# The Partnership In Care Limited

# Hazell Court

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

Hazell Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Hazell Court accommodates up to 55 people, some living with dementia. In the main building of Hazell Court people did not require nursing care. In the rehabilitation unit people received nursing care. The rehabilitation unit was commissioned from the NHS, the service worked with West Suffolk Hospital, people used the rehabilitation unit after a stay in hospital and were supported to move home.

During our comprehensive inspection on 16 and 17 October 2018, there were 41 people living in the main service and 12 people in the rehabilitation unit, 53 overall.

At our previous inspection of 20 October 2016, this service was rated Good overall. However, safe was rated requires improvement, this was because there were some improvements being made relating to how the service recorded when people received their medicines, which had not yet been fully implemented. At this inspection of 16 and 17 October 2018 we found improvements had been made in safe. We found the evidence continued to support the rating of Good overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We found that people were provided with a very caring service and caring is now rated as outstanding.

Improvements had been made in safe and people received a safe service. There were systems in place designed to reduce the risks of abuse and avoidable harm. Where incidents had happened, the service learned from these and used the learning to drive improvement. Risks to people continued to be managed well. People were supported with their medicines in a safe way. Staff were available to support people and the systems to recruit staff safely were robust. There were infection control procedures in place which reduced the risks of cross contamination.

People continued to receive an effective service. People were supported by staff who were trained and supported to meet their needs. People had access to health professionals when needed. Staff worked with other professionals involved in people's care. People's nutritional needs were assessed and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The environment was well maintained and suitable for the people using the service.

Without exception, people were provided with an exceptionally caring service. People's diversity was respected and all people were treated equally regardless of their specific needs. People shared very positive relationships with staff. Staff interacted with people in an extremely compassionate and caring way which had a positive impact on people's wellbeing. People's privacy, independence and dignity was respected. People were listened to in relation to their choices, and they and their relatives, where appropriate, were involved in their care planning. Staff knew people well and their care was tailor made to meet their

preferences. People were valued and the service provided showed people that they mattered.

People continued to receive a responsive service. There were systems in place to assess, plan and meet people's individual needs and preferences. People had access to social activities to reduce the risks of isolation and boredom. There was a complaints procedure in place and people's complaints were addressed. People's end of life decisions were documented to reduce the risks of people's preferences about how they wanted to be cared for at the end of their lives not being met.

People continued to receive a service which was well-led. The registered manager had a programme of audits which demonstrated that they assessed and monitored the service provided. Where shortfalls were identified actions were taken to improve. People were asked for their views about the service and these were valued and listened to. As a result, the service continued to improve.

## 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.

Risks to people were assessed and mitigated. This included risks in the environment and in their daily living and risks associated with abuse.

There were systems in place to manage people's medicines safely.

The staffing levels were assessed to provide people with the care and support they needed. Recruitment of staff was done safely.

The service had infection control policies and procedures which were designed to reduce risks to people.

### Is the service effective?

Good

The service remained good.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

People received care which demonstrated to them that they mattered and were valued. Without exception people and relatives told us that the staff were very caring and compassionate.

People's diversity was respected, as was their independence and privacy.

People's choices about how they wanted to be cared for were valued and acted on.

### Is the service responsive?

Good

The service remained good.

### Is the service well-led?

Good

The service remained good.

# Hazell Court

**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 comprehensive inspection took place on 16 and 17 October 2018. The first day on 16 October 2018 was unannounced and undertaken by one inspector. We told the registered manager we would be returning the following day on 17 October 2018, this was undertaken by two inspectors and an expert by experience. An expert by experience is someone who has experience of using or caring for someone who used services.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 20 people about their experiences of using the service. We also spoke with four people's relatives. We observed the interaction between people who used the service and the staff throughout our inspection.

We looked at records in relation to seven people's care. We met the quality manager and spoke with the registered manager, the deputy manager and 15 members of staff, including the care coordinator, clinical lead, administrator, laundry, domestic, catering, activities, nursing, senior and care staff. We looked at records relating to the management of the service, three staff recruitment files, training, and systems for monitoring the quality of the service. We also spoke with six visiting health professionals and a member of the safeguarding team, who was looking into a concern received on the first day of our inspection.

