

# Hallmark Care Homes (Ipswich) Limited

## Bucklesham Grange

### Inspection report

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Date of inspection visit:  
07 June 2017

Date of publication:  
13 September 2017

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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?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Bucklesham Grange is a residential care home with nursing that provides accommodation and personal care for up to 57 people, some living with dementia. There were 54 people living in the service when we inspected on 7 June 2017. This was an unannounced inspection.

At our last inspection 9 February 2015 we rated the service good. At this inspection we found that the service had continued to develop and improve and was outstanding in Caring and Well Led. People received exceptional care that was personalised to them, taking account of their individual needs and wishes. They were at the heart of the service and told us how compassionate and dedicated staff went the extra mile to ensure they were extremely satisfied with all aspects of their care.

A registered manager was in post at the time of our inspection. 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. They were supported by a general manager with a clinical governance background who had day to day oversight of the service working closely with the managers from the different areas of the service such as administration, lifestyle, maintenance and hospitality.

Bucklesham Grange was exceptionally well led. There was visible and effective leadership within the service. The service was effectively organised and well run with an open and transparent culture. The registered manager was supported by a dynamic management team that demonstrated a holistic approach and had clear oversight of how the service was meeting people's physical, emotional and social needs. They were able to effectively demonstrate how their robust quality assurance systems had sustained continual development and improvement at the service. They were clear about their expectations relating to how the service should be provided and led by example. Morale in the service was extremely high, at all levels within the service. Staff were proud to work at Bucklesham Grange and were remarkably motivated and passionate about delivering high quality care.

Staff were extremely compassionate, attentive and caring in their interactions with people. Staff understood the importance of obtaining consent when providing care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Ensuring people received care tailored to meet their needs which enhanced their quality of life was fundamental to the running of the service. An enabling and supportive culture focused on meeting the individual needs of people had been established and was reflected in people's care records. Staff respected people's privacy and dignity and promoted their independence. They demonstrated an enhanced understanding about people's choices, views and preferences and acted on what they said.

The service provided outstanding end of life care. Effective systems and processes including working in partnership with the local hospice were in place to ensure people experienced a comfortable, dignified death in line with their wishes.

People and or their representatives, where appropriate, were actively involved in making decisions about their care arrangements. This led to people experiencing an excellent service which was distinctive to their individual needs

People were encouraged to maintain relationships that mattered to them such as family, community and other social links. They were supported to pursue their hobbies and to participate in activities of their choice. This protected people from the risks of social isolation and loneliness.

Staff were highly motivated, enjoyed their jobs and understood their roles and responsibilities. They were proud of where they worked, were extremely passionate and committed to delivering a high standard of care. They shared positive experiences about the way the service was managed, how they were supported and encouraged to professionally develop.

There were sufficient numbers of staff, who had been recruited safely, and who had the skills and knowledge to provide care to people in the way they preferred. Retention of staff was good and supported continuity of care.

There were robust procedures and processes to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised but also ensured their rights and choices were respected.

Staff had received safeguarding training and understood what actions to take to protect people from abuse. They were able to confidently describe the different types of abuse that may occur and how it should be reported.

Where people required assistance to take their medicines there were appropriate arrangements in place to provide this support safely.

People were encouraged and supported to attend appointments with health care professionals to maintain their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. Feedback including comments, concerns and complaints were appropriately investigated and responded to and used to improve the quality of the service.

The management team demonstrated an open, reflective leadership style working in partnership with other stakeholders to drive continual improvement within the service and local community. Feedback from healthcare professionals cited collaborative and highly effective working relationships.

## 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.

Systems were in place to help protect people from the risk of abuse and harm. Staff knew how to recognise and report concerns and were confident to do so.

The likelihood of harm had been reduced because risks had been assessed and guidance and training provided to staff on how to manage risks and keep people safe.

There were sufficient numbers of staff who had been recruited safely and who had the skills to meet people's needs.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective

Staff had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

People told us they were asked for their consent before any care, treatment and/or support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were consistently treated with kindness, respect and compassion.

Staff had an enhanced knowledge and understanding of people which meant their individual needs and preferences were fully

met.

People were listened to and their views valued when making decisions which affected them.

The service provided outstanding end of life care. People experienced a comfortable, dignified death in line with their wishes

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in all aspects of their care, their independence was promoted and they were enabled to live their lives the way they wished to.

People were able to pursue their hobbies and to participate in activities of their choice.

People received person centred care from staff who promoted their needs in an individualised way.

People's views and opinions were actively sought and listened to. People knew how to complain and share their experiences and their feedback was used to improve the quality of the service.

### **Is the service well-led?**

**Outstanding** ☆

The service was exceptionally well led.

Dynamic leadership was demonstrated at all levels. The management team promoted the highest standards of care and support for people; delivered by an extremely passionate and highly motivated workforce.

People and relatives expressed confidence in the management team. The registered manager was visible and accessible.

There was an open and transparent culture at the service. Staff were well supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to continually monitor and improve the quality and safety of the service provided.

The management team worked effectively in partnership with other stake holders to improve the lives of people they cared and supported.

# Bucklesham Grange

## 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 unannounced inspection took place 7 June 2017. The inspection team consisted of an inspector and a specialist advisor who had knowledge and experience in nursing and dementia care.

