

The Partnership In Care Limited

Prince of Wales House

Inspection report

18, Prince of Wales Drive
Ipswich
Suffolk
IP2 8PY

Tel: 01473687129
Website: www.thepartnershipincare.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Prince of Wales House is a residential care home providing accommodation and personal care to up to 49 people. The service provides support to people who may be living with dementia, in an adapted building. At the time of our inspection there were 45 people using the service.

People's experience of the service and what we found

People received an extremely caring and compassionate service. People were clearly central to their care and support and their views and preferences about how their care was provided was valued and listened to. People's individual and diverse needs were identified, and care was shaped to ensure their support was tailored to them personally. A relative told us, "We couldn't be happier with the care [family member] gets. The staff are always brilliant both with [them] and also us...the communication is superb ... I cannot speak highly enough of the home and staff; I can honestly say I know [family member] is safe and well cared for."

Without exception we received extremely positive feedback from people and relatives about the exceptional and compassionate care staff provided. People were supported to have their needs and preferences met which achieved good outcomes. A relative told us, "[Family member] enjoys the loving caring attitude towards [them]." Another relative said, "I am reassured when I leave the home knowing [family member] is loved and cared for."

People had access to a range of creative activities which they could participate in, if they chose to. A relative said, "[Staff] certainly encourage people to join in activities, of which there seems to be many... [Family member] also had lots of trips out, which they love particularly to the seaside. The staff certainly go the extra mile. I would also like to commend their [social media] page, which is a lovely way to see what people have been doing, as [family member] usually forgotten by the time I see [them]."

The provider, management team and staff were a very cohesive team and knew the people they care for very well. This meant people were provided with high-quality person-centred care. People had access to varied and creative social activities which met their individual interests and reduced risks of isolation and boredom.

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

Staff were trained to meet the needs of people and there were sufficient staff on duty. Staff were recruited in a safe way. The management team and staff were committed to providing an extremely high quality and compassionate service and understood their roles and responsibilities.

Systems were in place to reduce the risks of avoidable harm and abuse. Medicines were managed safely,

and people received their medicines when needed. The service was clean and hygienic, and the environment was suitable and accessible for the people using the service.

People were provided with enough food and drink and their nutritional and hydration needs were assessed and met. People had access to social and health care professionals, where required.

The provider and management team had effective systems in place to assess and monitor the service provided and continuously drive improvement. People's views and comments, including concerns and complaints, were valued and used to improve the service.

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

Rating at last inspection

The last rating for this service was Outstanding (published 12 December 2017).

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

Why we inspected

This inspection was prompted by a review of the information we held about this service. Prior to our inspection we had received concerns about the safeguarding processes in place. A decision was made for us to examine those risks. The provider had taken swift action and we were assured the systems in place were robust to reduce the risks of abuse.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Prince of Wales House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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.

Service and service type

Prince of Wales House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Prince of Wales House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager registered with CQC on our records, but they had left the service in June 2023. A new manager was in post and their registered manager application had been received by CQC and was being processed.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 8 people who used the service and 6 people's relatives to gain feedback about their experiences of the service. We also observed the staff interactions with people. We spoke with 10 staff members, including the manager, deputy manager, senior, care, maintenance, activity, dementia support manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care records of 5 people who used the service, and medicines records. We also looked at a range of records relating to the management of the service, including audits and monitoring systems, health and safety records, 3 staff recruitment records and a further 3 staff files relating to training and supervision.

Following our inspection visit, we received electronic feedback from 4 staff members and 11 relatives. We spoke with 2 relatives on the telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Prior to our inspection, we received information that the provider's and local safeguarding processes had not been followed to mitigate the risk of abuse. During this inspection, we found the provider had taken action, including a detailed investigation with lessons learned, additional training and guidance provided to staff. Improvements had been made and we were assured the systems in place were robust.
- Staff had training in safeguarding and were aware of their responsibilities in reporting and identifying abuse. A staff member said, "We have all had in depth training on how to be aware of abuse and how to report this." Policies and procedures were in place relating to recognising and reporting safeguarding and notices were posted in the service to remind staff of actions to take.