Good

# Is the service safe?

## Our findings

At our previous inspection of 20 October 2016, this key question was rated requires improvement. This was because the previous registered manager was making improvements with how the service recorded when people received their medicines, which was not fully implemented. At this inspection of 16 and 17 October 2018, improvements had been made and this key question was rated good.

Medicines were administered safely. People told us they received their medicines as prescribed and they were satisfied how they received them. One person said, "They give me all my tablets in the morning with breakfast. I never have to worry about that." We saw that staff waited with people to ensure they took their medicines. Staff chatted with people and explained why they needed their medicines. A staff member said to a person, "I've got your calcium tablet to keep your bones nice and healthy."

The medicines administration records (MAR) for medicines demonstrated that people had received their medicines as prescribed. However, there were some gaps in the MAR for medicines to be administered externally, including creams. Records of audits showed this had been identified and measures were in place to ensure this was recorded. A staff member told us that people were receiving their creams as prescribed, but the records had not always been updated, which they had identified and was being addressed. Minutes of staff meetings identified that staff were advised that these improvements should be made.

Some people were prescribed medicines to be taken as required (PRN). There were protocols and care plans in place for these medicines to guide staff on when they should be given to people. However, there were no PRN care plans in place for two medicines, the deputy manager told us this would be addressed immediately. We observed that staff offered people their PRN medicines, such as pain relief, and explained what they were for. One staff member said, "Do you want a pain killer today? A strong one?" We saw appropriate procedures were followed to ensure people on medicines that required regular blood test checks were completed and medicine doses adjusted based on the blood test results.

Staff had received training in medicines and had their competency was checked by the senior team. Medicines were kept safely in the service and there were safe systems in place for the ordering and disposal of medicines. Regular checks were undertaken, these included temperatures, stock balance and audits. This supported staff to identify any shortfalls and take prompt action to address them. We sample tested some medicines and found that those which required specific storage tallied with the records kept. Stored medicines were in date and when they had been opened the date had been recorded on the packaging.

People told us that they felt safe with the staff and living in the service. One person said, "Only friends and relatives have the number [number key pad at main doors] so only they can get in." People told us that they had their call bells within reach and their calls for assistance were answered quickly. One person showed us their call bell had a 'normal' button, but also an 'emergency' button which was responded to immediately, they said, "I hardly ever press mine, so when I did recently I had three [staff] running up to me because they were worried." Another person showed us their personal alarm hung around their neck and explained that because they were prone to falls this gave them peace of mind. The person said, "They come quickly if I

need them. I do feel safe here, there's always someone around if I need them, and they'd never be unkind, or make you feel bad." One person's relative told us, "If they are ever concerned about my [family member], bruises, not eating, they'll ring our [relative] straightaway, they would never leave it."

There were systems in place designed to reduce the risks of avoidable harm and abuse. Staff had received training in safeguarding and they were able to tell us what safeguarding meant and the actions they would take if they witnessed or received concerns of abuse. The service had appropriately notified us of safeguarding, the actions they had taken, including reporting to the local authority safeguarding team who are responsible for investigating concerns of abuse, and how they planned to reduce future risks. However, a concern had been sent directly to the provider, which they had investigated and took action, but this had not been reported to the local authority safeguarding team. We had raised a safeguarding concern with the local authority prior to our inspection following concerns received. During the first day of our inspection this was being investigated by a member of the safeguarding team. We also looked at the general concerns raised and found no evidence to support the concerns raised.

Where accidents or incidents occurred, staff told us about the body maps and forms they completed, which identified what had happened and if any injuries had been sustained. These were checked by the registered manager. One person told us, "They are quick to notice if I've knocked myself, got a bruise or a scrape, and they'll ask me about it, and keep an eye on it." Staff told us that where incidents had occurred and lessons had been learned from these to reduce future risks, these were discussed in handover meetings. Our observations of handover meetings confirmed this.

The service continued to manage risks well. People's care records included risk assessments which guided staff on how the risks in people's daily lives were reduced. Risk assessments were in place for areas including stoma bags, falls, and mobility. These were comprehensive, for example, risk assessments for catheter care included pictorial steps and guidelines of how to change catheter bags. One person was at risk of falls, the control measures included that they wore appropriate footwear and staff checked on the person regularly. There were stage two falls risk assessments for people with persistent falls and they were appropriately escalated to falls prevention team. There were also risk assessments in place for the risk of people developing pressure ulcers, including skin integrity. We noted that, for one person there was a discrepancy between the rating made in the risk assessment and monthly summary. We spoke with the registered manager and they were able to identify that this had recently happened due to a review and this would be immediately addressed.

