Leafoak Limited

Beechlawn Residential Home

Inspection report

Elton Park Hadleigh Road
Ipswich
Suffolk
IP2 0DG

Tel: 01473251283
Website: www.guytoncarehomes.net

Date of inspection visit:
08 March 2018
13 March 2018

Date of publication:
14 June 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Beechlawn Residential Home 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 provides residential care in one adapted building for up to 35 older people, some of whom are living with dementia. There were 25 people living in the service when we inspected on 8 and 13 March 2018. This was an unannounced comprehensive inspection.

We last inspected this service on 11 August 2016 and rated the service Requires Improvement in four of the five key questions and Good in Effective. Overall, the service was rated as Requires Improvement. During that inspection, we found that there was not sufficient staff on duty to ensure that people remained safe and that improvements were needed in regards to the management of people's medicines. It was also found that caring relationships between staff and the people they supported were being developed but improvements were still needed to be made. There were concerns that the environment was not dementia friendly and people did not have full access to outside areas. Care plans needed improvement to ensure that people got consistent support that met their needs.

During this inspection on 8 and 13 March 2018, we found that improvements had been made to help ensure that people received a good quality of care, but some further improvement was still needed in some areas.

Beechlawn Residential Home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our previous inspection on 11 August 2016, it was highlighted that the service was not dementia friendly; we were told that the registered manager would take action and put plans into action to rectify this. During this inspection, we saw that little action had not been taken. After our inspection, the registered manger sent us plans of the action they intended to take. This would help people living with dementia to find their way around the building better and to be able to orientate themselves, which would help them to feel less anxious and more relaxed so that behaviours triggered by anxiety would decrease.

Not all of the people who lived in the service told us that they felt safe. We were told that there were people who walked with purpose for most of the day and, on occasion, during the night. People told us that these people had entered their bedrooms and, when asked to leave, sometimes became anxious and responded in a way that was disruptive or worrying to the room's occupant. During discussions with people, staff members, the registered manager and on examination of the rotas and dependency calculations, it was established that there was not always enough staff on duty to support and keep people safe. The registered manager, in agreement with the provider, immediately took action and increased the number staff on each

shift.

Risks were assessed and steps have been put in place to safeguard people from harm without restricting their independence unnecessary. Risks to individual people had been identified and action had been taken to protect people from harm. However, some of the risk assessments were generic and needed to be individualised.

Within the environment there were examples of poor fire safety practices that put people at risk. During the inspection, the registered manager took immediate action in some areas and undertook to take further action in all the areas bought to their attention. The main exit needed more than one action to open the door, which was not considered best practice; there were two locks and a door chain in place. Curtains obscured two of the fire exits and the fire signage did not give clear instruction for exiting the building in emergencies, a fire for example. The provider and the registered manager took immediate action by removing the extra locks on the main door and removed the curtains from the fire exits. We were assured that they would take advice and would take the necessary action to further safeguard people and staff from the dangers of fire throughout the service.

There were arrangements in place to make sure the service was kept clean and hygienic. On our first day's visit, we found some minor examples of poor cleaning practices. For example, one area behind the washing and drying machines where fluff had collected could be a possible fire safety hazard. On our second day, we saw that action had been taken to rectify the matter and the cleaning schedule had been amended to lessen the likelihood of this practice continuing.

There were systems in place that provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe from abuse. Where people required assistance to take their medicines there were arrangements in place to provide this support safely, following best practice guidelines.

Both the registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required. 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 support this practice.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

We saw examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their assessed needs. The service listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed.

People using the service, and the staff, told us that the registered manager had made positive changes in the service and that they were open and had good management skills. There were systems in place to monitor the quality of service offered people.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always enough staff on duty to meet people's needs. Recruitment checks were robust and contributed to protecting people from staff not suitable to work in care.

Fire exits were concealed by curtains and the locks on the main exit did not reflect fire safety guidance.