Learning lessons when things go wrong

- Incidents and accidents, including falls, were monitored to check for any patterns and measures were put in place to reduce them happening again. For example, the implementation of assistive technology when people were assessed at risk of falls.
- Lessons learned were shared with the staff team electronically and in face to face meetings.

Assessing risk, safety monitoring and management

- People's care records included risk assessments and guidance was in place to guide staff in how risks were mitigated. These included risks associated with mobility, nutrition and pressure ulcers. Staff took action to mitigate any identified risks.
- People and relatives told us they felt the service was safe, including when people were supported with mobility equipment. A person said, "[Staff] lift me with the hoist, it has got to be 2 of them, I feel safe when they do that." Another told us, "2 staff hoist me, I feel safe, they make sure the straps are on properly, they never rush me."
- Checks and servicing, where required, were undertaken in the environment and on equipment to ensure any risks to people were identified and reduced. This included fire safety, mobility equipment and legionella checks.

Staffing and recruitment

- Staff responded promptly to any requests for assistance, including call bells. Call bells were responded to, and this was confirmed by people using the service.
- People, relatives and staff told us there were enough staff. A relative said, "I do not know what the staff ratio is but never notice any problems, they take time sitting with people." Another relative told us, "I would

certainly say there are sufficient staff. Interestingly they do also seem to retain most of their staff, there seems to be very little changes." A staff member said, "We currently have adequate staff on shifts to provide a great service to our residents, ensuring their needs are met every day."

- The provider had checks in place to help to ensure staff were recruited safely and were suitable for their job roles.

Using medicines safely

- People were supported to receive their medicines safely. Records demonstrated people received their medicines, as prescribed. Guidance was in place for staff regarding the administration of medicines to be administered where required.
- Monitoring and audits were undertaken to support the management team to identify and address any discrepancies. Staff responsible for supporting people with their medicines were trained and their competency assessed.
- People told us they received support with their medicines, as required and preferred. A relative said, "I have no reason to doubt my [family member] receives their medication as required. I have had constructive discussions with staff and GP practice about [family member's] medication in the past."

Preventing and controlling infection

- Staff followed safe infection prevention and control practices.
- The service was visibly clean, and we observed staff wearing personal protective equipment (PPE) where required. We observed staff cleaning the service during our visits, including deep cleaning carpets.
- People and relatives told us they were satisfied with the hygiene in the service. A relative said, "It is always lovely and clean, cleaners are very friendly...It is spotless, I cannot fault it."

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Relatives told us they could visit when they wanted and were made welcome. A relative said, "We can visit when we like, they are very flexible, I call in case [family member] is out or busy doing something."

Is the service effective?

Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service undertook needs assessments prior to people moving into the service, with the input from the person and/or their representatives. The needs assessments were used to inform the care plans and risk assessments, which were kept under review.
- Relatives told us about the assessment period and the support provided to their family members. A relative said, "[Manager] supported with the move and got [family member] settled, it was amazing from the word go." Another relative told us, "Right from the start the staff especially the manager and deputy were helpful, and they suggested we brought [family member] along to see the service."

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working in the service, including training which incorporated The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff also undertook shadowing more experienced colleagues when they started working in the service. A person told us, "I feel completely safe, new staff go and shadow and I see it happen, that works very well."
- Staff received ongoing training following their induction, which included training in diversity and various needs, such as living with dementia, a learning disability and autism.

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

- People's dietary and hydration needs were identified and documented to ensure any risks were reduced and people received the support they required and preferred. A relative said, "Over time we have had discussions about [family member's] diet. The amount they eat and diabetes... I feel the home approaches their eating challenges with due regard."
- People told us they received choices and enough of good quality food and drink. A person said, "I am on good terms with the cook, and I like to praise [them], the lamb hot pot was tasty. I get more than enough veg, I should take more fruit, they have got it, the carer suggested fresh strawberries, grapes and melon this morning and I had that, it was nice."
- People's relatives told us how they felt the service met their family member's dietary and hydration needs, including gaining weight since moving into the service. A relative said, "My [family member] literally raves about the food, which [they] love and the staff all know what [family member] really likes... There also seems to be an endless supply of hot/cold drinks, snacks etc. and in the hot weather they ensured residents were drinking enough."