Staff were trained in how to safely support people with behaviours that may be a risk to the person, staff and others. Risk assessments were in place which guided staff on how to support people to reduce the risks associated with distress reactions, this included referrals made to the mental health team and distraction techniques.

Risks to people injuring themselves or others were limited because equipment, including 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 and fire drills were undertaken and there were evacuation plans in place to ensure that staff were aware of the support that people needed should the service need evacuating. Environmental risk assessments were in place which identified potential risks and measures in place to reduce them.

People told us they thought there were enough staff to assist them when needed. One person said, "The staff are good, they come when I need them." Another person said, "I think they have enough staff on duty." Another person commented, "I do know that I'm safe here. I'm grateful that they come quickly if I call for them." Another person said, "There's enough staff, they are brilliant." Another commented, "They are always

short, but they make sure we are looked after."

There were mixed comments from staff about if they felt that there were enough staff. Some felt that there were and some said that they could do with more. There was a dependency tool in use which was used to calculate the numbers of staff needed to meet people's dependency levels. We observed people did not have to wait long for staff and call bells were left within reach. We saw that staff were present with people during our inspection and responded to verbal and non-verbal requests for assistance promptly. People and staff confirmed staffing levels were not changed at weekends. We did note that at night staffing levels reduced from the day provision. We asked the registered manager about this as the layout of the home on three levels could make it difficult for staff to get to people quickly at night. They responded by confirming that they had assessed that a change was required and a floating staff member was scheduled to start on the week after our inspection working from 5pm to midnight. The registered manager told us that they consistently looked at ways that they could improve people's experiences, which included staffing. There had been recent changes in staff including the recruitment of a care coordinator and clinical lead.

Records showed that the provider continued to undertake checks on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that the service was regularly cleaned. One person said, "Yes they clean my room all the time. In fact, I think it's every day." Another person commented, "My trolley is cleaned every day, they clean all my handles too every day without fail." Another person said, "By the time I come up from breakfast my bed's been made, the room's been cleaned, laundry taken etc. it all works so well." One person's relative said, "The good thing about here is that it never smells of urine, never. I don't know how they do it, but it always smells nice when we arrive, and we come at lots of different times of the day."

Staff had received training in infection control and food hygiene. There were disposable gloves and aprons that staff could use, such as when supporting people with their personal care needs, to reduce the risks of cross contamination. Infection control audits were carried out to reduce the risks of cross infection. Hygiene checks were made on wheelchairs, commodes and mattresses that they were clean and mattresses turned and any defects were reported to ensure they were replaced. The service had received the highest rating for a food hygiene inspection in 2017.

Good

# Is the service effective?

## Our findings

At our previous inspection of 20 October 2016, this key question was rated good. At this inspection of 16 and 17 October 2018, people continued to receive an effective service.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs and protected characteristics relating to equality. People's needs were assessed prior to the person moving into the service. This assisted a smooth transition between services. The service had a rehabilitation unit, the beds were commissioned by the NHS to assist people to move between hospital and work towards a return home. There was physiotherapy provided for those who needed it. One person said, "I am getting better," they told us about their plans to return home. There were regular multi-disciplinary meetings held where people's progress was discussed and plans made for their return home. This assisted the smooth transition. People's goals were identified on a white board in bedrooms of those using the rehabilitation service, staff assisted them in these goals, such as in mobility to prepare them to improve their wellbeing. One visiting professional told us, "It is a positive environment, patient and goal focussed, carers ask if I need a hand, we work together as a team."

Staff told us they were happy with the training they received. One staff member said, "Yes we get training every year." Staff we spoke with told us they were offered the opportunity to develop if they wished. One staff member told us, "I chose to stop at the then called level two [recognised qualification in health and social care] but that was my choice. Otherwise I do all the mandatory training and any relevant training that is offered."