Choking risk assessments were in place for everyone but were generic to all. It would beneficial if they were individualised to meet people's differing needs.

Systems were in place to protect people from abuse and there were systems in place to minimise risks to people and to keep them safe.

People were provided with their medicines and in a safe manner.

Is the service effective?

Good

The service was effective.

Not everyone's needs were met by the adaptation, design and decoration of the service. It was freshly decorated, homely and comfortable. However, the service was not dementia friendly. This had been highlighted in our previous inspection on 11 August 2016. Action was being taken to make the service more dementia friendly

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Staff were trained and supported to meet people's needs effectively, the registered manager had identified that people would benefit if staff undertook more in depth dementia training and was putting this in place.

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

The service was up to date with the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

We saw examples of positive and caring interaction between the staff and people living in the service.

People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on.

Staff protected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

People were supported at their end of their lives to have a comfortable and dignified death.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had a quality assurance system, which failed to identify the shortfalls we found during this inspection.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The registered manager was open minded to the concept of continued learning to improve the service and ensure sustainability. The service works well with other agencies.

Beechlawn Residential Home

Detailed findings

Background to this inspection

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

We carried out this unannounced comprehensive inspection on 8 and 13 March 2018. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion our expert by experience had personal experience of caring for a relative living with dementia and supporting them while living in a residential service.

Before our inspection, we reviewed the 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.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunchtime. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care plans and spoke with 11 people who used the service and five people's visitors. We also spoke with the registered manager, the provider and five members of staff.

We looked at records relating to the management of the service, four staff recruitment records, training, and systems for monitoring the quality of the service. After our inspection, we asked health care professionals and other professionals involved with the service for their opinion of the service, two of whom replied.

Requires Improvement

Is the service safe?

Our findings

During our last inspection on 11 August 2016, we found the service was not always safe, and rated this key question Requires Improvement. We found that the service was not adequately protecting people by ensuring there were sufficient numbers of staff on duty. We recommended that the service sought reputable guidance on staffing levels, which took into account the needs of people and the layout of the building.

At this inspection, we found that the registered manager had taken advice regarding safe staffing levels and had implemented an industry accepted dependency tool. By inputting relevant information regarding the people who used the service and any difficulties the layout of the building may cause, the tool calculated the optimum staffing hours needed to give people a good quality of service and would help to keep them safe. However, people told us they thought that there was not enough staff on duty to keep them safe. One person said, "I have my alarm, sometimes I buzz in the night to spend a penny, it depends on how long they take as there are only two of them, the same during the day, they get to me as soon as they can. In the evening, if they are busy they will come and tell me they will come when they can come."

When we examined the dependency calculations, it appeared that they did not properly reflect people's needs. It did not reflect that the service was set in an older building that was not purpose built and had long corridors and different extensions, twists and turns. This made it difficult to negotiate unless you were familiar with the building. Nor did it take into account the people living with dementia who walked with purpose during the day and sometimes at night.

People had told us that they had experienced other people entering their bedrooms and, when asked to leave, they sometimes became anxious and responded in a way that was disruptive or worrying to the room's occupant. One person told us that a person entering their bedroom had broken their television with a walking stick. Another person commented, "I have my door locked at night because of the people who wander." One person's relative said, "My [relative] has said [they have] had a lot of people come into [their] bedroom and it has really frightened them, [they are] afraid to go to sleep."

We discussed our concerns with the registered manager. On that day, the first day of our inspection, the registered manager reassessed their calculations, took advice and found that they had made a minor error with the input data that skewed the calculations. They put this right and the outcome was that staff numbers were increased, from that day, by one staff member each shift.

Within the environment there were examples of poor fire safety practices that put people at risk. There were two locks and a door chain in place on the front door, the main exit. Fire safety guidance sets out that any fire exit should only need one action to open it. We also saw that drawn curtains obscured two of the fire exits and the fire signage did not give clear instruction for exiting the building in emergencies such as a fire. During the inspection, the provider and the registered manager took immediate action by removing the extra locks on the main door and removed the curtains from the fire exits. They also undertook to take further action in all the areas bought to their attention. The provider and the registered manager also assured us that they would take further fire safety advice and take any necessary action to safeguard people

and staff from the dangers of fire throughout the service.

