

Birchester Medicare Limited

# Polebrook Nursing Home

## Inspection report

Morgans Close  
Polebrook  
Peterborough  
Cambridgeshire  
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Tel: 01832273256

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection was unannounced and took place on the 09 June 2016. This was the second comprehensive inspection carried out at Polebrook Nursing Home.

Polebrook Nursing Home is a large residential home with nursing, which is owned and managed by Birchester Medicare. It provides nursing care and support for up to 52 people. This includes people living with dementia. At the time of our inspection there were 48 people using the service.

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

The staff team were passionate about providing a service that placed people and their families at the centre of their care. Without exception, people and relatives praised the staff for their caring, compassionate and professional approach. Everyone we spoke with said that staff went over and beyond what was expected of them and they were like family. Staff ensured confidentiality was maintained and people's privacy and dignity was promoted.

Staff were trained to protect people from potential abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Risk assessments were centred on the needs of the individual and any potential risks to people had been identified. We saw that risk management plans had been completed to enable them to live as safely and independently as possible. Robust recruitment checks took place in order to establish that staff were safe to work with people before they commenced employment. There were sufficient numbers of staff available to meet people's care and support needs. Suitable arrangements were in place for the safe management of medicines and these were consistently followed to ensure people received their medicines safely.

Staff received good support and training and were knowledgeable about their roles and responsibilities. They were provided with ongoing training to update their skills and knowledge to support people with their care needs. Staff sought people's consent to care and treatment which was in line with current legislation. People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff

supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People received care that was responsive to their needs and centred on them as individuals. Their needs were assessed and care plans gave clear guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care. A wide and varied range of activities was on offer for people to participate in if they wished. The service had an effective complaints procedure in place and we saw appropriate systems for responding to any complaints the service received. Staff were responsive to people's worries, anxieties and concerns and acted promptly to resolve them.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well. The registered manager took steps to learn from such events and put measures in place which meant lessons were learnt and they were less likely to happen again.

Staff enjoyed working at the service and felt well supported in their roles. They told us the registered manager was an excellent role model and there were systems in place to develop staff and promote reflective practice. There was a culture of openness and inclusion at the service and we found a caring and positive atmosphere amongst the staff team. This was reflected in the way staff supported people and each other.

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## 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 ●

This service was safe.

People were protected from abuse and avoidable harm and felt safe living within the service. Staff were able to recognise signs of potential abuse and knew how to report any concerns they had.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely.

The service followed safe recruitment practices when employing new staff.

Suitable arrangements were in place for the safe administration, recording and disposal of medicines.

### Is the service effective?

Good ●

This service was effective.

Staff were provided with on-going training, support and supervision to ensure they always delivered good care.

People's consent to care and treatment was sought and people were involved in decisions about their care so that their human and legal rights were sustained.

People were provided with a choice of meals which met their personal preferences and supported them to maintain a balanced diet and adequate hydration.

People were supported to maintain good health. The service had good working relationships with other professionals to ensure that people received holistic care.

### Is the service caring?

Good ●

This service was caring.

We saw that staff interacted with people who used the service in a kind and sensitive manner. They showed compassion and humour was used appropriately with people.

Staff were highly motivated to make sure people had good quality care that improved their well being and their lives.

Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment.

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

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

**Good** ●

This service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

Staff understood the concept of person-centred care and put this into practice when looking after people.

There was a large range of individualised activities on offer at the service.

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

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

**Good** ●

The service was well led.

The vision and values of the service were understood by staff and embedded in the way they delivered care.

The registered manager and staff had developed a strong and visible person centred culture in the service and all staff we spoke with were fully supportive of this.

The registered manager was knowledgeable, inspired a caring approach and led by example.

There was a range of robust audit systems in place to measure the quality of care delivered. People, their relatives and staff were positive about the way the service was managed.

# Polebrook Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection took place on 09 June 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding team.

As part of this inspection we spent time with people who used the service talking with them and observing support, this helped us understand their experience of using the service. During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who used the service, three relatives and two representatives from the local church. In addition we spoke with nine staff members and this included the registered manager, a nurse, three senior support workers, two care workers the chef and a member of the house keeping team. In addition we spoke with a visiting healthcare professional.

