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Ealing House Residential Care Home

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?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ealing House is registered to provide accommodation and personal care for up to 17 people. At the time of inspection there were 17 people using the service. The majority of people using the service were older adults whose needs were associated with physical disability, dementia or long-term health conditions.

People's experience of using this service and what we found

The provider's vision and values were person-centred to make sure people were at the heart of the service. Staff were extremely motivated and proud to work at the service. We found an open ethos with a clear vision and values which were put into practice by staff. They had been properly recruited and provided with the appropriate training to enable them to meet people's individual care and support needs.

A creative activities programme was in place. People and relatives told us that staff had gone the extra mile to find out about people's previous hobbies and interests to enable these to be continued at Ealing House.

The provider challenged the institutional image of what living in a residential home was like for people; they placed high importance on promoting people's independence to integrate with the local community, be involved with village events, and for people to continue to live their lives and be involved in anything that was of interest to them.

The registered manager and provider actively engaged in research, which then benefitted people who used the service. The registered manager and senior staff had embraced opportunities to undertake new practices. This had led to a positive impact on people who used the service, and shared learning for other local residential homes.

People's nutritional and hydration needs were closely monitored. The service placed high importance on ensuring people's dietary needs were met. A dedicated member of staff had responsibility for overseeing that any risks were dealt with promptly and had taken part in a hydration study with a local university.

The service was caring. Everyone we spoke with, had praise for the provider, staff, and registered manager, and the standards of care provided.

People's equality and diversity was respected. A history was taken of people's past preferences and people were able to follow their religion or other needs to reflect their diversity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 20 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ealing House on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

Is the service caring?

Outstanding ☆

The service was very caring

Details are in our caring findings below

Is the service responsive?

Outstanding ☆

The service was very responsive

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

Ealing House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Ealing 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with three members of care staff, as well as, the provider, registered manager and cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety were well managed.
- Risks which affected people's daily lives, such as mobility, falls, skin integrity and nutrition were assessed regularly with management plans in place to mitigate risks.
- Some risks, such as choking and behavioural risks, were reflected throughout several care plan sections. We discussed if specific risk assessments would be more effective for staff to refer to in an emergency. Following the inspection, the registered manager told us they had implemented our suggestions.
- There were risks assessments for activities that took place in and out of the service. A staff member told us, "If the benefit out-weighs the risk, then we do it. People are entitled to take positive risks."
- People were safely supported by equipment that was serviced and checked on a regular basis. Water systems had been tested for legionella bacteria, the results of which were clear.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- The service was staffed sufficiently, and people spoken with confirmed this. One person told us, "I think there are enough [staff], they work hard mind, but they're always cheerful and willing to help." Calls bells were in reach of people so they could summon staff when needed. One person said, "I press the bell they're always here within a minute or two."
- The provider calculated staffing levels based on feedback from people and staff. Rotas showed that delegated tasks were allocated to staff. They told us this worked well, and staff knew their responsibilities for the day. One staff member said, "We all know what we are doing for the day, we come in and know by looking at the rota. You can concentrate on that one job then." And, "The provider increases staffing when we need it, no problem there."
- The provider minimised the risks of abuse to people by ensuring all new staff were thoroughly checked before they began to work with people. One staff member said, "We never leave outside entertainers alone with [people] and they are properly checked to make sure they are safe to come in here."
- People were further protected because all staff received training on how to recognise and report signs of abuse. Staff told us they would not hesitate to report any concerns and were confident the registered manager would take action to make sure people were protected.

Using medicines safely

- People received their medicines safely and as they needed them. Staff were trained in how to administer medicines safely. Staff stored medicines securely to prevent them from being misused.
- The registered manager carried out checks on medicines and medicines records. These helped to check people had received their medicines as prescribed. They had also devised a 'quiz' to test staff knowledge in

the application of topical medicines.

- The service had worked with the clinical commissioning group medicines optimisation team to ensure systems and procedures were effective. One health professional told us, "[Registered manager] has helped me speak to residents about their medications on a one to one basis, which helps them understand more about their medications and be involved in decisions."

Preventing and controlling infection

- The service provided training for their workforce to enhance their skills in maintaining a hygienic environment. Staff had access to, and made good use of, personal protective equipment such as, disposable gloves and aprons. People confirmed they lived in a clean, comfortable home.