Before the inspection, we requested that the provider complete 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. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. In addition we reviewed the feedback received from seven health and social care professionals who worked closely with the service.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We met and spoke with fourteen people who used the service, received feedback from five relatives and one visiting healthcare professional. We observed the interaction between people who used the service and the staff.

We spoke with the provider's regional manager, the registered manager, the general manager and sixteen members of staff including administration, hospitality, lifestyle, maintenance and care staff. We reviewed the care records of six people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our last inspection Safe was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a safe service.

People told us they felt safe and secure living in Bucklesham Grange. One person we spoke with said, "I feel safe, why wouldn't I? Plenty of staff around, receptionist at the main entrance; strangers can't just walk in. Got call bells in my [bed] room and all over the place if you need to alert a member of staff and they come quickly when you do. I have my own personal alarm that I always wear so can call someone anytime I need help. Not had a fall since I moved in and that was ages ago." Another person told us, "Yes I feel safe because they [staff] help me go slowly' and 'I'm safe because everyone is kind.' A third person commented, "This is my first experience of [living in] a care home. Been impressed. Staff are very attentive. I feel safe and secure." Talking about their limited mobility they described how they felt safe to move around the service commenting, "Doesn't stop me getting about; there are hand rails throughout so I can go wherever I want."

People were supported by a staff team who were confident to report any concerns relating to people's safety and knew how to keep them safe from the risk of harm and abuse. Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. Where a safeguarding concern or incident had happened, the service had taken action to report this to the appropriate organisation who had responsibility for investigating any safeguarding issues.

A relative shared their positive experience of the safety measures in place telling us, "[Relative] always has their pendant on and have seen them [staff] check people making sure they are wearing them. They [staff] carry out regular fire drills and other checks. If anything is broken it is immediately replaced; don't take any chances with people's safety." Staff we spoke with told us that they carried out and recorded regular observational checks on people who needed this level of support to ensure they were safe. We saw that these records were available and saw them being updated as planned during our inspection. This included for one person two hourly checks to reposition them to reduce the risk of them developing pressure areas as they were being cared for in bed.

People and relatives told us that there were sufficient numbers of staff to meet their needs. One person said, "Can always find a member of staff if I need to. Can't think of a time I have had to wait there is always a member of staff floating about if you need them." A relative said, "Staffing levels are more than sufficient; plenty of staff whatever the time of day. Staff are not rushing about trying to do several things at once. It is calm and well organised each shift. The staff have the time they need to spend with people."

Our observations showed, and staff confirmed to us, that people were supported by sufficient numbers of staff. Staff told us that they had enough time to meet people's needs and to spend time talking to them. We observed this happening regularly throughout our inspection. The general manager advised us that the staff rotas were produced six to eight weeks in advance taking into account the needs of the people who lived there. They explained how this system enabled them to effectively plan where additional staff maybe

needed on certain dates to cover training, planned absences and support people to attend appointments or trips out of the service. We were told that these were reviewed regularly and systems were in place to cover any unplanned staff absence such as sickness. They shared with us recent examples of how they had increased the levels of staff to support people when needed, for example following a discharge from hospital or to attend healthcare appointments. Conversations with people, staff, relatives and information received from health and social care professionals plus records seen confirmed this. This showed that measures were in place to ensure that there were sufficient staff consistently available to meet people's assessed needs.

Care and treatment was planned and delivered in a way to ensure people's safety and welfare. Staff, including the management team, were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with falls, moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. Staff told us and records seen confirmed that the risk assessments were accurate and reflected people's needs. People who were vulnerable as a result of specific medical conditions such as Parkinson's, epilepsy and diabetes had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. Regular reviews of care and support were carried out and involved people who used the service and their representatives, where appropriate. This ensured that information in people's risk assessments was current and reflected their individual needs and preferences.

Staff used safe moving and handling practices when supporting people to transfer. However we saw a staff member wearing a lanyard to keep their keys on assisting someone to transfer and their card and keys knocked into the person's shoulder and chin. As well as making the transfer uncomfortable for the person, lanyards can also present a risk of cross contamination and strangulation. We discussed this with the general manager who advised us new uniforms were on order which had pockets which would eliminate the need for lanyards.

People were provided with appropriate equipment to help to keep them safe, such as walking frames, pressure relieving equipment and hoists. Risks to people injuring themselves or others were limited because equipment, including hoists, portable electrical appliances and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Fire safety checks were undertaken and there were personal evacuation plans in place for each person to ensure that staff were aware of the support that people needed should the service require evacuating.

Safe recruitment procedures were followed. Checks included if prospective staff members were of good character and suitable to work with the people who used the service. Staff told us they had completed a thorough induction programme once in post. This included working alongside more experienced staff and reading information about people living in the service. Information included details about any risks that had been identified and how these risks were managed to ensure staff members could support people safely. Conversations with staff and records we looked at confirmed this.

There were suitable arrangements for the safe management of medicines. People told us they received their medicines on time. One person said, "They bring me my pills, I don't have to remember because they do that for me; that's a relief as I take quite a lot. They wait with me while I take them and give me some water to drink; it helps me to swallow them down." Another person told us how the staff, "Every night gently apply cream to my legs." Staff were provided with medicines training followed up by regular checks on their practice by the general manager. A third person who manages their own medicines told us staff would,



"happily support them but I did it at home and I like to do things I can for myself." This person ordered their own medicine supplies from their GP and stored them in a locked cabinet in their room, administering them independently. They told us that staff respected their choice for how they liked things done and checked each month if they were happy to continue with this arrangement.