Training records showed that staff continued to receive the training that they needed to meet people's needs. This included training in safeguarding, fire safety, health and safety, and medicines. In addition, staff received training in dementia, person centred care and end of life, to meet people's specific needs and preferences. One person told us how they felt that the staff were skilled to work with people, "They never lose patience, they are well trained I think." New staff received an induction course which included training and shadowing more experienced colleagues. Staff continued to be supported in their role and received supervisions. These provided staff with a forum to discuss the ways that they worked, receive feedback, identify ways to improve their practice and any training needs they had.

People told us the food met their individual tastes and preferences and that they could eat where they wanted to. One person said, "I like the food. It more than meets my expectations." Another person commented, "It's like a hotel. Service with a smile. Nothing's too much trouble." Another person told us, "Food is great." Another person said, "I go down for lunch, but I have my breakfast up here [in their bedroom]. I like a quieter, slower start to the day, and they understand that." Another person said, "Grub is incredible, like a five star hotel."

We saw that people could choose their meals from the menu. But if they wanted something different this was provided. We noted choices of hot and cold drinks. People could help themselves to cold drinks which were in jugs in the service. One person said, "You can have anything you like to drink here, earlier on I asked

for a pure fruit juice, and they brought it up for me." People's records included guidance on the specific amounts they should be encouraged to drink where risks were present, for example, one person's record stated, "Encourage to drink six full glasses of water a day."

We observed lunch times in the communal dining rooms. Staff worked hard to provide a very social, welcoming atmosphere for people, giving them choices over where they sat, and chatting in a natural, friendly manner as people took their seats. Staff always referred to people by name, and clearly understood those in their care, often showing that they knew their likes and dislikes. Meals were served quickly and efficiently to people, and staff took time to offer condiments, and sauces, asking people where they wanted these added. One person was offered tomato ketchup with the member of staff, saying, "Of course you want it, you absolutely love it, don't you [name of person]?" One person refused their meal, despite staff offering alternatives, staff reported this to the registered manager so they were aware that the person had not eaten much and they could be encouraged to eat later. We also saw people were assisted to eat in their bedrooms, where required. This was done in a caring way. We heard one person and a staff member discussing current affairs whilst the person was having their meal.

Food and fluid charts were maintained for people assessed as at risk of losing weight and dehydration. Although we noted these were not always completed consistently, daily records also evidenced if there had been any issues with people's dietary intake. The registered manager told us about one person, who had capacity to make their own decisions, who had refused to have a food diary and felt that they did not want to be told what they could and could not eat.

People's records included information about how their dietary needs had been assessed and how their specific needs were met. Staff understood people's specific dietary needs and how they were met. This included fortified food and high calorie drinks to assist people to maintain a healthy weight. The chef told us that food was fortified, such as using cream in porridge and butter in mashed potatoes. People's weights were regularly taken and where people were identified at risk of losing weight, dieticians were contacted for guidance. However, one person had lost weight and no actions had been taken, this was identified on the first day of our inspection. On the second day the registered manager told us that they had contacted health professionals to seek guidance and support.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. One person said, "The manager has suggested I see the doctor tomorrow, as my back pain has been worse than usual. They don't leave things for long, they'll soon call in a doctor or a nurse." Records showed that where there had been concerns about a person's health and wellbeing, they were referred to health and social care professionals. From our observations and records we reviewed, people were supported to maintain their health and access healthcare services when needed. We saw evidence of regular GP reviews, chiropody, opticians and dietitian input. 'This is me' documents were in place which could be used when people went to hospital and gave a snapshot of people's likes and dislikes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The 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. The service had made DoLS referrals when required, to ensure that people were not unlawfully deprived of their liberty.

We observed staff seek for consent before supporting people with care. People told us they were always offered choices and were asked for their consent. One person said, "They do ask. I never feel forced." A

person's relative told us, "I would say there is freedom to for [family member] to do as [they] please."

People's care records included if they had capacity to make their own decisions. If people lacked capacity there were systems in place to assist them. There was a system in place to monitor and ensure that applications to deprive people of their liberty were made in a timely manner in order to ensure this was done legally. The registered manager told us about the system in place to monitor DoLS and make new applications when they were out of date. Training records identified that staff had received training in the MCA and DoLS. Where people had individuals assigned to make decisions on their behalf, called a Power of Attorney, documentation was available identifying which decisions they assisted with. Records of decisions made by people if they wanted to be resuscitated were also on file with evidence of multi professional and people's involvement. People had signed documents to show that they had consented to the care they received, where people were not able or did not have capacity these were signed by their representatives.