Learning lessons when things go wrong

- The registered manager and provider had systems to learn lessons from incidents or near misses, which were logged. Actions taken were recorded, but these systems could be improved to include what was in place to reduce the risk of a recurrence.
- The registered provider and manager were committed to ensuring any feedback from other professionals was used to improve care delivery. This included following the inspection; feedback we gave regarding areas for improvement were actioned immediately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a strong emphasis on the importance of eating and drinking well. The service provided good quality food with a variety of different options to choose from each day.
- There was a nutrition and hydration champion [a staff member with additional knowledge in a subject] in place. They told us, "I weigh everyone monthly, any issues I put them on food and fluid charts, then I weigh them weekly. The kitchen keeps a report of who eats what and I look through these monthly. I get allocated time to do this work."
- One staff member showed us a piece of equipment they used when people's hydration levels were at risk. The equipment which could be placed under a mug or glass flashed to alert staff if the person hadn't had fluid for a set period of time. A staff member said, "I found out about this equipment and asked the provider if we could purchase it. No hesitation, they said "yes". If it helps people, they always say "yes."
- People were involved in menu planning. One person told us, "There's always a choice so if I don't want one thing, I can have something different. There're some things I can't eat like onions, the cook knows and leaves them out. Nothing seems to be too much trouble."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Recognised assessment tools were used to assess people's needs. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance.
- Three research studies had taken place in the service with a local university, which included studies on hydration and dementia related topics. We saw feedback from the university researchers to be very positive about the service and support provided.
- The impact of the research studies benefitted people living in the service, and staff shared information and learning across the whole staff team.

Staff support: induction, training, skills and experience

- The provider implemented a training programme to improve the knowledge and skills of it's workforce. A relative said, "I'm no expert but there's always two of the [staff] when they're hoisting [name] one more senior and maybe one of the younger girls but it looks safe and [name] doesn't get upset so I think they must be doing it right."
- Staff commented they had good levels of training and supervision to support them in their roles. One staff member said, "We have a mix of training, some are paper tests and workbooks, but some are practical, like moving and handling. I am always being asked if I want to do more training." Another said, "[Registered manager] is very supportive. I have regular supervision. We have senior meetings as well and we discuss relevant matters, like infection control."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. One healthcare professional told us, "They [Ealing house] are very good at what they do. Never too much trouble and very supportive to people."
- People felt their health needs were met promptly. One person said, "The chiropodist comes here every few weeks and the doctor is here weekly. However, if I was poorly they're straight on the phone either for the doctor or, if they think it's needed, they call the ambulance, there's no messing. Since I've been here it's happened a few times, I find that very reassuring."

Adapting service, design, decoration to meet people's needs

- Ealing House is an older building with a modern extension, both of which were over two floors. There were two stairways each with a stair lift for people to gain access between floors. There were clearly signed bathrooms and toilets directly off corridors on both floors.
- The décor in the service was 'homely' and was furnished in a style which suited people's tastes. The registered manager told us, "This is how people like the home to look, and that's what's important."
- There were lots of pictures and items of interest, and a very pleasant enclosed garden accessible via the dining room. One person said of the garden, "A very beautiful and peaceful place to sit on warmer days." Another told us, "I love the garden and sitting outside when it's warm enough."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had made five applications for DoLS to the local authority, and these were awaiting authorisation. Care plans held a 'promoting liberty' section, which described how people's liberty was restricted, and reviewed the need for a DoLS each month. This shows the service considered the least restrictive option on a regular basis.
- Care plans outlined how to encourage decision making by people. For example, giving people time to answer questions, and keeping questions as concise as possible.
- People said staff consistently gained their consent before supporting them and assisted them to retain as much freedom as possible. One person told us, "They're respectful [staff], very polite. They check if they're going to help me with something." Another said, "Although my sight is quite poor, the [staff] help me with all sorts of things but I decide what I do and when I do it. For example, I decide when I come downstairs in the morning. They know I like to take a little time first thing then I come down here, so I can sit in here with [the cat]."