Risks to individual people had been identified and action had been taken to protect people from harm. Staff were observed supporting people to manoeuver safely using equipment such as hoists and walking frames and we noted that staff ensured that pressure relieving equipment was used if needed.

People's care records included risk assessments, which identified how risks could be minimised without limiting people's independence more than necessary to keep them safe. These included risks associated with pressure ulcers, mobility and falls. Where people had been assessed as being at risk of developing pressure ulcers there were systems in place to minimise the risk. This included seeking support from health professionals, providing pressure relieving equipment and supporting people to reposition. Where people had experienced falls, there were systems in place to analyse them for trends and develop ways of reducing future incidents.

Risk assessments and interventions were also in place that identified potential triggers for anxiety and distress for some people so staff could limit behaviour that some may find challenging.

Choking risk assessments had been carried out for everyone that were detailed, but generic. It would be beneficial to people if those that had specific choking risks were individualised to describe what the particular risk was and how they should be managed. Since our inspection, the registered manager has reviewed people's choking risk assessments and has made them individual to the person.

The service ensured that risk assessments associated with emergency situations were carried out. For example, there was a fire risk assessment in place for the building and each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of emergency.

People told us that they felt safe in the service. One person said, "When I lived on my own I couldn't look after myself, it was getting very dangerous so I'm safer here." A relative commented that they felt that their relative was kept safe and well looked after.

There were systems in place designed to keep people safe from abuse. People received support from staff trained to recognise and report abuse. Where a safeguarding concern had arisen records showed that the service worked with the local authority team during the investigation and in acting on recommendations.

To help ensure that people were safe, regular health and safety checks were carried out regarding the building and environment, such as legionella water checks, fire alarm tests and fire drills. Regular servicing schedules were in place to make sure that services within the home were properly maintained and safe to use. This included fire safety equipment, gas appliances and hoists for example.

People told us that the service was clean and hygienic. One person said, "My room's cleaned every morning, my room is always clean." One person's relative said, "I come most days and it's always fresh and clean."

On the first day of the inspection, we noticed that there were some minor examples of poor cleaning practices, including food debris having accumulated around one person's chair in their bedroom. Having discussed this with the registered manager, on our second day we saw that action had been taken to rectify the matter and the cleaning schedule had been amended to lessen the likelihood of this practice continuing.

Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to infection control and good hygiene. The service had achieved the rating of five in their latest food hygiene inspection, which is the highest rating awarded.

There were systems in place to reduce the risks of cross infection. There were hand sanitisers provided throughout the building. All the bathrooms and toilets had liquid soap and disposable paper towels for people to use. There were gloves and aprons around the service that staff could use to limit the risks of cross contamination. We saw that staff used the disposable gloves and aprons while preparing to support people with their personal care.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service checks on staff. This meant that recruitment processes were robust and contributed to protecting people from the employment of staff who were not suitable to work in care.

Medicines were safely managed. Staff had undergone regular training and their competencies were checked regularly. Storage was secure and stock balances were well managed, we checked stock balances, including drugs, which carried a higher risk, and found they corresponded to medicines administration records (MAR). Records were comprehensive and well kept. A staff member explained the process for storing, administering, ordering and disposal of medicines. They were knowledgeable about the processes and showed that the service had systems in place for the safe management of medicines.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends and took action if any were identified. Staff had sufficient guidance to reduce the risk of repeated accidents.

Good

Is the service effective?

Our findings

During our last 11 August 2016, we found the service was effective and was rated Good in this key question. At this inspection, we found the service remained effective.

The registered manager completed full assessments of people's individual needs before they started using the service. This meant that the resulting care plans were able to reflect people's needs holistically. The areas covered in the assessment included their physical, mental, social needs and future plans. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way.