People were complimentary about the environment and how it met their needs and choices. The environment had communal areas that people could use, including lounges and dining areas. There were areas in the service where people could see their visitors in private.

The environment was dementia friendly and homely. Each corridor had a different theme ranging from butterflies, hot air balloons, family tree with wall murals, souvenirs from London and some corridors had rummage display items which we daw some people interacting with, including scarves. The gardens had different themes, such as one had beach huts. People were regularly moving freely to different aspects of the building. People's bedrooms had things on and around the door such as photographs and memorabilia, this was important to people living with dementia to be able to recognise their own bedrooms.

There was a maintenance staff member who could address any repairs needed in the service promptly. One person told us that the maintenance staff, "Does a brilliant job, you only have to mention something once, and [they] appear to fix it, or look into what needs doing. Things don't get left, you don't have to keep reminding them."

Outstanding ☆

# Is the service caring?

## Our findings

At our previous inspection of 20 October 2016, this key question was rated good. At this inspection of 16 and 17 October 2018, caring had improved and we found that people were provided with an exceptionally caring service.

Without exception people spoken with said that the staff were very caring and treated them well. One person told us, "They [staff] are all angels. Very helpful and always come to my aid." Another person commented, "The staff are very kind to me." Another person told us, "This is a care home, they [the staff] live up to their name, they really care for you, they are wonderful." Another person said, "Oh, the staff couldn't be better here, they are friendly, helpful, kind. They never patronise me, they treat me as an equal. I appreciate that. If I have an accident, don't get to the commode in time at night, and have to call them, they never make me feel bad, would never tell me off. They're just lovely to me." Another person said, "They're always kind, they've got so much patience, they listen to us, they even kiss us goodnight, I've never laughed so much in all my life as since I've been here." Another said, "They are brilliant we have a laugh." One person's relative commented, "The [staff] here are excellent, so kind and friendly. We have no complaints at all about them."

One person told us how they had had a recent bereavement and talked about how the staff supported them, "The staff were so kind, they looked after me, let me talk about [relative] and how I was feeling. They kept a close eye on me for quite a while." Another person told us how the support from the staff had contributed to their positive outlook when they had experienced a loss, this included compassionate interactions and also the use of humour, which the person appreciated.

A person told us how their family member was cared for when they were unwell, "My [family member] was really very poorly, I thought I was going to lose them. With the love and care of this home…[family member] has done wonders, [they are] so much better…thoroughly loved and cared for here." Another person commented, "Staff are marvellous, really they are. They're very thoughtful, will notice if I'm not myself, and will sit and have a chat and a laugh. Oh, we do have a laugh."

Throughout we observed a positive rapport between people and staff. There were regular, informal conversations, accompanied by lively banter and regular outbursts of laughter. It was clear that people knew the staff well, and vice versa, and that affection was felt between them all. One person told us, "We're really like a big family here, it's a nice place to live."

Once everyone had been served their meals, those staff who were not assisting people to eat, brought their own meals to the tables, and sat with people whilst they ate. Each member of staff immediately began very lively, interesting conversation with others sitting at the table. They talked about life within the home, their own families, people's interests, and these conversations were natural and stimulating. One person who had appeared disengaged, soon became involved in group discussions about the families they had grown up in.

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. The staff and people clearly knew each other well. Staff effectively communicated with people

and positive interactions were observed throughout. Staff hugged people who were tactile and we saw positive responses such as smiles and people opened their arms wide to initiate further hugs. One staff member said, "I love my residents to bits and enjoy hugging and dancing with them."

People were treated with dignity and respect. Staff spoke with people in appropriate tones and made eye contact with people. We observed a dignity screen was used when staff needed to assist a person using a hoist from chair to wheelchair in order to preserve their dignity and privacy. People's continence needs were attended to immediately. One person wanted the bathroom which was engaged. We saw staff take them to another floor so their continence needs could be met immediately. We noted that people looked well cared for, their clothing was clean, hair combed and fingernails clean. Some people showed us their fingernails which had been manicured. One person's relative said, "[Family member] never used to paint their fingernails, but here [family member] loves it, and they always look very nice."