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

- People's care records identified the support people required with their health care and support needs, including the provision of personal care and oral health care. Outcomes from health and social care professional input and support was included in the care records to ensure people received consistent support. A staff member said, "We never ignore any medical issues, we have excellent communication and rapport with our GP's."
- People and relatives told us staff provided support to access health care support where required. Where services were not made available to provide the support required, the provider had raised concerns and challenged to make sure people received the support they required.

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

- The service was accessible, such as for people who used a wheelchair to mobilise, and signage was used to assist people to independently mobilise around the service.
- People's private rooms reflected their individuality and choice and shared spaces provided areas where people could spend time with each other, or in private with their relatives or alone. A relative told us, "It is not plush and posh it is more homely. We went to the quiet lounge and play games."
- A relative told us, "The home has brightened up, always a [maintenance staff member] around, now got wood floors and redecorated, now definitely brighter." There were ongoing improvements in the environment to ensure it was user and dementia friendly and suitable for the people using the service.
- The service was suitable for people living with dementia, there were numerous objects in the reception area and around the service, accessible for people to touch and not just on show. There were boards with bolts and items for people to interact with, knitting balls in the lounge, appropriate reminiscence items on shelves in service for people to pick up and handle, cash register, pram, hoover, feather dusters, hats, scarves and beads in a jewellery box.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the service was working within the principles of the MCA.

- People's records included their capacity to make their own decisions, and where people lacked capacity, the appointed persons to assist in decisions and any best interest decisions were documented. A relative told us, "I am consulted, they call if anything like for the flu vaccination, if any problems they let me know, as Power of Attorney they consult me in any best interest decisions and if needed for [family member]."
- Where required, DoLS applications had been made and kept under review.
- We identified that best interest decisions and appropriate paperwork was in place for a person who required their medicines to be given covertly, but there was not a corresponding capacity assessment for that particular decision, the manager assured us this would be addressed.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant people were truly respected and valued as individuals extremely well. They were fully empowered as partners in their care.

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

- Without exception, people and relatives told us about the extremely caring and compassionate care provided by staff, which enhanced people's wellbeing. This was confirmed in our observations. A person said, "Management make good decisions on their staff and attract natural carers." A relative said, "[The service] has a really friendly happy vibe as soon as you walk in the door." People were clearly central to the service and there was a very calm atmosphere with lots of chatting and spontaneous laughter.
- Staff were extremely attentive and demonstrated care, empathy and compassion at all times. Staff quickly identified if people showed signs of distress and provided highly compassionate care to reduce this. A person said, "[Staff] treat and help me with respect, if they see you are upset, they always come and say are you alright. I would rate the care as 100%." A relative said, "[Family member] is very happy and if they get upset the staff are always there to reassure them." A staff member explained how staff reduced a person's anxiety by silencing the call bell when providing personal care. This demonstrated staff were particularly alert to what caused people distress and had identified ways of reassuring them which contributed to people feeling cared for and very safe and secure in their surroundings.
- Staff were very aware of potential issues and conflicts between people. For example, a staff member told us how a person wanted the attention of certain staff, and this was shared by another. The management team had been creative to ensure equal time was given to demonstrate individuals were important, and to ensure no one felt left out and did not need to compete, which reduced the potential conflict. We observed this in practice, which was managed in an extremely sensitive way. This demonstrated an exceptional empathy and knowledge of people to ensure they felt they were valued.
- Staff knew people very well, understood their individuality and how they expressed themselves and adapted their approach to each person. A person said, "Staff are very respectful, I was self-conscious and shy, but they know exactly how to treat me," and how due to the care they received, they no longer felt this way. A relative told us, "In my experience they are exceptional. [Family member] is a very private person and they treat them with such love, care and above all respect." Another relative told us, "[Staff] are endlessly kind to [family member]," and even by ensuring their favourite biscuits were always in stock showed their family member they were cared for. Feedback demonstrated people felt cared for and they mattered. Their wellbeing and self-worth had improved due to the exceptional care and compassion shown by the staff.
- It was clear people knew the staff very well, which was demonstrated in their obvious shared affection. Staff used reassuring touch and hugs with people, and this was reciprocated by people who responded to staff's interactions positively, such as smiling and hugging them back. Staff adapted their approach where individuals may not respond so positively. The natural compassionate interactions demonstrated by the staff had been mirrored by people, who had formed friendship groups and spoke freely and in a caring

manner with each other, which created an extremely homely and loving environment for people to live in.