The provider's policies and procedures that were aimed at protecting people and staff from discrimination were displayed within the home and were reflected in the service's statement of purpose, which set out the organisations expectations, culture and approach to equality. Staff received equality and diversity training, which helped them to support people in a way that gave them the opportunity to achieve their potential, free from prejudice and discrimination. While talking with staff we found that they acknowledged people's differences and respected their life choices. One staff member said, "People have different views on life, I respect that. I would expect the same for them [the people] as I'd want for myself."

Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, for some people who were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance.

People had access to Wi-Fi throughout the service so they could use their electronic devices. People were supported to stay in contact their friends and relatives by email or video conferencing.

People told us that the staff had the skills to meet their assessed needs. One person said, "I need them [the staff], they help me and let me be if I can manage." One person's relative told us, "The staff have turned [my relative] around. [they weren't] eating but have put on weight since [they] moved in."

Staff told us that they had the training and support they needed to carry out their roles. They were provided with training and the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. Staff were provided with the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. The registered manager told us, "We speak to staff, asking them questions on training and in their supervisions to test their knowledge following training and also ask them if there is any other training they feel they could benefit from. We feel it is important to give staff the opportunity to improve on skills in order to advance their career." Training provided to staff included safeguarding, moving and handling, fire safety, and dementia. The registered manager told us, "I am currently talking to training providers about dementia training to see if there is any-more in-depth training in dementia. Most staff have completed virtual dementia training and told us it had helped their understanding." Staff files evidenced the training staff had achieved.

The registered manager monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities. Records and discussions with staff showed that they were supported. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. Staff told us that, if needed, the registered manager led by example and helped on the 'floor'. One staff member told us, "The manager is here if we need help."

There were systems in place to support people to move between services effectively. For example, there were folders in people's care records that included important information about the person, which was sent with them if they were admitted to hospital.

People told us they were supported to access health professionals when needed. One person told us, "If I don't feel well they send for the doctor. I've just had a course of antibiotics; the doctor soon came." One person's relative said, "[My relative] often has water infections, [the staff] know them so recognise when they need to ring the doctor." People's records included information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans. This ensured that people continued to receive consistent care.

The service supported people to maintain a healthy diet. We took the opportunity to join people for dinner to share their lunchtime experience. It was a relaxed, social event and people were complimentary about the food. People told us that they chose what and where they wanted to eat. The majority of people chose to eat in the main dining room where we sat and ate with them. Three courses were on offer, with a choice of main meal. Staff asked people what they wanted before it was served as they preferred, quantity size for example. There was interaction between people as they ate, people also chatted with us and told us that they enjoyed their meals and that the quality of food was good and they always had enough to eat.

One person told us, "The food is nice, I eat what I want, and the deserts are nice." Another person said, "They make great soup. I've only had one bad meal in a year and I'm eating things now I never would before. We have plenty of drinks, at the moment I have apple juice, it's very nice." Drinks were plentiful throughout the day; the tea trolley was taken to each person sat in the lounges several times a day and cold drinks and snacks were available in the lounges.

Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals. In addition, records were kept to allow the staff to monitor if people had enough to eat and drink; where people required assistance to gain weight high calorie items such as drinks were provided. One person told us, "They weigh me every week and ask me what I've eaten; I'm not eating what I should as I've lost my taste buds. I always have a bowl of soup at lunch and they try to tempt me with treats."

We saw that the rooms were individual to the occupant; people had added their own furniture and effects to make it personal to them. If people liked to have their possessions close to them they were able to, and they were able to keep their rooms how they preferred. People were complimentary about the environment that they lived in. One person said, "My family have made my room comfortable, I have my things about me." Another person told us, "I like this room and the view is similar to the one I had from my own window." The registered manager told us of her plans to update the service, decorate and the steps they planned to make the service easier for people living with dementia to orientate themselves and find their way around the service, with the use of signage and different coloured corridors for example.

