they want to be" because everything required has been put in place. The local GP now attended these meetings so they could support the home in ensuring the correct equipment, medicine and support was put in place.

The management and staff had developed a specialist care plan known as a 'comfort care plan' for when people were assessed as being at the end of their life. It was a shorter format with specific care and health needs identified due to the significant changes in a person's needs. There were sections to ensure a person was comfortable and their wishes followed. People's final requests were outlined within it and there were all the contact details needed. There was also a section around people's wishes once they had died. The registered manager and staff explained it allowed them to remember things which can often get overlooked. Their GSF assessor had used the format as an exemplar for other homes they assessed.

Following a person's death the staff and management facilitated helping all people living at the home to attend the funeral if they wanted to go. If there were people unable to attend funerals then they offered the use of the home as a place to hold the service or wake. One person's relatives expressed it had made such a difference for them they wanted to come to the home and speak with the inspection team. They told us, "The staff and management went to great lengths to make sure my mother was kept calm". Discussions about their family member's end of life care had occurred prior to it being needed. This meant once end of life care was needed the focus could be on ensuring the person was comfortable and was reassurance for the family.

As well as people and relatives being supported following the death of a person staff were given a debrief and they wrote reflective logs. These were opportunities for staff to say what went well and whether any learning could happen. One member of staff had written, "This was the first one [meaning comfort care

plan] I had seen and what I found extremely comforting was that it contained sections on wellbeing and environment. This focuses everyone's attention on making her last time as peaceful, comfortable as [person's name] would wish. It must also be very comforting for her family to read".

People were encouraged to continue to be an active part of their community. Strong links had been developed within the local community. Every two months five people would attend a memory café in the local library. This was an opportunity to meet with others and socialise. One person had memories of a special trip to America in a specific make of car. The staff had organised the same type of car to be brought to the home from the local dealership so the person could sit in it and remember their happy times. A local theatre company would come to the home to perform. Local schools would come to the home and there were exchanges of Christmas cards arranged.

People had access to a range of activities personalised to their needs and wishes because staff knew them incredibly well. One person said, "You can attend what you want to". One relative said, "I am impressed with [name of both activity coordinators]. Something going on every day. All kinds of stuff. She [meaning their family member] has done things here she has never done before in her life".

One of the activity coordinators told us there was a plan which could change to meet the interests and hobbies of the people. One person said, "She [meaning the activity coordinator] is a marvellous lady. So animated and so many interests. She visits every single room every morning". There were regular visits from a staff dog and puppy to provide therapeutical opportunities. One person said, "We all love [name of dog]. He is a very loveable dog". The activity coordinator explained they have a basic timetable of activities. They said, "Individuals dictate what they want to do" and tried to keep people mentally stimulated. By having the flexibility each day people were truly receiving activities in line with their choices and interests.

Staff identified how important it was for people to continue to access their local community. One person told us, "We go out for little trips" and smiled whilst they told us this. The activity coordinators would take people on drives giving them a tour of the area. By doing this they were recognising how important it was for people to be able to learn about the location or remember where they lived. The activity coordinator explained they had recently done this for one person. During the trip the person became animated and happier than they had been in the home. They told us, it had obviously made a real difference for that person's quality of life.

Other people accessed the community by using a local taxi bus service. They would go out for tea or ice creams to local cafes. When trips had been arranged people's family members were invited to help or just come along and enjoy themselves. They had identified when people's mobility had changed relatives no longer had suitable transport. Therefore, family members could attend the trips in the specialist transport for people with wheelchairs. A recent trip had been to the seaside. By involving families the staff and management were considering what was important for people at all times to maintain their quality of life.

Each person had their own preferences and these were known very well by the staff. One person liked having a nine letter anagram to solve. Other people liked crosswords, visits to the local shops, drives in the community and visits to local restaurants. During activities the activity coordinator worked hard to support the people and provide opportunities such as reminiscence. For example, three people liked going to the local supermarket. Whilst walking around they would think about how much food used to cost and compare the prices. They all appreciated the opportunity to access the community and be able to remember important things to them. People had access to a range of activities personalised to their needs and wishes.

Some people preferred to stay at home and play games such as chess or board games. This was respected.

The registered manager told us the activities were tailored to each person. Even relatively simple activities were explored. For example, sorting buttons, bigger piece jigsaws and sorting socks in a laundry basket. In response to these individualised activities people said they felt, "More like a human being".

It was respected when people preferred their own company. Activities were sourced which were based around people's hobbies. This encouraged those who preferred their own company to socialise with others. For example, one person who spent much of their day in their bedroom went out painting with staff in the community and enjoying seated ballet by a professional dance teacher because the activity reminded them of their previous employment. Another person's relative said, "They have a variety of activities. They have sit down ballet. Mum used to teach dancing. She likes that".