People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide staff on when to offer these.

Medicines were stored safely for the protection of people who used the service. A new electronic system for staff to record that people had taken their medicines had been introduced and the medication audits had identified that there had been some initial problems with managing the stock of medications with not all disposed drugs or new additions being registered in a timely way. A senior nurse we spoke with was confident that as staff became more familiar with the system and it became embedded in the service this would become less of an issue. Regular audits on medicines and frequent competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

## Is the service effective?

### Our findings

At our last inspection Effective was rated good. At this inspection we found that the service had sustained this rating and continued to provide people with effective care that met their needs.

People fed back that staff were well trained and competent in meeting their needs. One person said about the staff, "Fantastic the lot of them. Know what they are about and what needs to be done." One person's relative said, "I think they [staff] are very well trained, especially with understanding about dementia. Last week [person] got very animated and upset shouting out and being aggressive but they knew exactly how to handle the situation. They distract [person] and calmed them down it was over in a flash." Another relative commented, "I think the staff all know what they're doing. Very skilled at what they do."

We saw that staff training was effective in meeting people's needs. For example staff communicated well with people in line with their individual needs. This included maintaining eye contact, providing reassurance and using familiar words that people understood. One staff member said, "I came from another care home and hadn't had much training, my induction filled in lots of gaps so I felt more confident."

A culture within the service of developing staff to reach their potential had been established. Effective systems ensured that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Discussions with staff and records showed that staff were provided with the mandatory training that they needed to meet people's requirements and preferences effectively, including regular updates. Training was linked to the specific needs of people. For example diabetes, falls awareness, mental health, stroke awareness, Parkinson's, pressure care and end of life. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Feedback from staff about their experience of working for the service and the support arrangements in place were positive. They described how they felt supported in their role. One member of staff told us, "We have handovers, team meetings, supervisions and internal communications to support best practice. There is information on the staff notice board that you have to sign to show you have read it and are up to date with any changes." Another staff member said, "I feel very supported. Everyone I work with is so nice. The management team are approachable and prepared to get stuck in if you need them."

The general manager described how staff were encouraged to professionally develop and were supported with their career progression. This included new staff being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. There were also 'champion' roles and 'committees' where the provider had identified members of staff who had expressed an interest to undertake further training to support the service to develop in areas such as health and safety and dementia. These measures showed that the staff were encouraged and supported with their continued learning and development and training systems reflected best practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

The general manager and staff we spoke with demonstrated how they involved people that used the service as fully as possible in decisions about their care and support. They described their responsibilities within the MCA and what this meant in the ways they cared for people. Records confirmed that staff had received this training. Guidance on best interest decisions in line with MCA was available to staff in the office and also on the staff notice board. Comprehensive capacity assessments were carried out including prompts for staff to ensure the assessment was not based on stereotypical views. Staff were aware that an assessment of capacity is based on specific criteria and that the person should still be encouraged to make decisions where they are able. People's care records reflected this for example one person's records stated that they were able to choose their own clothes and enjoyed choosing matching outfits and jewellery."

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS to ensure that any restrictions on people were lawful. DOLS applications were made in a timely manner, using suitable criteria. People at risk of being deprived of their liberty were fully assessed and strategies for least restrictive care documented, where deprivation of liberty was required to maintain safety and wellbeing this was followed through.

We saw that staff consistently sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Staff were respectful of people's choices including when they made an unexpected choice, for example choosing to drink their tea cold rather than hot.

We observed the lunch time meal in the dining room. This was seen to be an enjoyable, relaxed social occasion. People came to the dining room when they were ready and chatted with each other while they waited to be served their meal. People were offered a choice of alcoholic or soft drinks to accompany their meal and were very complimentary about the food. One person said, "The food is exceptional, very good quality and so appetising." Another person commented, "The food is very good, I have put on weight, there's three good meals a day." A third person told us, "I look forward to each meal it is so enjoyable." People spoke positively about the variety of meal options provided and that their requests were accommodated if they did not want what was on the menu that day. We saw several people choose alternatives. One person first asked for fish and chips but then changed their mind as this would 'make me put on weight'. Staff reassured the person they were a healthy weight but also asked if they would like something different. The person chose a sandwich. On hearing this another person also opted to have a sandwich. Both of these requests were accommodated in a timely manner.

The support people received with their meals varied depending on their individual circumstances. Where people were unable to choose from the written menu they were shown plates of food to choose from. Staff discreetly moved between people ensuring everyone had everything they needed. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Staff encouraged

people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. Adaptive cutlery where appropriate was available for people to promote their independence and was seen to be used. One person proudly showed us their knife and fork which had easy grip handles and had their name on. They said, "I like my own things, look at that it says me." We saw a number of people had their meal in their bedrooms through choice. The meals were taken to people by staff who ensured that the plates were covered to keep the meal hot. We talked with the hospitality staff who were able to tell us clearly about people's dietary needs and preferences.

People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or making referrals to health professionals. Staff told us that people who were at risk of poor fluid and food intake were closely monitored and provided with fortified meals and drinks. Staff told us that when needed, records were in place to record what people ate and drank. A member of staff that we spoke with told us, "it is so important to keep people hydrated we are always offering drinks hot and cold. " This was confirmed in our observations during the inspection.