The gardens were well maintained and there were areas that people could sit and relax in the garden.

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.

Staff received training in MCA and DoLS and they were able to demonstrate they understood the MCA and how this applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. People's care records showed that DoLS had been applied for or whether they were in place. We observed that staff knew people's personalities, needs and preferences, including who was subject to DoLS restrictions, and this allowed them to support people in making decisions regardless of how they communicated.

Good

Is the service caring?

Our findings

During our last inspection on 11 August 2016, we rated this key question as Requires Improvement. This is because people thought that there were not enough staff on duty, meaning that they did not have the time to spend with them to develop friendly, caring relationships. During this inspection, we found that although there were some times of the day that staff were busy, good relationships had developed and staff demonstrated a caring attitude towards people and made time to stop and interact with the people living in the service.

People told us that staff treated them well and that they were kind and caring. One person said, "I'm lucky to be in such a nice place, somewhere so caring. It's not an institution, it's more homely." Another person commented, "I'd rather be at home, but I'm getting used to it here, I'm well looked after. The [staff] are very good and kind." One person's relative told us, "[My relative] looks a lot better than they did at home, [they're] obviously well cared for, [they are] more with it." Another relative said, "I want to get the best for [my relative], they are totally dependent on the staff for everything. They are doing a good job."

We saw examples of positive and caring interactions between the staff and people living in the service. When staff interacted with people, they were open and friendly; we saw that the staff found time to stop to chat with people. For example, we saw a staff member stop to talk with a person who was anxious about where they were and was asking to leave the building. The staff showed compassion and offered reassurance. The person soon settled and was soon more relaxed, the staff member chatted to them gently as they took them back to the area of the service they preferred to spend their time.

From the discussions we had with staff, it was obvious that they knew the people they supported well. They were able to tell us people's preferences, background and the help and level of support they needed to retain as much independence as possible. When staff talked with us about people, they did so in a respectful manner and protected their privacy. When working with them, we saw that staff closed bedroom doors when they were supporting people with their personal care needs and spoke discreetly with them when asking if they needed to use the toilet, which showed they respected people's dignity and privacy. One person told us that, "I'm well looked after, I can't do anything for myself, they get me washed and dressed, put me to bed. The carers are lovely, they are patient and I try to help them if I can."

Staff had developed friendly and warm relationships with people and approached them with a bright greeting and people responded positively to that. A relative told us, "[The staff] are all very polite, patient and just really nice to people. I notice that they get to know them so well. They get to know the family and their background, it makes [my relative] feel comfortable. They need someone to put their arm round them and they are good at that."

People told us that staff encouraged them to maintain autonomy and to continue to make life decisions in regards to future plans and their care. One person said, "I know what I want and the [staff] understand my ways and respect my wishes." People's care records identified that they had been involved in their care planning and where wanted or needed by the person, their relatives were involved as well. The care plans

included people's usual routines, likes, dislikes, and preferences. During the assessment process, people were asked if they had any cultural needs that they wanted to be met by the service. If there were any we saw them recorded in their care plans, for example one person had special dietary needs that were met. People had signed the documents to show that they agreed with their contents.

The registered manager told us, "We continue to have a variety of formats to provide staff with clear guidance to support our residents. We have handover to all staff at each shift change over, staff meetings, residents care -plans. Understanding resident's well-being and needs alongside training and guidance helps staff to develop positive relationships with the residents they support for all their care needs."

Records included information about people's friends and family who were important to them and the arrangements in place to support and maintain these relationships. The registered manager said, "We welcome visitors at any reasonable time of day or evening. We recognise how important it is for the people we care for to retain links with people they know from outside the home." There were areas in the service where people could entertain their visitors, in private if they wished. This included people's bedrooms, the main lounge and the conservatory. We saw people receiving their visitors; one people's relatives told us that they were always welcomed when they visited. One relative said, "Whenever we visit we get offered a drink and made to feel welcome, the staff talk to us and keep us updated about how my [relative] has been keeping. My [family member] is always praising the carers and the food, we are happy because they are."