- We heard about the family atmosphere from people, staff and relatives, this was truly reflected in our observations. We saw extremely caring interactions from all staff, regardless of their role. We observed all staff in all roles interacting with people in a caring and compassionate way. During lunch, staff sat with people and ate their meals together reflecting a very positive inclusive atmosphere. In addition, the service's pet dog added to the family environment. People shared a sense of belonging and comfort in their home.
- Staff demonstrated their training in dementia was extremely effective, this was because their understanding of each person and how their dementia affected them. For example, a certificate was awarded to a person who was living with dementia who believed they were working in the service. We saw the person tell staff they were retiring. A staff member said, "Yes but you can still visit us, we would miss you." The person asked, "Am I allowed?" When the staff member said they were the person smiled and said they would. This meaningful interaction, and numerous others observed, demonstrated empathy and a high-level understanding of dementia and how to communicate with people in their own time without contradiction, increasing people's wellbeing.
- Staff spoke about and with people in a very compassionate way and provided an extremely caring and respectful environment. A staff member told us, "I feel very privileged to be part of such a great team with passion for only one thing, the residents first and foremost. Prince Of Wales is truly an amazing home to be part of, we are one big happy family. We strive every day to give our special residents the love and care they all deserve, to let them live as they choose and fill every one of their days with fun and laughter." Staff interactions with each other demonstrated they cared for each other as a team and contributed to the very caring and compassionate care provided to people.
- Some staff had done sponsored activities, the money raised was used, for example, taking people out for lunch. The management team told us how staff went over and above their job role and sometimes took people out on their day off, because they wanted to, not because it was required. Photographs of people during their outings showed them smiling and clearly enjoying the company of each other and staff.
- We received positive feedback from a social care professional who told us, "There is always a positive 'buzz' about the place...I have observed natural and positive interactions between staff and residents and also with family members who feel comfortable approaching the management team." The social care professional also told us how colleagues had reported the positive feedback and observations regarding the care and compassion demonstrated by staff.
- People's care records were extremely person centred and included their individual and diverse needs and guidance for staff in how these were being respected met, including the relationships they had with others. We also saw records which demonstrated people's preferences were discussed with them by staff about their spiritual observance and arrangements to ensure people's needs in this area were met.

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

- People had autonomy, as much as able, and the staff supported them individually to make choices and decisions about their lives. People were involved in their care planning and regular reviews demonstrated their views were valued and truly listened to. This included how people chose to spend their day and wanted to be cared for. People told us they were listened to, and their choices promoted and respected. A person said, "I would recommend it, it is the friendliness of the staff and the freedom to shape one's own day."
- People's 'my story' records included their history and what they had done since moving into the service, demonstrating that they continued to live enriched lives. 'My story' was completed by people and their representatives/advocates, where appropriate. A member of the management team told us these could be provided to relatives if their family member died, which gave them comfort. A relative told us they contributed to their family member's 'my story', "[Family member] had done it before they got dementia, so it is their own words." The use of 'my story' aided the staff to get to know the person when they may not be

able to verbalise what they had done in their lives, their cultural background and interests. A staff member told us staff were encouraged to work with people, where they had shared interests.