Conversations with people, relatives and staff plus records seen showed people had access to healthcare services and received ongoing healthcare support. There was an onsite hair dresser and therapy room within the premises. One person said, "it's all arranged for me, the chiropodist comes, if I need the doctor they [staff] call." People's health and well-being was monitored to ensure they maintained good health and identified any problems. Where staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, they had taken action to reduce the risk. This included prompt referrals to health care professionals and requests for advice and guidance. This showed us that effective action was taken to maintain people's health and wellbeing.

People's care records contained records of hospital and other health care appointments. A relative described how they felt informed by staff of the ongoing healthcare support for one person. They said they, "Get regular updates either on the phone or when I visit a member of staff will come and talk to me. The staff are very good at letting me know what is going on especially if they feel they need to call the doctor."

The physical environment of the first floor called Apple Blossom is designed to help people be as independent as possible whilst living with dementia. The design of the premises was completed to provide people with dementia stimulation, choice and space. There were rails throughout the corridors to assist people with mobility problems and regular seating areas so people could stop and rest. The layout does present a challenge for staff in that there are limited 'lines of sight' for ease of monitoring and observation. However we observed that the effective communication and co-ordination of the shift, the confidence of all the members of staff including care, hospitality, maintenance and the management team to engage and interact with people more than compensated. Staff were alert to the whereabouts of people and their current mood and wellbeing. The environment brought more benefits than limitations and supported non-restrictive care with risks from the layout and design effectively managed.

## Is the service caring?

### Our findings

At our last inspection Caring was rated as good. During this inspection we found that the service had improved and we have rated this as outstanding. People received excellent care by kind and compassionate staff and were supported to have a meaningful and enjoyable life. The service provided exceptional end of life care ensuring that people experienced a comfortable, dignified death in line with their wishes.

Without exception people and relatives spoke of the exceptional high standard of care provided by all the staff and management team. They told us how they felt comfortable and at ease in their company and were complimentary about the conscientious attitude and approach of the staff. One person said, "All the staff are good as each other, can't fault any of them, nothing I would change." Another person told us, "It's a home from home for me." A third person commented, "It's like a family." A fourth person shared their positive experience with us commenting, "Coming here helped my mood; I've made friends."

Relatives praised the service saying, "It is a truly wonderful place. People do come first here. The staff can't do enough and treat them so well. Nothing is too much trouble. I've known them pop in on their day off to drop things off like a board game or magazine they thought one of the residents might like; very thoughtful and considerate. They are diligent and attentive and treat people with respect and are very very caring." Another relative told us about one particular carer and their ability to connect with people saying, "Always cheerful, smiling and friendly. Has an innate aptitude to get through to dementia residents and.....takes the time to really get to know people and what makes them tick. Has a natural caring disposition." A third relative commented, "I get quality time with [person] am not here to do the cleaning and cooking that's all taken care of. Before when [person] lived with me I was exhausted trying to do everything and I couldn't. Now I have peace of mind they are well looked after and we as a family get precious time with [person]."

There was a vibrant and friendly atmosphere in the service. Throughout our inspection we saw staff consistently engage with people in a kind and compassionate way adapting their approach to meet their individual needs. Interactions by staff with people and relatives were extremely positive, demonstrating dignity and respect. People living with dementia were spoken to in an appropriate way with staff taking time to pay attention, listen and understand what the person had said or communicated either verbally or through their body language, facial expression and gestures. People were calm and relaxed throughout the day because staff understood their communication and provided the reassurance they needed, when they needed it. One person became upset when worrying that they had missed their relatives visit, staff provided comfort and asked the person if they would like to call their relative. This reassured the person who said they were looking forward to their relatives visit.

A visible person-centred culture had been established in the service. Staff put people at the heart of everything, providing personalised care to meet their individual needs and preferences. Staff had developed an enhanced knowledge of people's needs and were confident in their roles. This was confirmed by a person we spoke with who said, 'The staff know me so well, they are able to help me in just the way I like.'

The provider had created 'Champion' roles where staff with a specific interest for example in dementia care

were supported to undertake further training and promote best practice within the service. The dementia champion told us the role had helped them to 'speak up for people more strongly'. This staff member had recently received an internal award in recognition of their person centred approach with people with dementia. They described how they had spent time getting to know a person, understanding their early life history, recent life events including bereavement and had worked with the person, their family and colleagues to find strategies to manage the person's distress. This had included using music and singing with positive outcomes for the person.

Staff demonstrated an understanding of positive risk taking and personal choice. A senior carer and member of the maintenance team both described how one person was supported when they chose not to wear clothes. The window opposite their bedroom had been frosted to avoid people being able to look in and to maintain the person's dignity and privacy. Staff encouraged the person to wear a dressing gown when they left their bedroom but were respectful of the person's choice in the privacy of their bedroom, ensuring doors and curtains were closed.

The high standard of care provided enhanced people's quality of life and wellbeing. A relative told us, "[Person] used to be a prisoner in own home. Miserable for everyone. Now don't worry as can see how safe and well cared for [person] is. They do so much more since being here, have come out of themselves and enjoying life again." Feedback from healthcare professionals was positive with one stating, "The staff are very caring and I have never seen anyone [not appropriately support] a resident with anything but care and respect showing compassion and dignity for the residents and respect for their wishes." A visiting healthcare professional told us, "This is one of the best homes I know of. I like coming here; the staff know their residents really well and are very caring. Yes I would recommend this place in fact I would stay here if I needed to." This consistent staff approach of treating people with compassion, kindness, dignity and respect was also reflected in the language used in their care records which valued people. People's preferences, likes and dislikes were taken into consideration and support was provided in accordance with people's wishes. This provided them with a sense of purpose and wellbeing.