- The service obtained copies of lasting power of attorney (LPA). LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, all of the people and relatives we spoke with told us of how staff made people feel that they mattered. One person said, "If I'm a bit out of sorts they'll always take time to chat and listen to me. I was in another care home and it was nothing like as good. I've been through a bit of a difficult time but the best thing that's happened to me is to come here." A relative said, "They [staff] are amazing. They really care and [relative] gets lots of kisses and cuddles. [Relative] has been here two years and at Christmas they gave me a calendar they'd made. There was a picture of [my relative] for every month. I don't know if they do that for other people, but I think that's so thoughtful and kind."
- The provider told us that they invited relatives to Christmas dinner at Ealing House. The number attending had grown each year. The provider and their family also spent Christmas day there, as well as staff members, who worked hard to ensure people had a family oriented day.
- There was a strong and visible person-centred culture in the service. We observed staff were highly motivated offering care and support that was exceptionally compassionate and kind. This positive culture was helped as staff had built trusting and positive relationships with those they supported. During our visit we witnessed lots of laughter and banter. People were actively encouraged and supported to express themselves freely and encouraged independence. Staff had developed caring, respectful and empathic relationships with people. One member of staff said, "It's very personal here, not clinical, we are like a family."
- One person displayed anxiety when they first moved into the service. They found the transition difficult from living in their own home into a residential setting. The provider supported the person to go back and forth regularly, collecting items that were important to the person, so they felt more at home.
- The service respected people's diversity and adapted their practice to accommodate any emotional or physical impairments. Staff ensured that nobody was excluded in any outings, activities, or plans for the service.
- People were actively encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors were made welcome and could come at any time and stay as long as they wanted. The provider also provided a day centre facility for a few people living alone in the local community. This benefitted people living in the service, as this gave them an opportunity to build new friendships and have different conversations. The provider considered the local community to be important and welcomed any opportunities that benefitted people.
- The provider had adapted their policies to take account of LGBT (lesbian, gay, bisexual, and transgender) community. They told us, "We now take a positive approach rather than a passive approach to this topic." The topic was also discussed in staff meetings, and the registered manager told us that they felt confident

that staff would be able to support people effectively.

Supporting people to express their views and be involved in making decisions about their care

- People and family members had been involved in care planning and had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences.
- Since the last inspection, the provider had improved the care plans further and took on board our previous comments about these. This included more information on people's life stories and 'This is me' documents. This enabled staff to deliver care more effectively to people, as the information was used to consider people's lives when they were younger people.
- Care plans took into account people's disability, age, gender, religion and cultural needs. This enabled staff to really get to know people and respond to their personalities as well as their physical needs. One person told us, "Oh yes, they've asked me all sorts of questions about what I like and don't like, and they write it all down. I don't think it's finished yet, but they've done a lot. They know I like to spend time in my room with my [possessions] around me."
- People had numerous opportunities for sharing their views. This included in a group, via surveys, and one to one meetings. There was a notice board with information about the weekly 'Drop in Chat', giving people and relatives the opportunity to discuss care matters that were important to them.
- The provider and manager recognised that animals were important to some people's well-being and accommodated these needs; one person particularly wanted to have a cat, so the service adopted one on their behalf. They also arranged for another person to have their budgies with them.