- Creative ways were used to support people to make choices of meals, including show plates and calorific content of each choice on the menu board. As well as assisting people to make their choices, staff told us this supported dietary monitoring. A relative said, "Good choice of food, always offer alternatives and show a sample rather than ask and give choices, better for [people] to choose if they see it."
- A person told us, "Tasty Thursday they have things like sweet and sour pork, beef curry and rice, a complete change for taste buds, I can get a zing out of it." This gave people the chance to taste food from different cultures and countries and make menu choices based on if they enjoyed it.
- Creative ways of gaining people's feedback about their care was used when people could not always verbalise their views, for example about meals. Records and photographs showed if people had enjoyed their meal or not, such as smiling or putting their thumbs up to indicate it was good. Captions were written underneath, which stated what the person had eaten and how they had indicated it was. People's views were equally valued and contributed to the service's meal planning.
- Relatives told us how they valued the open communication from staff and the social media posts which included activities their family members had participated in. A staff member told us photographs were only posted with people's consent. This was confirmed by a relative who said their family member's photographs were not included on social media through personal choice. This demonstrated people's consent was being sought and respected.
- The provider continued to demonstrate people were valued and partners in the care they received. The nominated individual told us they were reviewing further improving how people were involved in their care, including looking at devices where people could further contribute to how their daily notes were recorded.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was always promoted and respected, which was confirmed by people and relatives. A relative said, "[Staff] don't just barge in the room, they hover until asked in." A person said, "I am a great reader and read a lot now, I am not on tender hooks, I have privacy and if I am getting a bit of a loner, I check myself and go and join in things like the music therapy today for example." This demonstrated people were in control of their own lives and when they wanted privacy, it was respected.
- People's very person centred care records included guidance for staff where people could attend to their care independently and when they needed assistance. Staff demonstrated very good knowledge of people in relation to respecting their independence and how this could change daily.
- Staff offered assistance to people discretely, which also respected their dignity, and withdrew when people refused, although they observed from a distance and offered again if people struggled, for example during lunch. The staff demonstrated an extremely good balance of providing assistance when needed, without taking people's independence and autonomy away.
- During meals, gravy boats and vegetables in serving dishes were provided at tables, this gave people the opportunity to independently choose and serve themselves, which provided them with a sense of wellbeing, and maintain their independence. Staff offered support where required or requested.
- Aprons were available for people to use, such as when undertaking tasks and eating meals, which supported them to keep their clothing clean and promote their dignity. We saw people ask for the aprons when they were, for example assisting in the preparation of meals. A staff member said the aprons were, "Much more respectful than those bibs."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant people's needs were exceptionally well met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Without exception, people and relatives told us about the exceptional and outstanding care provided in the service. People felt they were in control of their lives and were treated as individuals who mattered, which had positive outcomes. A person told us they had the, "Freedom," to make their own decisions. This was confirmed in our observations and findings throughout the inspection. A relative said, "I genuinely think [the care provided to their relative] couldn't be bettered. I know my [family member] is happy and that is the biggest relief for me."
- People told us how they felt the care they received was exceptional and achieved very good outcomes for them. A person said, "I am happy here, saw 2 more other homes, but when I came in the door here it was just the feeling when I came in...I was on my own at home and sick and scared, but now I am happy here." A relative told us, "Staff can distract [family member] if they seem upset and they make [family member] happy." This contributed to people feeling very safe and secure in their surroundings.
- People's relatives told us how they felt their family members wellbeing had improved since being in the home both physically and emotionally, which they put down to the high-quality care provided. A relative said, "Since moving into Prince of Wales House [family member] has become much happier and confident... We are extremely grateful to staff for helping to build [family member's] confidence." Staff demonstrated they knew people extremely well and adapted their approach to ensure anxieties were reduced.
- Staff were extremely responsive and attentive to people's needs. Staff worked together as a very cohesive team to achieve best outcomes, and clearly knew the people they cared for very well. Teamwork was evident throughout our inspection and staff were observant and intervened swiftly when they identified people, or their colleagues required support.
- People's care records were extremely person centred and identified the care and support each person required and preferred. Care was reviewed regularly with the input of the person, which demonstrated they were in control of their lives and any changes, or their comments were responded to quickly and reflected in their care records. This ensured staff were provided with the most up to date guidance on how to meet people's individual needs.
- The dementia support manager had received training in dementia mapping. They observed staff interactions and made suggestions to improve people's wellbeing. We saw staff meeting minutes where the dementia support manager shared their observations and guided staff in how to work with people to achieve good outcomes. The deputy manager told us they could also direct any queries about how best to support individual people to the dementia support manager who provided and guidance on meeting people's needs. This supported an excellent understanding of individual people and extremely consistent care where distress reactions were being reduced.
- A social care professional told us people were being provided with very person centred care and support