Good

Is the service responsive?

Our findings

During our last inspection on 11 August 2016, we found the service was not always responsive, and was rated Requires Improvement in this key question. It was highlighted that the service was not dementia friendly; we were told that the registered manager would take action to rectify this. During this inspection, we saw that some action had been taken to make the service a more comfortable environment for those living with dementia, but that further development was needed.

During this inspection on 8 and 13 March, the registered manger told us about the action they intended to take. They told us that, "We acknowledge the home needs to be more dementia friendly and intend to make appropriate improvements. For example, we have ordered display cases for outside people's bedrooms where they can put personal memorabilia." They went on to say that people and their families would be involved in selecting the colours of the people's bedroom doors, "…for example they may like to choose the same colour as their front door when they lived in the community."

Making changes to the environment so that it reflected best practice in this area would enable people living with dementia to find their way around the building easier and to be able to orientate themselves. People's independence would be increased, which would help them to feel less anxious and relaxed so that behaviours triggered by anxiety would decrease.

The care plans recorded information about the person's likes, dislikes, aspirations and their care needs. Care plans were person centred and detailed enough for the staff to understand how to deliver care to people in a way that met their needs and without discrimination. Staff supported people in ways that reflected their wishes. For example, one person preferred to be supported by men, their preference were respected.

People told us they were happy with the standard of care they received. The registered manager completed an assessment with people before they moved in. This helped to ensure that the service could meet the person's needs. Records identified that, where they were able, people had visited the service before making a decision as to whether or not they wanted to move in.

People were supported and encouraged to maintain their independence in areas that they were able to, including choosing their own clothes, how to spend their time, what to eat and dealing with their own personal care. The registered manager told us, "We like to encourage residents to do as much as they can for themselves as possible as we recognise this is a positive for their general wellbeing as well as maintaining their independence." They also told us, "We work with the occupational therapist and falls prevention teams who provide advice and guidance as well as equipment for our residents with physical needs. We consult with the dementia specialist team/GP and mental health team to help us to support anyone with mental health conditions including dementia. We have had the sensory team in to provide additional support to one resident so we can meet their needs as they have impaired vision. All of those interventions help us to support people to maintain their independence."

We talked with people about how their needs were met, they were positive about the staff's supportive and caring attitudes. For example, one person told us that they liked to be smart and wear a little make up. They told us, "The [staff] compliment me, it makes me feel good." Another person said, "I have my newspaper, my word search and my television. During the day, I go down for my meals. We have bingo twice a week and I go to bingo in Ipswich every Wednesday a taxi collects me. I don't get bored, I love being in my room."

Along with their preferences and expectations, if people were happy to share them, their personal histories were recorded. This enabled the staff to get to know people well and to be able to support them in the way they wanted to be. Care plans were clearly written and had been reviewed and updated to reflect peoples' changing needs and preferences. The registered manager told us, "People and their relatives are invited to participate in monthly reviews if they wish and also the yearly reviews, this gives them the opportunity to provide feedback or alter their own care plans."

Different activities and outings were planned, activity coordinators covers five days a week, they and the care staff worked together to make sure people were provided with opportunities of participating in group and individual activities to reduce the risks of boredom. Activities staff planned the programme of activities, a copy of which was given to people and was also displayed around the service. People chose whether they wanted to take part and the staff acted in accordance with their wishes. There were photographs and examples in the service of people taking part in activities. One person said, "I like the exercises and we get trips out, I like that." Another person commented, "I'm church of England and we have a service, usually once a month."

Outside entertainers were booked to visit the service. Parties and social gatherings were arranged for cultural celebrations and other important days. This included people's birthdays and family celebrations. One person told us that they recently had a birthday, "I had cards and the cook baked me a lovely cake." In the summer, the service organised garden parties and people's families and friends were invited.