Special occasions were celebrated with people. In the entrance to the home there was an open invitation for people and their visitors to attend a garden party to honour the upcoming Royal wedding. On Valentine's Day they had a "First Love" tree. People living at the home had chosen that their family were not allowed to see who they had written. The staff facilitated this so it was discussions which were kept private to respect people's privacy. Each person's birthday was considered important at the home by giving them a choice of special treats. This could include the person's favourite alcohol or sweets.

At Easter time all the people designed their own Easter bonnets. One member of staff then spent time attaching all the designs to the hats at the request of people. Pictures showed how happy people were participating in the Easter parade showing off their designs. Relatives would take time to feedback about the community events they attended. One relative wrote, "Just wanted to say thank you to all the staff for today. Great cakes and a really nice atmosphere having so many families there. You could see the pleasure on the resident's faces" about a mother's day event.

The staff supported people with various stages of dementia in line with current research and best practice to reduce their anxiety and respect their well being. Memory boxes were used to help people remember about their past. This was important if they were having memory difficulties. One memory box included a tin helmet, old fashioned iron and a children's gas mask. These provided reminiscence opportunities and encouraged discussions. People were able to share their experiences and each one was valued by the staff. During the inspection, one person remembered their wedding during the war and many discussions came from this memory. These were all embraced and listened to by the staff present. Other activities following current research were fiddle muffs and sorting activities to help reduce people's anxiety.

People's care plans reflected the knowledge and understanding staff had for their individual needs and wishes. Their care plans gave enough information and guidance for staff to be able to meet their needs and wishes. They contained details about their hobbies and interests. When a person with capacity did not want to share personal information this had been respected and documented. When people had a change in needs their care plans had been updated.

Each person had their life history documented. Members of staff would sit with the person and, where appropriate, their relatives. It was clear during the inspection how well all staff knew people through the time they took to spend with them. One staff member explained it was interesting when there were different versions from the person and their relatives. Another member of staff said, "Sometimes we forget there was a life before here [meaning the home]". Other staff members were able to clearly list different key parts of a people's life history which provided points of discussion. By having such detailed information people felt valued by the staff.

When people's needs changed the staff and management responded by updating their care. One person

had a recent change in mobility. Due to requiring more equipment to assist them to transfer from one place to another they had moved to a bigger room which had suitable access. Another person's care plan demonstrated how, prior to making changes, other health and social care professionals had been consulted. This demonstrated it was the most appropriate updates for staff to follow.

People knew how to raise concerns. They were confident they would be managed well and resolved. One person said, "If I have a problem I would talk to the management. I had a small problem once and it was dealt with quickly". One relative said, "I could raise a complaint with the manager and could take it further". They explained they had never needed to though. All complaints which had been received had been managed appropriately. The management had a proactive approach to getting feedback from people and relatives so they could resolve issues prior to them escalating to complaints. The registered manager told us, "Complaints were a good way of learning and making things better".

We asked the registered manager and staff how they followed the Accessible Information Standard. This is a standard to ensure all information shared with people respects their differences. Staff felt this was an area they could continue to work on. At the moment care plans could be read out for people. Some people had information written down on a whiteboard to help them access it. Other people had chosen for staff to just speak more loudly and close to them. Some of the other people saw how staff spoke with people and used this as a lead to help their communication with each other.

Good

Is the service well-led?

Our findings

The registered manager told us the owner of the home visited most weeks to see people and speak with staff. 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. During the inspection the owner was on holiday. Despite this they were still regularly phoning the registered manager to ensure everything was alright.

The provider and management promoted the drive for excellence at all times. Their work had been recognised by external bodies such as the Gold Standard Framework. To maintain their beacon status they had to be innovative and demonstrate excellence. The registered manager led by example demonstrating they were caring and were putting people first. One person struggled to put in their hearing aids. The registered manager immediately stepped in to support them. Throughout the inspection there were many other examples of this compassion and leadership.

The registered manager used creative ways to ensure staff provided good care to people. There were food and fluid champions who monitored whether people were receiving enough fluid to reduce the risk of infection. All fluids being given were recorded in a 'fluid champion book' to identify which member of staff had proportionately managed to encourage the most drinking. Each month a certificate of recognition for the winning member of staff was placed in the entrance to the home. Since the introduction of this process there had been a reduction in the amount of urinary tract infections for people in the home.

People were supported by staff who were constantly encouraged by the management to deliver the highest possible standards of care. Internal "Above and Beyond the Call of Duty Awards" had been introduced for the staff to aim for. Staff got a personal letter from the registered manager highlighting their outstanding work and a token of appreciation, such as vouchers. This reflected the additional work they put into making the experience for people the best they could. We were told it helped to develop staff morale and is a way of saying thank you for the hard work they put in. The certificate was placed in the entrance of the home for everyone to see. Staff we spoke with were highly motivated to make the home as good as they good for the people living there. They said, "I love working at the home" and, "I love my job".