which met their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests and hobbies were documented and people were provided with the opportunity to participate in extremely varied and creative group and individual activities which interested them. A relative told us about the activities people and their family member enjoyed, "I know [family member] is doing what [they want] to do... I have seen photographs of [family member] in [a supermarket] pushing the trolley [they] would have loved that." The staff were creative in the development of social activities which included day to day tasks which people may have done prior to moving into a care service.
- We saw people participating in meaningful activity, alone, with a staff member 1 to 1 and in smaller and larger groups. This included yoga, singing with the music therapist, baking cakes, painting, playing board games, playing music and impromptu singing along with a staff member who played the keyboard. All people were very engaged, and staff ensured they had things to occupy them, including placing a board with bolts and telephone in front of a person, who engaged with the board and started feeling and using it. There was a clear balance of engaging people without imposing activity and staff took the time to ensure people were engaged and spending their day how they chose to.
- Where people chose to, and there were several who did, they helped in the service, such as washing up, preparing the vegetables for the day and clearing up after themselves, laying tables, and folding tea towels. We spoke with a person who was folding tea towels in a laundry basket, they told us they did not have time to talk, and, "I am just helping out here, doing a job to help." This gave people a sense of belonging and undertaking meaningful occupation.
- A person was asked by staff if they had their notebook, which the person fetched. The person asked us questions about a button we had picked up off the floor and made notes in their book. A staff member told us what the person had previously done for a job which linked to their activity. Another person told us they had written a quiz, which was being used by the activity team. The person was happy their contributions were being valued.
- We watched a staff member working with a person 1 to 1, blowing bubbles. The staff member encouraged the person to blow into the hoop, and showed an excellent understanding that a person living with dementia may not recall how to do the action. The staff member showed the person how to blow, who mirrored the actions of the staff member and then blew the bubbles, the staff's reactions saying the bubbles had burst onto their face made the person laugh.
- A new innovative 'train' had been developed, which supported people's reminiscence. The area in the reception had been designed to look like a train carriage and a screen which looked like a window. The manager showed us various sights, including Ipswich and Suffolk, which could be seen through the train 'window'. When people had said they had been on holiday previous for example, an app was downloaded onto the system so people could watch the views of the area through the train window.
- The music therapist spent time with people in a group and 1 to 1. Records showed a person said they enjoyed the 1 to 1 input and had been practicing drumming in readiness for the therapist visit. A person told us how they had advised the music therapist in the music their age group liked and now they sang these songs, "[Music therapist] learnt from me." The person was happy they had been listened to and their views had been used to develop the activity.
- People made a wish of something they particularly wanted to do, and the service took action to help the person achieve this. For example, a person said they liked horses. However, travelling caused the person anxiety. The nominated individual brought their horse to the service, photographs showed the person enjoying seeing the horse. Some wishes were things people had not done before but wanted to try, which gave people the opportunity to try new pursuits and develop new interests.
- We saw photographs of people smiling and participating in the endless choice of varied and creative

activities including, in the garden for a barbecue and end of summer picnic, flower arranging, visiting entertainers, theatre and trips out in the minibus to local points of interest such as the seaside, a farm and lakes.

- There was a dog living in the service, who had been there a year and had been a puppy when they moved into the service. People, relatives and staff spoke about the comfort the dog gave to people, often spending time with individuals in their bedroom who preferred their own company. We saw the dog greeted visitors into the service and they responded with a stroke, he then went off to find a person to spend time with.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. Records demonstrated concerns and complaints were taken seriously, investigated, responded to and used to drive improvement. Concerns were addressed prior to becoming a formal complaint.
- People and relatives told us they had not raised a complaint; however, they were assured any concerns would be addressed. A relative said, "I do have regular discussions about my [family member's] care. At these points I am encouraged to share any concerns I might have. Any concerns are minor, and attempts are made to rectify them."