Staff spoke about people in a caring and compassionate manner, which reflected the care provided to people. One staff member told us how a person who lived with dementia remembered their name and had told them it was because they brought them smiles every day. They explained that they felt that this gave them a sense of achievement in making people feel happy and cared for. We saw a staff member interacting with a person who was living with dementia, the person told the staff member that their parent had just gone out. The staff member responded to the person by asking where their parent had gone and engaged in a discussion with the person about their parent. This demonstrated that the staff member understood people who were living with dementia and how to communicate effectively with them.

Two people told us that they had a recent anniversary, one said, "We told them we didn't want a fuss made, but they did a lovely lunch for us in the dining room, it was like having a little party. Look at this lovely balloon that was sitting on the table, along with flowers, it was beautifully set out, it was like being putting in the Ritz." The other person commented, "When we walked in the staff welcomed us, applauding, and some of them were in tears. They were so pleased to do it for us." The first person said, "So then we cried, oh it was wonderful."

People's care plans guided staff to ensure people's privacy, independence and dignity was respected. People told us how their independence was promoted and respected. One person said, "We do what we can ourselves, they [staff] help us when we need it." Another person told us, "I knew I wouldn't be able to cope at home, so I came in here. I feel very safe, but I like the fact that they haven't taken over." They explained that they tried to live as independently as possible, getting themselves up and dressed each morning. They said, "I don't normally see anyone until I go down to breakfast, but I know they're there if I need them, that's the important point."

During lunch we saw a person was able to eat independently because they had a bowl with raised sides. Staff were quick to offer to cut up food, but this was not done before people agreed that they wanted this assistance. On tables, a selection of vegetables were brought to the table with serving spoons, and people were encouraged to help themselves to the vegetables to accompany their meal.

We observed staff encouraging people to mobilise to the dining room for lunch, which was done in a very caring way. We saw one staff walk beside a person giving constant reassurance by saying, "Well done, you are doing great, you are almost there." Each time this verbal encouragement was made the person took a few more steps until they sat down at the nearest table. Mobility aids were kept within reach in order to enable people to move around as and when they wished. We also saw some people had mobility aids with a space where they could carry their belongings so as to enable them to mobilise without assistance from staff. Another person was walking by using a walking frame, a staff member offered encouragement to the

person and said, "Come on chase me, look at me and where you are going not where you have been." This made the person laugh.

People told us that they made choices about their daily lives and the staff acted in accordance with their wishes. Care plans stated people's preferences and life history and these were known by staff. We saw a person wearing a cap relating to their previous profession and they were talking with staff about their experiences. We observed this person smiled and their mood lifted as they spoke about their escapades. A staff member who was administering medicines during the morning told us about how they considered people's preferences. This included providing people with their medicines when they preferred to take them, this was confirmed in our observations.

People told us about the laundry service, which they were complimentary about and showed people that they mattered. One person said, "I'm amazed how quickly the laundry gets done, it can be back by lunchtime. All folded nicely, and put away or hung up. Lovely." Another person commented, "The laundry service works so well, it's back in no time, all in the right place." They opened a drawer to show us how things were put away, "They're not just chucked in, they place them all neatly." They also said that if they had new clothing, "Within hours [laundry staff] have them labelled, and into the wardrobe." Another person told us, "The thing I like is that the whites stay white. They are fantastic, and look after our clothes as if they were their own, and put them away very nicely too." We spoke with a member of the laundry staff who said that they took pride in their work and it was important to them to make sure people were happy with their service, which reflected their caring attitude.

People told us that they could have visitors when they wanted them, which reduced the risks of isolation and loneliness. Records included information about the relationships that people maintained which were important to them. One person's relative told us, "We're always made to feel welcome, they talk to us like we're friends, and we feel that too. Whilst I'm upset to see [family member] like this, I know that [they are] in the best place, and I'm grateful to them all that we can work together to look after [family member]. They tell me everything that goes on with [family member]." They explained how the staff had called them when their family member had fallen but reassured them that they were not hurt.

Good

# Is the service responsive?

## Our findings

At our previous inspection of 20 October 2016, this key question was rated good. At this inspection of 16 and 17 October 2018, people continued to receive a responsive service.