People told us they were encouraged by staff to maintain as much independence as they could. One person told us, "The staff help me to wash and dress myself. It would be so easy to let them do it all but that's admitting defeat and I am not dead yet! When I first came here I couldn't do much. Now I am getting much more confident and bit by bit with their [staff] help and kindness I can do a little more." Another person described their experience of regaining some of their mobility through staff support. They said, "I used to fall a lot at home, covered in bruises I was. When I came here I was in a bad way but they [staff] have helped me to do my exercises and I am getting stronger and more mobile." Laughing they added, "Next stop the marathon." People's records identified the areas of their care that they could attend to independently and how this should be respected.

People shared numerous examples of how the staff were caring, treated them with respect and maintained their privacy and dignity. One person said, "They [staff] always knock on the door before entering and call out so I don't get startled. They treat me as human being with the utmost respect and consideration. They are friendly but always professional." Another person told us, "They [staff] always knock; tell you why they are there, my privacy is respected. They are affable and discreet."

People told us their relatives could visit at times of their choosing and were made comfortable. One person said, "All my visitors feel welcome and love coming to see me." One person's relative said, "I am here several times a week, staff are pleasant and cheerful. You get a warm and friendly greeting when you arrive, offered a drink and made to feel at home."

Ensuring people received care tailored to meet their needs which enhanced their quality of life was fundamental to the running of the service. As part of ongoing improvements there had been extensive redecoration and refurbishment to the service. This had been done to a high standard and had been sensitively managed for people living with dementia. Staff were aware of how disruptive it may be for some people particularly those living with dementia so had arranged numerous trips out, using the provider's minibus.

An exceptional standard of end of life care was provided in the service. The staff and management team followed best practice on how to enable people to die peacefully and with dignity in the place and manner of their choosing. This was underpinned by appropriate training and support to staff. Effective systems were in place to reduce crisis and hospitalisation for people. This included working closely with the district nurse team and local hospice team. People had palliative care plans where they had been identified as needing end of life care. These were individual to each person and their unique situation. They involved the wishes and preferences of the person, input from their family/representatives and health and social care professionals where required. One member of staff described how they had developed their skills and understanding since coming to Bucklesham Grange, "I feel able to use my own ideas to give people everything they need, even at the end of life, including reading to them, playing music they like. We give people a good death here."

We received feedback from a family about their positive experience of the way the service had looked after their relative during the final stages of their life. They stated, "Once again thank you to every member of the Bucklesham Grange team for looking after [person] in the final months of [their] life. It was a great comfort to all our family knowing that [person] was safe in your hands. In fact it is fair to say that the care [they] received from you all went beyond professional, it was personal. This is something that is rare to find and that money cannot buy for which [they] and we are truly grateful."

As part of continual improvement within the service the management team had established strong links working in partnership with the local hospice team to make sure their staff followed best practice with regards to delivering end of life care. Two members of staff designated end of life 'champions' were completing their level 3 health and social care apprenticeship with the hospice and sharing their enhanced knowledge and understanding to their colleagues in the service. Complimentary feedback from a hospice professional described how this creative and innovative working relationship had developed, "Into a community of practice that we hope to nurture and expand with Bucklesham Grange becoming a cluster lead working with us across the region. To enable this to happen Bucklesham Grange will be delivering training to staff here at [the hospice] on moving and handling, building Dementia awareness with the team and management skills here at the hospice."

## Is the service responsive?

### Our findings

At our last inspection we rated Responsive as good. We found during this inspection the service continued to be responsive to meeting people's diverse needs and have rated this good.

People told us they were happy with the service they received, which was responsive to their needs. One person said, "It's 100% better than when I was at home and waiting for carers to come, now I just have to call and someone helps me."

People were cared for by staff and a management team that knew them well and understood their care and support needs. Staff spoke with pride and passion about the people they cared for. One member of staff said, "I really love my job. Making a difference to the residents that's what it's all about. It's a very family orientated place and they come first." Another member of staff said, "We [staff] try so hard to make sure people are happy, safe and looked after well."

People's bedrooms were personalised with their own belongings and choice of décor. For one person who had a particular interest in steam trains, large scale pictures had been painted on the corridor outside their bedroom. Their bedroom door had been decorated with the number of the train they used to drive. Other bedrooms had murals painted in people's favourite colours or to reflect a particular past interest or hobby. People were offered a colour choice and their bedrooms were repainted before admission wherever possible.

Where people had been assessed as at risk of falling from bed they were nursed on low level beds with suitable mats surrounding them. This enabled people who roll from their bed to be protected from harm and moved back to bed with minimal disruption or discomfort. For one person who was spending all their time nursed in a low level bed, consideration had been given to improving their immediate surroundings to enhance their mood and well-being in recognition of their changing needs. We saw that their bedroom had been redecorated so there were stimulating colours and objects they recognised in their eye line.