People told us that if they needed to complain they were confident it would be handled quickly and dealt with properly. When asked if they had made any complaints, one person said, "I have complained, we talked it through with the manager and we were happy with the outcome." One person's relative told us, "I have had a couple of concerns since my [relative] has been here, but I have confidence in the manager." The registered manager told us that all complaints were treated with openness and honesty and that the procedure was displayed in the service. They said that, "Complaints are always investigated and we check that people are happy with the outcome."

People's care records included information about the choices that people had made regarding their end of life care. This included whether they wished to be resuscitated and where they wanted to be cared for at the end of their life. One person's relative told us, "We have had discussions about this with staff here. I believe this is where my [family member] wants to stay; they have asked not to be taken to hospital."

Requires Improvement

Is the service well-led?

Our findings

During our last inspection on 11 August 2016, we rated this key question as Requires Improvement. At this inspection, we found the registered manager had continued to make improvements within the service and had worked well with us and other stakeholders to continue improving the service offered to people. However, the service did not identify the shortfalls we found in regards to the staffing levels and fire safety issues during their quality assurance processes. This key question remains rated as Requires Improvement.

The management team and the provider assessed the quality of the service through a regular programme of audits, this included visits from an outside consultancy team and included audits on medicines management, health and safety, care records and the care provided to people. These helped to identify shortfalls where improvements were needed. However, the shortfalls we identified during our inspection were not identified during this process.

There was a registered manager in post and people and relatives were complimentary about the management of the service. One person said, "The current manager is fine, any problems and she listens." People we spoke with told us that they liked the registered manager and felt she was committed to improving their quality of life. One person's relative told us that, "I like it, it's a nice place, a nice size and it's homely. I think the manager has improved things."

The registered manager said they were well supported by the provider. She told us that she could rely on the providers to support her moves to improve the quality of care offered to people, they told us, "Since I have been the manager I have worked on getting things right."

The service promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included 'resident and relative meetings' and satisfaction questionnaires. The registered manager told us, "At family meetings and residents meetings we encourage people to talk to us about any worries or concerns they have as well as any ideas to improve the home and the service we provide. At staff meetings we encourage staff to put their views and ideas across and if they will work then we will action them."

Staff told us that the registered manager was visible and supportive. One staff member said, "She is there if you need help. If she isn't on duty, you can call her if you need advice."

The minutes of staff meetings showed that they were kept updated with any changes in the service or to people's needs and they were encouraged to share their views and comments to improve the quality of care. Staff told us that they were happy working in the service. One staff member said, "We work well as a team, things get done."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. The registered manager told us, "We are registered with several supporting organisations, including Skills for Care and receive regular emails

with all the up to date information. We attend training and talk to professionals about developments in practice. I am a member of My Home Life Group. We have a dementia champion and an infection control champion who monitor the quality outcomes in these areas and offer advice and guidance to staff."

The registered manager told us that they had developed relationships with the local community. They told us that they had invited four people who lived alone in different areas of Ipswich to come into the service to take part in Christmas Dinner, the entertainment and were transported home. Since then, the service had built strong communications with people living on their own and other organisations supporting them.

One health and social care professional involved in the service told us, "I have been [involved] with this home for the past six months. The manager has put various strategies in place to improve the service offered at the home, and she has taken full advantage of the training from Suffolk County Council's provider support team, for instance with regard to good record keeping…. Communications between Suffolk County Council, the home and me are regular and productive, and we have worked together effectively in a three-way relationship…. when we have visited the home, the residents we encountered appeared comfortable and well-supported."

Another healthcare professional told us, "…. [The registered manager] has introduced changes, which resulted in a loss of some care staff. However, they explained the reason for these changes, based on changing a challenging culture and aimed towards improving the quality of care."

The service made sure that they kept us updated about important events within the service in the form of notifications. People's care records were stored securely and confidentially in accordance with the legislative requirements.

The provider was available throughout our inspection and was proactive and supportive of the registered manager. They authorised proposed actions to be undertaken by the registered manger in response to the findings of this inspection.