We reviewed the care records of six people who used the service to ensure they were reflective of people's current needs. We also examined four staff files, the medication administration record sheets for 16 people, four weeks of the staff rota and other records relating to the management of the service such as staff training

records and quality auditing records.



## Our findings

People using the service were protected from abuse and avoidable harm. People told us they felt safe living at the service. One person said, "I feel safe knowing there are lots of people around who always pop in to check on me. That gives me peace of mind." A second person told us, "Oh yes I am very safe here. I only have to press my bell and staff will be here in an instant. I don't know how they get here so quickly but it's very reassuring that they do." Relatives we spoke with also told us they felt their family members were safe at the service. One relative told us, "I know I can go home and feel comfortable about leaving [name of relative] here. I have peace of mind." A second relative stated, "There are so many staff around I know that [name of relative] will be safe. The staff are very quick to respond and seem to know when someone is upset or unwell and they step in really quickly."

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "I know what abuse is and would have no hesitation in reporting anyone." A second member of staff commented, "We talk about safeguarding all the time. We all know what whistleblowing is and I know if I had any concerns I know I could always go to [name of registered manager] and my concerns would be dealt with straight way."

The registered manager told us that safeguarding was a regular agenda item at staff meetings and during one to one supervision. We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. Both documents contained clear information on who to contact in the event of suspected abuse or poor practice. We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

Risks were managed appropriately to ensure people were not restricted but were kept safe. We found that risks to people had been identified and managed in a person centred way. One person told us, "They [staff] are very good at getting me to do as much as I can. They keep me walking and that's very important to me. I don't want to be in wheelchair." Relatives told us that one of the strengths of the service was that people did not feel restricted by their care. One relative commented, "They [people using the service] are always doing something. They really try to make sure people stay independent for as long as they can be." The registered manager was clear in her vision for the service that people should be supported to remain as independent as possible and to continue to lead a fulfilling life. Our conversations with staff highlighted that they too shared this commitment to risk management. One staff member told us, "We try to encourage people to take part in activities any interests they had before they came to the home. We don't stop people



doing things just because they have dementia."

We saw that risk management plans were in place to protect and promote people's safety. People had risk assessments in relation to moving and handling, falls, nutrition and pressure damage. A member of staff told us that with the recent warm weather people liked to sit outside. One person had refused to wear any sun block or a hat. The member of staff said, "I drew up a risk assessment and explained the risks to [name of person]." We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

There was an emergency plan in place to respond to emergencies such as fire, loss of gas, electricity and water. Each person had an individual fire evacuation assessment plan in place. We saw clear information was on display regarding fire safety and the arrangements to follow in the event of a fire. We saw evidence that staff had been provided with fire awareness training and regularly participated in fire drills. This demonstrated a positive attitude in promoting people's safety. We saw evidence that the registered manager or a senior member of staff was on call to provide advice and support to the staff team in an emergency situation or in adverse weather conditions.

There were arrangements in place to ensure safe recruitment practices were followed. We found that staff had been recruited safely into the service. One staff member said, "Everything was checked before I could start working, references and my PIN number." The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history and character references, job descriptions, evidence of up to date registration with the Nursing and Midwifery Council and Home Office Indefinite Leave to Remain forms in staff files to show that staff were suitable to work with vulnerable people. The registered manager told us when staff were identified for being responsible for unsafe practices they were dealt with in line with the service's disciplinary procedures.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us that staffing levels were sufficient to meet their needs. One person said "I keep my door open and I always see lots of staff around." Another person told us, "I don't want for anything. If I press my bell someone comes straight away." Relatives and visitors to the service also confirmed there were always staff around and that people always received the care they needed in a timely way. One relative commented, "It's one of the best things about this home. There are always plenty of staff." A second relative commented, "It makes the difference between people being able to take part in activities and have a quality of life, or not." Two regular visitors from the local church also commented, "Every time we come there are always lots of staff."

Staff told us there were sufficient numbers of staff to provide care and they did not feel under pressure or rushed when carrying out their roles. One said, "Yes, there are lots of staff. We work well together as a team." A second staff member commented, "We have a wide range of experience amongst the staff team that we can call upon if we need it." Another member of staff told us, "The manager is very good at making sure we have plenty of staff. I wouldn't work here if it was any other way." The registered manager told us, "If people's needs change I will make sure additional staffing is provided to ensure people were kept safe."