People told us that they felt that they were cared for and their needs were met. One person said, "It's lovely here, I have no complaints." Another person commented, "It is perfect, it is not the home, it is the carers they make it wonderful. We are treated like gentry, I've got nothing bad to say." Another person commented, "They're pretty good here you know, I think they really try very hard to look after us, but they also want us to be happy and settled." Another person told us, "The staff are wonderful here. I can honestly say that there isn't one of these staff who aren't 100%. We are spoilt rotten, we really are."

People told us that they were supported to shower and bath when they wanted to. One person said, "It's normally every other day, just as I like it, it's the only thing I need help with." Another person commented, "I'm supposed to tell them when I fancy a shower, or they'll offer me one. It just depends on how I feel. The nice thing is that I can ask for a particular person to shower me. I get nervous because I slipped once in a shower, and they understand that I worry." Another person commented, "I have a shower every morning, it's a nice start to the day." One person's relative told us, "[Family member] has a shower once a week, and that's enough for them, thank you. They keep [family member] clean though the rest of the week."

People's care records demonstrated that they continued to receive care which was tailor made to their individual needs. They were written in simple and short sentences using first person which made them more person centred. The records clearly identified how people's specific needs had been assessed, planned for and met. Some people who had conditions which may affect their wellbeing, their care plans identified how their conditions affected their daily lives and any warning signs staff should be aware of, such as signs and indicators of becoming unwell associated with their condition. Where people demonstrated distress, anxiety or behaviours that may challenge others, records showed that these incidents were analysed and checked for any patterns and triggers to people's distress. One person's records stated that they did not like too many people talking which was a trigger to their anxiety.

Care plans were reviewed six monthly, or when changes in people's needs happened, and they were completed with people and their relatives. The daily records identified the support provided to each person every day and their wellbeing. We sat in on two handover meetings. Staff discussed people's wellbeing and plans for supporting them.

People told us that the staff spent one to one time with them. One person said, "We have a real laugh together if I'm honest. We talk about everything, they talk about their lives, their children, and they listen to my stories too. It's really nice."

People told us that they had the opportunity to participate in activities that were meaningful and that they chose. Two people told us about a recent awards day which had been held in Ipswich, and people were invited to attend. One person said, "It was all the homes together with awards given to certain staff. I was

asked to go and present some of the prizes. I'd like a few more outings, it was good to go out." One person's relative said, "I take [family member] out, and [staff member] comes with us to look after [family member]. Sometimes [staff member] will suggest it, saying, 'It's a lovely day today, do you fancy going out for a drive?' I'm grateful that [staff member] does that."

On the first day of our inspection we saw that people sang and danced with each other and staff. On the second day of our inspection several people gathered in the lounge for a church service, which they said they enjoyed. One person commented, "We have a service once a month, it's very interesting, and we have a good sing of the old hymns. There's something going on every weekday, entertainers come in, or we make things, play games, discuss things together. You need never be bored here, because there's always someone to talk to." Another person told us, "Once or twice a week I play scrabble with [another person] who is brilliant and I haven't played much for a while so I'm a bit rusty, but we enjoy it." We saw these people playing scrabble. There were two resident cats Fred and Ginger and we saw one person interacting and having a conversation with Ginger.

There were two activities coordinators who ensured activities were covered seven days a week. A member of the activities team told us that there was another staff member being employed to join them to provide more activities. They said that people chose what they wanted to do, both in groups and individually. The activities staff told us that people particularly liked singing and dancing, which we saw happening during our inspection.

There was a complaints procedure and policy in place which was accessible to people using the service and others, including relatives and visitors. One person said, "I can complain if the need arose." One person told us about a concern they shared with a staff member, "Who sorted it for me." They told us that their concern was acted on to their satisfaction and said that staff were quick to listen, and amend the way things were done, in response to their wishes. Records showed that people's complaints and concerns continued to be investigated and responded to in line with the provider's complaints procedure. Where concerns had been received the service had learnt from these and used them to drive improvement. This included meeting with people and their representatives, reviewing the care provided and seeking guidance and support from other professionals.

We saw several letters and cards which thanked the service and staff for their care and support. One stated how they had seen an improvement in their family member's condition since they had lived in the service.