Respecting and promoting people's privacy, dignity and independence

- Staff recognised, and respected people's need for privacy and dignity. Staff were observed to speak with people politely, and always knocked on doors before entering. One relative said, "[Relative] is definitely treated with dignity. [Relative] can't go to the toilet on their own now so has to wear pads. When they [staff] change [relative] I go out of the room while they do it. [Relative] always has clean clothes so always looks smart and when their clothes go on the floor they're gone, off to the laundry where they'll be done overnight and usually back the next day."
- People's independence was referred to in care plans and the importance of staff supporting people to remain as independent as possible. Care plans were specific on tasks people could still manage for themselves and how staff should support this. One person said, "I like to do as much as I can for myself. I don't change the bed, but I do make it in the morning, I empty the bin and help clear up cups if I'm feeling well enough. Another said, "It's a bit difficult for me because my eyesight is poor. However, I am in charge of looking after [the cat] and I love doing that. I think in some places, people just sit around doing nothing, that's not the case here, there's a lot going on and we're treated as individuals."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received exceptional personalised and individualised care and support that was highly responsive to their individual needs and preferences.
- The service found individual ways of involving people and their family, friends and other carers in their care plans, so they felt consulted, empowered, listened to and valued. One person told us, "Every now and then [carer] will bring me the care plan and ask me to read through it and check I'm happy with it. [Carer] apologises telling me there's a lot to get through." A relative said, "We discuss [relative's] care as things change. I am very confident in what they're doing and am happy with the way they include me."
- The provider continued to offer spontaneous opportunities for people to get out and about. One person said, "Sometimes, they'll come in and say, 'Anyone fancy going to the pub for a bite to eat?' and off we go. I've been loads of times and it's really good to get out and go somewhere different. I think we've been to three different pubs."
- People's lives were enhanced by staff enabling them to do things that mattered to them. One person had been a jockey in their youth and had said they had wanted to get back on a horse one last time. This was arranged by the registered manager, and we saw photographs of the person sitting on a horse, with a big smile. The registered manager told us, "It was interesting because [person] didn't usually display much emotion but that day they smiled a lot."
- The provider told us of the importance of people continuing to live their lives, despite living in a residential care setting. They told us, "We try to accommodate the needs and interests of all people. For example, help in getting them to meetings of interest within the community and encouraging groups to visit our home. Our activities are often integrated with village activity. There is extensive contact with local organising committees and churches and this allows extensive integration with the outside community."
- Staff were passionate about making people's days meaningful in any way they could. A senior carer told us, "There have been five boat trips on the broads this year and another booked for this coming Friday. We went bowling recently as [person] used to bowl. We had a convoy of people. [Person] had a beaming smile on their face, [person] knew where they were. If there is anything anyone wants to do, we make it happen."
- The activity co-ordinator was studying a level two 'supporting activity provision' qualification, with the National Activity Providers Association [NAPA] who is a skilled and specialist activity provider. They told us, "We tailor activity to people's needs not our own. It's not for the care staff's convenience. You do it when it suits [people] best."
- The whole staff team valued the importance of finding activity that was personalised to people. We overheard one staff member say to another, "I've started a literary group for [person] as I've identified we

like the same books. We both discuss about ideas, and I've given [person] a different book to read."

- One person devised some of the activity quizzes, which gave them a sense of purpose. Another person didn't know about search engines on the internet, so staff helped them learn how to use this, which has opened up a range of information for them to access.
- The service had recently implemented, 'The importance of well-being'. This was for staff to record anything which was meaningful to a person. It could include a conversation, taking part in an activity or anything that enhanced people's well-being. One person told us, "I feel very lucky because you hear about some places where people are just sitting around and the carers are all too busy to talk; it's not like that here."
- Daily evaluation forms had been implemented to observe people's responses to activities. This helped to identify which activity worked best, for example, we saw that cake making was very popular with people.
- People were given the opportunity to observe their faith and any religious or cultural requirements were documented in their care records.
- Professionals we spoke with commented on the focus of the service being person centred.

End of life care and support

- People's care plans included a section on advance care decisions. As well as practical information, such as the person's chosen funeral director, there were also personal wishes and preferences.
- One person had insisted that it was written in their end of life plan that the service was to look after their cat in the event of their death. They told us, "They know I love the cat; see it's my responsibility to look after him. It might sound a bit silly, but I was worried; you know, I'm not going to be here forever and was a bit worried about who'd look after [the cat] when I wasn't here. They've promised me someone here will take him on which made me feel better."
- The provider told us they had set up a memorial garden and planned to hold services for everyone to pay their respects and remember their friends that have passed on. One staff member said, "We lost [person] last year, and when we did the poppy display for the gates outside, the person's name was sewn into this as a way of remembering them. The family were very touched when they saw it."
- People's religious and spiritual needs were considered when planning their end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a policy in place to adopt the Accessible Information Standard and this had been discussed within staff meetings. Posters were also displayed in the staff room and on the notice board in the service. Posters were lowered to ensure people at wheelchair height could see these.
- There were picture cards depicting food and drinks to enable choices to be made more easily.
- One person was awaiting an operation and their sight was poor. When correspondence came for them, they requested the provider read them out. This request was carried out whenever post was received.
- The service had liaised with the sensory support team for a person with severe sight impairment. Information such as surveys were provided to them in large print.

Improving care quality in response to complaints or concerns

- There was a complaints process in place if people needed to raise any concerns. The complaints procedure was on display in the service so people, and those visiting the service, knew who to contact with any concerns.
- People told us they would complain if needed. One person said, "Complain? I would yes, but what would I

complain about? I don't think it would ever get that far because staff are asking you all the time, are you happy with this, are you happy with that." Another said, "I have confidence in [registered manager], and I cannot say a bad word about the place."