We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. The service did not use agency

staff and there were was a team of housekeeping and maintenance staff to support the care staff in their roles. At the time of our inspection we judged staffing levels across the home to be sufficient to meet people's needs.

Medicines were handled safely and securely. People told us that they received their medicines when they expected them. One person told us, "On the dot they bring me my medicines in the morning." A relative explained, "They have discussed with me the medicines my [relative] is taking."

We observed the administration of some of the morning medicines. This was undertaken in a person centred way, with each person being asked if they were ready for their medicines and how they wished to take it. People were given a drink to assist the swallowing of their tablets and the nurse spent time with them to ensure they were not hurried.

We saw that medicines were stored safely and were administered from a lockable trolley. When not in use the trolley was stored securely in a locked room. Some items needed storage in a medicines fridge, the fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures in line with best practice.

Medication Administration Records (MAR) were completed accurately following administration of medicines. Each record contained a photograph of the person it related to, to ensure the medicine was given to the right person. There was a list of specimen staff signatures so it was possible to track who had administered which medicine. Records demonstrated that medicines were audited and accounted for regularly. We saw there was a system for recording the receipt and disposal of medicines to ensure that staff knew what medicine was in the service at any one time. This helped to ensure that any discrepancies were identified and rectified quickly.



## Our findings

People received care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. People praised the competency of the staff and told us that they were always supported by staff that had the skills to meet their needs. One person said, "The staff are very good, they know what they are doing and have lots of experience." A second person commented, "I have [medical condition]. The staff know exactly what I need to keep me healthy." A relative commented, "I have watched the staff. They carry out their duties like its second nature. They have certainly had good training and know just what to do."

Staff told us that they felt valued because the registered manager recognised their individual skills and competencies. One staff member told us, "I started as a carer. I have been trained and supported up to my present role. I still receive good training and support." Another member of staff said, "One of the main reasons staff don't leave is because [name of registered manager] has invested in us, not just with money but time and coaching and allowed us to develop our strengths."

The service had a comprehensive programme of staff training which included a host of mandatory courses including; moving and handling, first aid, fire safety, safeguarding and various health and safety topics. In addition staff had also had opportunities to access specialist training in areas such as dementia and palliative care. Staff spoke highly of the training that had been provided and new staff confirmed they had also completed an induction programme. This had included the opportunity to shadow more experienced staff until they felt confident. One staff member told us, "I learned from the best." The registered manager confirmed the service had just signed up to the Care Certificate and this would be used for new staff employed at the service. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

One staff member told us "There is a good choice of training. If there is something not on the training list but we think it would be beneficial then the manager would access that for us." They continued to say they had completed a course on Phlebotomy. (Phlebotomists are people trained to take blood samples.) This meant the service did not have to call the GP to attend the home to undertake this task and blood samples could be taken in a timely manner.

The registered manager told us that every morning staff took part in reflective practice. They told us they posed a question each morning about care practices and staff discussed what they considered to be best practice and thought of ways to improve their own care delivery. There were good systems in place to

provide on-going support to staff and staff confirmed they received regular formal supervision. One staff member said, "It's good because I have the chance to talk about my work and what's important to me." Staff confirmed that in addition to supervisions, the registered manager was always around to speak to or provide advice. One staff member said "The manager will always listen and help if they can." Nursing staff confirmed that there were good systems in place to provide them with clinical supervision and that the registered manager supported them to undertake on-going training in order to enable them to remain professional registered nurses, including preparing them for revalidation.

Consent to care and treatment was sought in line with legislation and guidance. People told us that they felt involved in their care and that staff always asked for their consent as a matter of routine. Staff told us people's consent was gained before assisting them with care and support. One staff member said, "I always explain why I am there and what I would like to do. If they don't want me there or refuse their care at that time I will go away and try later." During our inspection, we observed staff gaining people's consent to support them. For example, during the lunch time activity staff made people aware of what was happening before carrying out tasks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that 17 people had authorisations to deprive them of their liberty.

We checked whether the service was working within the principles of the MCA and found that staff had undertaken training in this area. Staff we spoke with demonstrated a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member told us, "The MCA is about allowing people to do as much for themselves as possible, even if it's risky." Staff also told us the implications of DoLS for the people they were supporting. One member of staff said, "DoLS is about keeping people safe when they don't understand the risks of what they're doing." Records confirmed that where a person lacked capacity to make a specific decision, appropriate steps had been taken to ensure best interest's principles had been followed.