There were no people in the service receiving end of life care. If people chose to discuss their end of life choices this was documented. This included if they wanted to be resuscitated, where they wanted to be cared for at the end of their lives and their choices for burial/cremation. One person's relative said that their family member did not want to be cared for in hospital when they were unwell, "It is written in [family member's] notes that we do not want [them] to go again. [Family member] is treated better here, and [they have] more confidence in them here." One person's records stated that they did not want to think about their last hours, which was documented and respected. Staff received training in end of life care. End of life Gold Standards Framework codes were in place, which were reviewed monthly to identify people nearing the end of their lives.

Good

# Is the service well-led?

## Our findings

At our previous inspection of 20 October 2016, this key question was rated good. At this inspection of 16 and 17 October 2018, people continued to receive a well-led service.

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

The registered manager understood their roles and responsibilities of being a registered manager. People we spoke with knew the manager by name. The manager was visible throughout the duration of our inspection and knew people's needs. Information we requested was made readily available promptly.

People told us that they felt the home was well run, and that they saw the registered manager quite regularly to speak to. One person said, "The manager comes in to our room, and sits on the bed and has a good old chat with us. We could talk to her if we had any worries. She does a good job here." One person's relative said, "Whenever we visit, anytime of the day, there is always a nice sense of calm here. I think that's amazing considering all that goes on here. They are a good team who work together wonderfully, and their priority is always the well-being and happiness of the residents. That comes from the manager down." We spoke with two people, one said, "I'd give this home 10 out of 10. There are no words good enough to describe this home." The other person said, "Well, I'd give them 12 out of 10, 10 just isn't enough."

There continued to be a programme of audits which were used to monitor the service provided. This included audits in care plans, care provided to people, infection control, medicines, and the environment. There were actions in place where shortfalls had been identified, to improve. Incidents and accidents were analysed to identify any trends and systems were put in place to reduce future events.

The Provider Information Return (PIR) demonstrated that the provider and registered manager had a clear understanding of their roles and responsibilities in providing people with good quality care. They had identified areas for continuous improvement. Training had been provided in how the service maintained people's personal data. This demonstrated that they had kept updated with changes in Regulation.

People and relatives continued to be involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires. These were analysed and used to drive improvement. People could also attend meetings to discuss the service and make suggestions to improve. People told us that management and staff were quick to listen to their opinions and preferences. One person said, "Mealtimes are quite a social occasion, and we often discuss things at the table. One day we made a list of things that we fancied to eat which we gave to the chef, for example, I told [chef] there weren't enough almonds in the Bakewell tart. So, the next time [chef] listened and added almonds all over the top. We also asked for garlic in some food, and I noticed [chef] did some garlic bread the other day." They said they had only been to one resident meeting, "I don't see the point of them, I'd go to

the office if I needed to say anything, they'd take notice of me."

Staff we spoke with were aware of their roles and responsibilities. When asked about the values and vision of the service staff gave varied answers but they all described person centred care. For example, one staff member told us, "It's their [people who used the service] home so we support our residents by respecting their wishes and meeting their requests." Two staff also reported that the registered manager had been supportive and flexible with their shift patterns when they had been experiencing issues outside work. One staff member told us that there was good team work between staff. Another staff member said that they felt that the morale in the service was good, they felt supported and there was a low turnover of staff.

Staff we spoke with said meetings happened regularly and that minutes were shared if they were unable to attend. One staff member told us, "Meetings are every month or so, I don't always attend but I get an update of what was discussed and can contribute to the agenda." Staff meeting minutes identified that they discussed any changes in the service and in people's needs. The minutes demonstrated that the views of staff were valued and they contributed to the ongoing improvements in the service provided.

Handover meetings were held at the end and start of each shift, this allowed the staff leaving shift to pass on important information about people's wellbeing. We observed handover meetings and saw that each staff member's views about plans for supporting people were valued and listened to. Staff told us they used handover sheets which were effective tools signed with comments for each shift.

The registered manager told us how they had links with the community and how people who used the service were supported to access the community. The activities staff said that they accessed the local town, such as coffee shops for people to visit.

The service continued to work with other professionals involved in people's care, this included the commissioners and health and social care professionals. Healthcare professionals we spoke with gave consistently positive feedback about the care delivered and staff approach to people using the service. Comments included, "Care is very good. Always lots of interactions, clean and odour free." Another healthcare professional said, "Yes staff are very helpful."