End of life care and support

- There were no people currently using the service who were receiving end of life care. However, where people had chosen to, their decision relating to where they wished to be cared for and end of life care were recorded.
- Staff had received end of life training to reduce the risks of people not receiving the care and support they wanted at the end of their days. Staff told us they worked with other organisations when people were receiving end of life care, such as hospice at home.
- We saw several compliments received by the service, these included thank you cards from people's relatives relating to the end-of-life support provided at the end of their family member's lives. A relative told us, "I feel very happy that I know [family member] is being well cared for in what will obviously be [their] last years."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Documents were available in accessible format, where required.
- People's care plans included information of how people communicated and guidance for staff in how to communicate effectively. Throughout our inspection visits we observed staff communicating with people clearly and they gave time for people to respond.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the care provided in the service was very good and would use the service themselves and had recommended it to others. A relative said, "If I was local, I would put my name down to live there it is great. I cannot say anything negative about it and not one experience which could have been handled differently."
- The management team were a visible presence, and they knew what was happening in the service. We could see the management team worked part of a strong team and provided people and staff with assistance when needed. A relative said, "Residents are looked after by staff that are caring and supportive. This suggests that staff are being led by a supportive management team."
- People and relatives knew who the manager was and felt the service was well-led. A person said, "[Manager] is friendly right from the start, always gives me a wave, I like [their] personality." A relative said, "Staff would be leaving if it was not well-led. I really like it; they have cared for [family member] really well. I can rest easy [family member] is safe and well looked after."
- Staff told us they felt valued and listened to and that the service was well-led. A staff member said, "[Manager] is leading the team well, I believe [manager] is an asset to the home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a policy and procedure in place and when things went wrong, people and/or their representatives were provided with an explanation and apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had left the service in June 2023. The provider had appropriately notified us; however, the registered manager had not yet submitted an application to cancel their registration at the time of this inspection. A new manager was in post since April 2023. Their application to be registered with the care Quality Commission was being processed.
- The manager understood their role and responsibilities, such as formally informing us of notifiable incidents, as required.
- The manager was trialling a new provider's system of auditing and monitoring the service provided. Records seen and discussions with the nominated individual and manager demonstrated how the service was kept under review and any shortfalls or ideas for improvement were quickly identified and addressed.

- The provider had learned lessons following concerns earlier in the year relating to safeguarding, and undertook robust monitoring of the service, including regular calls and remote monitoring of the audits and any incidents and accidents.
- Staff understood their roles and responsibilities in providing high quality care and they worked well as a team to achieve good outcomes. This was evident from their feedback and our observations. A staff member told us, "The home has always provided an extremely high standard of care to our lovely residents. We see our home as a big family and over the last 7 months with a change of manager, the home has blossomed again, so much positivity and this reflects in our resident's wellbeing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views of people and their representatives were sought through meetings, satisfaction surveys and care review meetings. People's comments were used to improve the service and people's experiences.
- Relatives told us they were kept updated with any changes in their family member's wellbeing and asked for feedback, which was listened to and acted on. A relative said, "They send questionnaires at least annually, I feel listened to, when I have raised minor things, they always make sure this is done." Another relative said, "They phone us, I come regularly, they are good on communication, we are kept in the loop."
- People's relatives confirmed they were consulted about their family member's care, where appropriate. A relative said, "I find it reassuring that the families are always included and given the chance to give their feedback on everything even down to the decorations." Another relative said, "When I come in, they tell me how [family member] has been, I know everything they are doing, they always have time to listen to me."
- Minutes of staff meetings demonstrated they were kept updated with any changes and requirements of their role. Staff told us they felt their ideas and suggestions were listened to and used. A staff member said, "I feel listened to and appreciated. I have made suggestions that have been taken up and introduced."

Continuous learning and improving care

- The provider had a range of training staff were required to undertaken to ensure they were kept updated with the requirements of their role. This was kept under review.
- Recent training in record keeping had been provided. The deputy manager told us how daily notes on the care people received had improved and they were routinely reviewed to ensure the training had been effective.
- The nominated individual told us they used the induction process to observe the performance of new staff in their training to ensure they were right for the job.

Working in partnership with others

- Staff and the management team told us they shared positive working relationships with social and health care professionals involved in people's care. This was confirmed by a commissioner.
- The service had accepted the support of social care professionals, who had provided training to the staff team in record keeping and safeguarding to improve the service.
- Where the service had found shortfalls in the support provided relating to people's needs by other professionals fell short, the provider had challenged the systems to ensure people received the services they required to achieve good outcomes.
- The provider told us how they worked in partnership with a befriending organisation to achieve good outcomes for people and reduce isolation.