The provision of activities was innovative and met people's needs and preferences. Activities and social inclusion were designed to enhance their wellbeing and enable them to live a full life as possible. People were supported to continue to pursue hobbies and interests that they enjoyed prior to moving to the service and to also try new and different things should they choose to. This led to them having an enhanced sense of wellbeing and quality of life. One person said, "There is always lots going on. I choose not to get involved. Choice is there if you want to. It is not forced on you that you must participate; I couldn't bear that. There is a difference to being alone and being lonely; I like to be on my own; I like my own company. The staff respect that." Another person said about the variety of activities, "Plenty to do; people come in and sing and entertain us, weekly exercise classes, art and gardening clubs, afternoon tea and cakes. I am looking forward to Latin dance; that's on in a bit." A third person described at length how they helped out in the garden, weeding raised beds and growing fruits and vegetables and this was something they enjoyed and took pleasure in.



A group of people we spoke with told us they got a weekly activity programme through their bedroom door so they knew what was happening in the service. One person said, "I tend to forget sometimes what is going on it is hard to keep up there is so much to do. I hate to miss out so [member of staff] usually reminds me. It's good as they also let me know when the hairdresser and [manicurist] are in as I do like to get my hair and nails done."

We observed a chair based Latin dancing activity taking place on the first floor. The session was attended by eight people and a further two people sat and listened in the adjacent lounge. Staff supported people to take part. The session provided therapeutic benefit to people living with dementia and had been tailored to meet their needs. It offered sensory stimulation in the form of colour, music and movement and encouraged physical activity and social skills. This enabled even the most passive people to engage with and benefit from the activity. People smiled, laughed and joined in with obvious enjoyment.

Initiatives to support and engage with people living with dementia was evident throughout the service, for example, 'Our Yesterdays' a reminiscence newsletter which had articles about historical events that occurred on that date in history. We saw a member of staff talking with two people about an item they were interested in.

Staff used a range of strategies to manage people's distress. The varied areas of the service were used to good effect so people were able to be in busy active places, social spaces such as the bistro or calm quiet areas including the upstairs garden space. There was an acknowledgement amongst the staff that people can respond differently towards them and to try different approaches when someone became upset or anxious. On the first floor one person was consistently unsettled and calling out. We saw that several people including senior management spent 1:1 time with this person to try and calm them. They tried different times throughout the morning to encourage the person to take their medicine and to eat but the person refused. This showed a continued commitment to try and find the source of the person's discomfort alongside the intervention from the GP as required.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with information about how to meet people's specific needs and how their conditions affected their daily lives. This included the type and stage of dementia they were living with. Where people may display behaviours that could be challenging to others, these had been identified and were recorded, including any triggers to these behaviours. Records were maintained to enable staff to monitor any behaviours, such as distress reactions, that people displayed. However these could be further developed by including more specific guidance about suggested strategies to manage future incidents. One person's chart stated 'awaiting MH input'. This did not provide sufficient information for staff in providing care responsive to their needs in the meantime.

At the time of our inspection the service was implementing the use of electronic care records. We found some inconsistencies in people's daily records with task led entries and limited information about people's mood and well-being. Staff were prompt at recording care tasks such as eating and drinking as this was completed using an electronic checklist. However a person who had been distressed and whom staff had been supporting throughout the morning and had been visited by a healthcare professional had no wellbeing record completed. Their records did not reflect the positive interventions and actions we had seen staff take to support then and manage their distress. Because food and fluid charts did not correspond with the daily records log there was no explanation as to why one person's food chart showed they had had nothing for 24 hours. The general manager advised that there had been some teething problems with the new system and they were looking into how they could improve the information recorded to give a clearer picture of people's mood and well-being. We were assured by their reaction that people's records would

provide an accurate reflection of the care and treatment they had received.

People, their relatives and or representatives were regularly asked for their views about the service. Their feedback was collated through regular care reviews, resident meetings, quality satisfaction questionnaires and daily interactions and communications. We reviewed some of the feedback received and saw that comments were positive specifically about the caring nature of the staff and the approach of the management team. One person described attending the resident meetings they said, "They [management team] give us notice that there will be a meeting and we talk about any issues or suggestions we might have." Another person told us, "At the residents meeting we talk about the things we would like to do, staffing and the food. The manager will let us know of any planned changes and listen to our opinions." A third person commented, "I have always spoken my mind that will not change now I live here. Not really had much to complain about. When you speak up about something you don't like they [staff] do listen. It is not a problem."

The provider's complaints policy and procedure was made freely available in the service and copies were given to people who used the service. People and their relatives told us they knew who to speak to if they had a concern. One person said, "Any issues? You go to the manager and they will sort it out." Another person told us, "I would go to the manager straight away if I was upset or unhappy. They would fix everything." A relative commented, "I have every confidence in the management team should I have any concerns." Another relative said, "We had a concern about [person's] weight gain which I discussed with [general manager]. They are very responsive and proactive and looked into ways of managing [person's] weight. We are currently trying portion control and will review this in a while to see if this has worked."

## Is the service well-led?

### Our findings

At our last inspection we rated this key question good. At this inspection we found the service had continued to improve and develop, with dynamic leadership demonstrated at all levels. The management team and their workforce were committed to providing people with the highest standards of care. We rated this key question as outstanding.