People were supported to eat and drink enough to maintain a balanced diet. They complimented the quality of the food provided and told us that they always had a choice of what to eat at every meal. People said that their dietary needs and preferences were always respected and catered for. For example, one person told us they were on a vegetarian diet and that they received a good selection of vegetarian options each day. They went on to tell us, "The chef has visited me and knows what I like and don't like. He makes a very good fish pie." Another person commented, "The food is very good. If I request something different, they always make sure that I get it." A relative who visited the service every day to share lunch with their family member told us, "The food is varied and very nicely presented."

Staff worked hard to ensure that people received a healthy dietary intake. We found that menu choices were designed to ensure they were nutritionally balanced and where appropriate, fortified or pureed to the right consistency to meet people's specific requirements. Staff told us that they encouraged people to make healthy choices and supported them to have a balanced and nutritious diet that was in accordance with their individual needs. We spoke with the chef who displayed a good understanding about people's therapeutic diets, such as diabetic and low potassium foods. They also knew people's dietary likes and

dislikes. They said, "When someone is first admitted I always visit them to discuss what foods they like." They also explained, "I am always talking with people on a regular basis to get feedback about the food."

People's weights were regularly monitored to ensure they remained within a healthy range. Where indicated referrals to dietitians had been made for further assessment. Records confirmed that people were supported to have a sufficient amount to eat and drink, based upon their specific dietary requirements. We saw that there were appropriate monitoring systems in place for those who were at risk of dehydration or weight loss and people who required support were assisted in an unhurried and dignified way.

People were supported to maintain good health and had access to external healthcare support as necessary. One person told us they were supported to attend the hospital three times a week for a particular healthcare problem. They said, "They make sure I'm always ready on time. I don't have to worry." Relatives praised the healthcare support provided to their family members and commented that staff were very quick to respond to any health issues or concerns. One relative commented, "I want [name of relative] to be treated here at the home not in hospital. I don't live far away so I can be here quickly. They always let me know if there is a problem."

Staff ensured people had access to other healthcare professionals and people had a choice about the health care support that they received. One staff member told us, "The doctor visits every week. If people don't want to see our doctor they can choose to keep their own." The registered manager also confirmed that the GP visited the service weekly and good relationships had been fostered between the service and the GP practice. Health and social care professionals we spoke with said, "This is a very slick service. Staff are quick to identify any healthcare problems and refer to us. They are also very good at ensuring preventative measures are in place for things like pressure sores."

Records showed that appropriate referrals were made to healthcare professionals such as doctors, dentists, opticians and dieticians. People were supported to maintain good health and have access to healthcare services.

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## Our findings

Staff treated people with compassion and kindness. People praised the caring nature of staff and highlighted the kindness that had been shown to them. One person told us, "The staff are very kind. It's not just the females. The males are very kind and caring as well. I think they are all lovely." Similarly, a second person said, "They are very patient and nothing is too much trouble." Another person described the service as, "A wonderful place." Relatives were equally complimentary of the care their family members received. One relative told us, "I don't feel I have to worry. I am 100% positive that [name of relative] is treated with kindness all the time, not just when I'm here." A second relative stated, "The staff have been very kind to me. I have found it difficult at times but they have explained things and reassured me." Two regular visitors from the local church said, "In all the time we have visited we have never seen staff be anything but kind."

We found that staff worked hard to make people and their relatives feel cared for. One staff member told us, "The best thing about working here is the residents. Everyone has something different and they have led such interesting lives. I love listening to people's stories." A second member of staff commented, "It feels like we are one big family. You get to know the resident and their family members. I like having the key worker system as it means I can really get to know the family and their needs."

Health and social care professionals we spoke with said, "Staff are very caring. They work hard to make sure people get the best service possible."

We observed excellent interactions between people and staff who consistently took care to ask permission before assisting them. There was a high level of engagement between people and staff. Consequently people, felt empowered to express their views. It was obvious that staff had the skills and experience to manage situations as they arose and provided care to a consistently high standard. For example, we saw that one person using the service was unable to speak English anymore and had reverted back to their first language. We saw that staff had learned phrases and words so they were able to communicate with the person. In addition we found that a member of the housekeeping team spoke the person's native language and they were given time and opportunities to engage and speak with the person. This meant that staff supported people to communicate their needs and understand their wishes which in turn improved their quality of life.