- People were regularly asked for their views on various topics. This meant that any minor concerns could be addressed promptly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now been rated as good. The rating has been reduced to good as the provider had not always notified us of reportable events that had occurred in the service. They had however shown continuous improvement in many areas of the service they provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not notified us about three serious injuries that had occurred in the service but did so immediately after the inspection. The provider said they had overlooked this but would ensure all notifiable incidents were reported in the future. We reviewed the previous incidents, and found that appropriate actions were taken to seek immediate medical support.
- The provider was in the process of updating and improving their auditing processes to ensure they remained fit for purpose and enable them to identify if safety and quality was ever at risk of being compromised. This included areas such as infection control, health and safety, and care plan audits. Other documentation, such as repositioning charts were also being revised to ensure they were clearer to read. An audit was being devised for infection control checks. A staff member said, "I'm looking at infection control paperwork, the home is clean, but we need better checks in place."
- A management audit file was being implemented to ensure audits were being carried out as planned with action points and reviews. This was positive and showed consideration of on-going improvements.
- Quality management meetings took place which reviewed the quality of systems such as medicines, facilities, well-being, and staff development.
- There were 'Activity and well-being' meetings, staff meetings, and senior meetings. These meetings ensured information was communicated across the whole staff team.
- Staff understood their roles and responsibilities and were very knowledgeable about people's needs.
- One staff member had raised £400, and donated half to charity and the other half to the service. They told us, "I walked over the O2 bridge, [provider] paid for my ticket to do it."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Continuous learning and improving care

- At our previous inspection in December 2016, the service was involved in a hydration study working with a local university. This initiative aimed to identify dehydration in older people and ways to promote hydration.
- At this inspection we found further progress had been made, and the activity co-ordinator had been part

of writing a booklet with the university named 'Drinkit'. The university plan to publish this so it will be available to download and will provide practical guidance for care homes on how to support people to drink well in the summer.

- The activity co-ordinator told us how they were giving a talk in London the following day to Age UK about this initiative. They told us, "I mentored three other [residential homes], they experimented with the book, I went back to the researchers, and they developed the book following this. I'm a bit out of my comfort zone, but I'll be giving a talk in London about how it all began and the drinking activity and benefits." We saw them practising their presentation with people living in the service, so they could give their views.
- Two further research studies had also taken place in the service by university researchers. One included observing how care was delivered, which helped them to gain an insight of the way in which staff provided care to people living with dementia. The researcher commented in a letter to the service how they were inspired by the level of commitment and thought that went into the care.
- A second study looked at how people living with later stage dementia reacted to having support with personal care. The study was to identify factors which were associated with refusals and acceptance of care, with the aim of developing training from this. The service continued to make improvements and implements outcomes from these studies into the care provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was an excellent role model who actively sought and acted on the views of people. People and their relatives without exception told us they thought the service was extremely well managed. We found all staff were very positive in their attitude and said they were committed to the support and care of people. One person said, "This [Ealing house] is at the top of the list, it is absolutely brilliant." Another told us, "I really don't think it can be bettered, I feel very lucky to be here, it's like one big family."
- The provider continued to challenge the institutional image of what living in a care home meant for people. They ensured that people continued to live their lives as they wished and took part in events outside of the service. They told us, "We have a strong relationship with the community. We participate with a large cross section of events including carnival, scarecrow festival, church exhibitions, and visits from the local schools."
- Staff were proud to work at the service. Their commitment and skills were recognised and rewarded. Morale was very high and staff retention was good. Staff were empowered to strive for excellence. Their ideas were taken on board. Staff were mentored, developed and given the opportunity to move into more senior roles.
- The approach of 'going the extra mile' to find out what was interesting and meaningful to people was embedded in the whole staff team. We overheard different staff speaking to each other about people and how they could support them in the most effective way.
- The provider and registered manager valued people's feedback and had various means of hearing people's views. This included 'resident' meetings and one to one sessions to ensure no one was excluded.

Working in partnership with others

- The registered manager worked with other organisations to achieve better outcomes for people and improve quality and safety. This included universities, schools, and the local Clinical Commissioning Group (CCG). A health professional told us, "I really enjoy working with this home. It is very refreshing to go into a home where it truly is everyone's home and independence is still encouraged for those who are able."
- The service was an important part of the community. The provider welcomed any opportunity to get people in and involved in the service. This increased opportunities for people living in the service to get involved with other interests. This included taking part in community carnivals, events, coffee mornings and

fundraising.