People and their relatives praised the management team at the service and the positive culture they had developed to ensure people were at the heart of where they lived. We were told by one person, "I think it is a wonderful place. Very well organised and I most definitely recommend it. It's marvellous." Another person said, "It is a delightful home, the place is spotless, nice and friendly people I now consider to be dear friends. Kind staff and 'on the ball' managers. Brilliant tasty home cooked food and plenty to keep you occupied. Difficult to be lonely here." A relative commented, "Very happy place it is all about the care." Another relative told us, "Just an amazing place. I looked at nine other places. It was good before but since [registered manager and general manager] have been involved it has gone to another level. Super stardom! They have taken it up up up. They have made positive changes to staffing increasing the numbers of the lifestyle team [staff responsible for activities] so staff can meaningfully engage with people. There is more 1:1's as well as group activities happening and not just Monday to Friday. The quality of the staff has improved the staff are very considerate and caring; you can see they want to be here and adore all the residents."

The general manager demonstrated an extensive up to date knowledge of all the people living in the service without referring to records. They were hands on and visible within the service and people and relatives were complimentary about their approach and caring manner. One person said, "The manager comes by every day and checks in with me. Asks if I need anything and makes sure I want for nothing." Another person said, "The [general] manager takes a real interest in you, never too busy to stop by and have a chat. I wasn't well the other week and they popped in several times to check I was okay and to sit with me. Nice company; we had a good laugh." A relative said, "The [general] manager is very approachable, ever so kind, always makes time for you if you need a word. If they say they will do something they will! Have nothing but praise for the management and staff; they are all wonderful."

There was a friendly, vibrant and welcoming atmosphere within Bucklesham Grange. People were at the heart of the service underpinned by a caring and considerate ethos, promoted by the management team. Staff at all levels of the service were visibly proud to work in the service and were enthusiastic and committed to providing a high standard of care to people. One member of staff said, "I feel I can ask anything of my colleagues and management. I feel I have a lot of support around me. We have a strong team here; very lucky, very supportive place to work."

The management team worked closely together supporting each other with the different aspects of running the service. We sat in on a 10 at 10 meeting that takes place every morning and which the general manager and heads of each department or a senior representative attended, to discuss the previous 24 hours and plans for the day ahead. This provided an effective oversight of all areas of the service including any clinical and care issues and changes that needed to be made to ensure people received a safe quality service. This

included discussing changes to people's needs and those at risk of social isolation. For one person who had recently been identified as at risk of becoming withdrawn following deterioration in their health, the general manager liaised with the lifestyle team on how they could best support the person with 1:1 times that day. Throughout the inspection we saw managers and staff from different areas in the service interacting with this person as part of a coordinated approach. This demonstrated accountability and a shared responsibility across the service for ensuring people were not at risk of being lonely and withdrawn.

The 10 at 10 meetings also provided an opportunity for the different departments to share their teams' successes and challenges and celebrate 'high five' moments. This was where individual staff members were recognised for their hard work and for going the extra mile. This contributed towards the visibly high morale within the service. One member of staff said about the management team, "They are very good at thanking you for your hard work and praising us when we do a good job. You feel appreciated; not taken for granted."

The management team demonstrated an open, transparent and reflective leadership style. They provided visible direction and a person centred approach to their staff teams. They exhibited a passion for providing a high quality service, which continually developed in order to meet people's needs in a holistic manner. This was in line with the provider's charter of creating 'communities that enhance the quality of life, and give rise to new beginnings, new futures' for people living in their services. The provider held empowerment days for staff from all their services to come together and share innovative ideas and best practice in line with their vision and values. A member of staff talking about their experience of going to an empowerment day said, "I was bit wary at first especially when there was talk of getting dressed up; wearing blue wigs and tops. But it was great, we had fun, got a chance to celebrate what we do, share ideas and different ways of doing things with colleagues from the other [provider's] services. Important to take a moment to acknowledge all the hard work and to spread the BG [Bucklesham Grange] love to everybody. We have fun and love what we do." These measures had contributed to a highly motivated and passionate workforce who felt respected and valued.

People received care and support from competent and dedicated staff because the management team encouraged them to learn and develop new skills and ideas. Staff when asked about the culture and values of the service told us that they felt an integral part of a team and enjoyed their work. They were extremely passionate and committed to providing quality care and were clear on their roles and responsibilities. Staff morale was exceptionally high in the service and staff told us this was because it was an inclusive and supportive place to work. They described feeling valued by their managers and shared with us how they had been encouraged to professionally develop through recognised qualifications within the care industry. They explained how the management team had enabled them to become champions [designated lead roles] within certain areas of the service promoting best practice. This included champions for health and safety, dementia and end of life care. One member of staff told us how these supportive measures had been a positive experience for them saying, "I wasn't sure about a career in care. Then I spent time with the general manager and seen what they do and it's given me a purpose. I am now doing the QCF [nationally recognised professional qualification] and have learnt a lot about [particular lead role]. I love what I do and couldn't imagine now not working in care."

Another member of staff described how they had been empowered through support from the management team and had created an innovative tool to identify people who were at risk of social isolation and how this risk could be reduced through meaningful activities, 1:1 or group engagement. They explained how this tool had evolved to include assessments, care plans and risk assessments to improve outcomes for people. Recognising the positive impact the tool had made for people within the service, for example one person who spent the majority of time in their bedroom, now having the confidence to make friends, take part in activities and to join meetings with other people from the service, plans were underway to implement this

tool in the provider's other services. The member of staff who had been instrumental in developing this tool was currently being supported to deliver this training across the company to support consistent practice.