The management repeatedly demonstrated their commitment to provide excellent quality care. Examples of this included staff completing reflective logs of the care and support which was delivered to people. One member of staff had reflected on the 'sitting service' established as part of the end of life care so the person was never alone. The member of staff had reflected on how comforting this service was for the person and their relatives knowing someone was there. Another staff member considered the power of musical activities near Christmas which had reduced people's anxiety. Other staff had recognised their level of knowledge about people had prevented a person being moved to an inappropriate placement and the ability to prevent an unnecessary hospital admission.

There was a strong emphasis on continual improvement including responding to the people's suggestions.

One person told us, "You can bring out any problems" and went on to explain there was an issue with food not being served hot. They said, "It is now scorching". One member of staff told us they were, "Always asked anything we could improve on". People were truly listened to and action taken if suggestions were made. On one occasion they expressed the sandwich choices were not appealing. In response the people created a whole new list of sandwich filling choices facilitated by staff. A menu was then created as a visual reminder about the choices. One person said, "It is marvellous having a choice" and went through talking about their specific preferences. On another occasion the people had said they wanted a change in the music which was played at the home. In response, more 50s, 60s and 70s music was played and no more war time music.

The effective quality assurance systems led to significant changes for people's health and well-being when it was identified improvements were required. For example, recently, the risk of malnutrition monitoring forms had identified a number of people were at high risk. In response, the management had invited the community dietician to complete some additional training about how to reduce the potential risks to people. Since this training regular smoothie sessions had been introduced and fortified milk to increase the fat in people's food. After eight weeks of this new system one person had moved from being a high risk to a medium risk. Two other people had reduced the weight loss they previously had.

All of the feedback we received throughout the inspection was overwhelmingly positive with people consistently telling us they were extremely satisfied with the care and support they received. One person said, "The management is very good. The home is well run". Another person told us, "Definitely very well managed". One relative said, "I have got nothing but praise" and continued, "I would recommend it". Whilst other relatives told us, "It feels like a hotel. Lovely size. The gardens are well looked after", "We think it is excellent. We are very pleased" and, "It is a homely home".

Staff sentiments echoed the support people and relatives had for the management of the home. One member of staff said, "I love it. This is to me the best place I have ever worked. If I could spend the rest of my days here I would. The clients come first and it should be that way". Other staff told us, "The management care. Can't praise the management team highly enough", "They [meaning the management] just want the best. It is a lovely place", "I am really happy here. It is a lovely environment. Delight up to now. It is home from home", and, "The owner knows all the staff and people". During the inspection one member of staff became emotional because they did not want to leave the home due to relocating. They were worried they would not find a similar home to work in where they were moving to.

Staff and the registered manager had built strong and reliable connections with the local community and multidisciplinary healthcare professionals. One relative told us, "The home is connected well with the community. They regularly have people come in". They gave some examples of choirs and other music events. Every year there was an annual garden party which invited members of the community into the home. They had developed links with a local blind society for people who had sight loss in the home. There was a partnership with the local Rotary Club and they had raised money for the League of Friends.

The management sourced local fresh produce for the kitchen to serve people. The registered manager explained they wanted to support local companies and provide the best possible food for the people living in the home. All people and relatives were positive to us about the food which was served.

People were supported by staff who had clear lines of accountability and by staff who felt supported. One member of staff said, "I enjoy coming in every day. I feel very supported". They continued to tell us they, "Always have regular supervisions. Every three months. Normally with [name of registered manager] or [name of deputy manager]". Supervisions were opportunities for staff to discuss performance issues, have information shared with them and training opportunities discussed. Another member of staff told us, "I get a

huge amount of support from the team and managers". Each supervision had a thematic topic to increase the staff knowledge and understanding. Previous examples of this were the topics of dehydration and specialist diets. The positive impact for people of these recent topics was seen at the inspection.

The registered manager told us they felt supported by the owner of the home. They said the owner visited at least weekly. They spoke with people, their visitors and staff regularly to ensure there was high quality care. The owner would look at records if they felt it was necessary. Every month there was a more formal meeting between the registered manager and owner to explore what was going well, any concerns and what could be improved. During these discussions they were developing the service people were receiving. Examples included, considerations of how to improve the environment within the home, staff training needs and implementing a senior staff on call system for evenings and weekends. The registered manager and provider had an open door ethos at the home. This was so people, relatives and staff felt able to talk at any time they wanted. One member of staff told us, "There are always opportunities to go in the office. Can go in with anything. Office is always open".

The provider had policies and procedures based on current evidence based information to guide staff in their practice. These included policies on safeguarding, Mental Capacity Act 2005, health and safety and infection control. They had recently been updated to ensure they continued to reflect legislation and best practice. All systems relevant to the running of the service were well organised and reviewed regularly by staff in the home. The owner completed random checks of the systems used to monitor the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.