People were actively encouraged to voice their opinions regarding all aspects of their care and support. They told us they felt valued and included in making decisions that affected them and were actively involved in their ongoing care arrangements. People and their relatives could voice their views and opinions which the management team listened and acted on. The management team took action to resolve any issues and reviewed untoward incidents and concerns as an opportunity to improve policies and practices within the service. They had excellent oversight of the service and worked closely with their staff teams to drive continual improvement and deliver high quality care.

Furthermore in a nationwide independent survey of people who lived in care homes, Bucklesham Grange was given a high performance rating. The service achieved an overall performance rating score of 97% against the national average of 88%. Findings revealed that 100% of people living in the service were happy with the care and support they received, that staff understood them as an individual and that they were treated with kindness, dignity and respect.

People told us they felt able to contribute towards the running of the service. One person said, "They [staff] do listen, if we make suggestions they take notice." Another person who was an active member of the health and safety committee which included designated staff and people who used the service said they were supported to take part in the meetings and had taken part in the fire training that the staff had received which made them feel valued.

Feedback from people, relatives, staff and health and social care professionals spoke highly of the registered manager and general manager's influence and leadership within the service. This was confirmed in our observations where we found they had embedded an inclusive, open and transparent culture, focusing on delivering exceptional care and positive outcomes for people. One healthcare professional told us, "The home is always clean and safe. The activities for the residents are amazing and there always seems to be something going on when I am at the home. Residents always talk to me about what activities are on and seem to be pleased they have so much choice. The staff are a team and are all very helpful to me. They all seem to have passion for their job and treat the residents with dignity and respect. I visit many homes, and I can honestly say this is the best led, caring and welcoming home I have visited."

Another professional commented on the caring person centred approach of the management team and staff stating, "The very first time I walked through the door, I felt a warm, homely feeling, plus a feeling of "quality". I encountered the General Manager mingling with some of the residents in such a friendly and supportive way. A singing session was underway and there was so much happiness in the room, clapping, swaying and tapping of feet, the staff and manager got involved too. I was immediately welcomed into that happy circle, I felt the vibes of togetherness. The lady next to me broke off from her singing to tell me "I love this and I am so happy here". I have attended BG [Bucklesham Grange] when I have met with resident's families who have shared their feelings about the home. They have said they know the residents are safe and secure because the staff are always vigilant protecting the residents and always report any concerns they have. The team are very dedicated and well trained."

Staff told us and records seen showed that staff meetings were held regularly, providing staff with an opportunity for feedback and discussion. Staff told us that changes to people's needs were discussed at the meetings, as well as during daily handovers with any issues arising reflecting the accompanying actions. They said that the meetings and handovers promoted shared learning, understanding and accountability within the staff team.

The registered manager and general manager worked in partnership with various organisations, including

the local authority, district nurses, local GP services, local hospice and mental health services to ensure they were providing a high quality service. Feedback from health and social care professionals about their experience of working with the service was complimentary and reflected positive and effective working arrangements. One professional stated; "[We] meet with the clinical nurse manager (who is now the general manager) and the senior nurses on a regular basis as a means of ironing out any problems and to also facilitate integrated working. Of note, over the past year we have had less concerns to raise and have not had to meet as frequently as in the past. They are always very engaging with the process and we have found that it has helped to alleviate and deal with issues of concern as they arise in a timely manner."

The management team were proactive in driving the service forward to improve outcomes for people. For example, to ensure people received outstanding end of life care they had formed a close link with the local hospice to share best practice and understanding within the different care settings and the unique challenges they faced. This collaboration had developed into a care home pilot with an accredited certification. This involved representatives from both services working together towards an advanced apprenticeship in End of Life and Palliative care. Once completed plans were in place to work with other care homes within the local community.

Records of complaints showed the service acted on people's feedback and these were responded to and addressed in a timely manner. Records seen identified how the service acted on people's feedback. For example where a complaint had been made following an accidental fall resulting in a fracture for one person. A full investigation had been completed to learn from the incident and to reduce the risk of further reoccurrences. A full review was carried out of the existing processes resulting in a falls clinical improvement plan to promote the safety and wellbeing of people. This was devised in partnership with other professionals such as the GP, physiotherapists and the foot health practitioner. Conversations with staff and records seen showed that the plan was reviewed monthly and included any trends and actions to support people at risk of falls in the least restrictive way. This showed that people's views were valued and used to improve the service.

Robust quality assurance systems and processes were well established and used for evaluating information about the service. The monitoring systems were very thorough and underpinned by a comprehensive range of audits and reviews which focused on positive outcomes for people. These were carried out in a wide number of areas such as care planning, accidents and incidents, pressure care, falls, medicines and nutrition and hydration. These identified and addressed shortfalls in the service and were used to make improvements. Effective and transparent reporting structure ensured accountability for keeping people safe at all levels in the organisation. The general manager showed us their development plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management, ongoing recruitment and staff development.

In May 2017 the service hosted their annual local care awards. Nominations were received from people, relatives and other team members in recognition of excellent practice and person centred care. The winners were then put forward to the provider's company awards due later in the year. One person told us how they had enjoyed attending the awards night held in the service saying, "It was a lovely evening, a big fuss was made, and everyone got dressed up. I was very proud to give [member of staff] their award." In the 2016 ceremony, the staff at Bucklesham Grange celebrated achieving the provider's 'team of the year', the in house trainer received 'rising star of the year' and the maintenance manager was awarded the charter award, acknowledging their outstanding contribution within Bucklesham Grange and the provider's other services.

The service was effectively and efficiently well organised, This enabled the staff and management team to

respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.