People were fully involved in making decisions about their own care. Regular formal reviews encouraged people and their family members to express their views about their care and be fully involved in how their support was delivered. Where people who did not have relatives or family involvement we saw that

advocates had been involved to ensure their views, choices and decisions were heard. This meant that people felt listened to, respected and had their views acted upon.

The registered manager told us about one of the activities coordinator who had recently been awarded employee of the month for their 'dedicated approach to the fun and enjoyment of people living at the service'. They continued to tell us the staff member often dresses up in fun costumes and visits people at the service in their own time to surprise them and make them laugh. On his time off he bakes cakes and spends time with people decorating them. This person was on leave at the time of our inspection; however people and relatives spoke very highly of him and praised his dedication to the role.

We were also told about another staff member who often attends the service in their own time to visit people who have no family. We spoke with this person during our visit. They told us, "They are like family to me. It's sad when someone has no family. So I visit them. I am their family," They also told us they regularly visited the service in their own time to read and familiarise themselves with people's care plans. This was because they wanted to deliver person centred care to people. They told us, "I want to give the best care. I love it here."

From conversations we heard between people and staff it was clear staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported. Staff told us that the registered manager was very knowledgeable and led by example. One staff member said, "The communication is very good and that means we all know what is happening and are made aware of any changes to make sure we can meet people's needs. We saw there were staff hand-overs at the start of every shift to ensure any changes were relayed to staff to ensure people's needs were met. This meant that changes to people's care was recognised and the necessary changes made swiftly to ensure the person received safe and appropriate care that fully met their needs.

People were supported to make choices about every aspect of their daily routine, their daytime activities or what they would like to eat. One person told us, "They always ask me." Staff told us and we observed that they consulted people about their daily routines and activities and people were not made to do anything they did not want to. Care was focused on each person's wishes and needs rather than being task orientated and routine led. Records confirmed that people and their relatives were involved in the care planning process to ensure their needs were met. This meant that people were able to express their wishes and be in charge of the decision making process.

People were supported to maintain important relationships and staff were particularly caring towards people's relatives, in addition to the care they provided to the people who used the service. Relatives told us staff understood the importance of including relatives and close friends in the person's care planning and care delivery. Relatives and visitors were encouraged to visit the service. Those family members spoken with said that they were able to call in at any time and always made to feel welcome. People and relatives frequently likened the service to that of one big family. There was a real sense of everyone supporting each other to provide the very best outcomes for the people who lived at the service. One person told us, "I woke up yesterday morning and thought how lucky I am to be here."

We found that care plans showed the degree of involvement that each person had with reviewing their care needs, and this reflected the help of their relatives. The care files were person centred and individualised. People's religious, cultural and personal diversity was recognised by the service, with their care plans outlining their backgrounds and beliefs. For example, we saw that one person was a devout catholic. On the day of our visit two representatives from the local church attended to give this person communion. We also

saw this person's bedroom and observed it was decorated with many religious pictures and ornaments that gave the person comfort. This meant that people's diverse needs were recognised and met by the service.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. A staff member told us, "It makes such a difference knowing someone from day one when they arrive. You can really get to know and understand people."

People told us that staff were always respectful towards them and took every step to promote their privacy and dignity. One person told us "They do extremely well at managing my privacy and dignity. They show courtesy and respect for me." Another person commented, "They always knock on my door and treat me as an individual." On several occasions we noticed that staff approached people to offer personal care and each time this was done discreetly without others noticing. A relative confirmed, "I visit every day. Without doubt they treat both me and [name of relative] with respect."

Staff told us that people's privacy and dignity was promoted and they were able to demonstrate how people were enabled to uphold their dignity. One staff member said, "I always treat people how I would want my grandma to be treated if she was in a care home." A second member of staff told us, "These are people and deserve our respect." Staff told us that people received personal care in private; and chose what clothes they wished to wear and how they preferred to be addressed.

Staff displayed a good understanding in enabling people to remain independent. We saw that staff consistently took care to ask permission before intervening or assisting people with their care and support needs. People were able to exercise their right to privacy by staying in their room if they wished. Our observations on the day of the inspection showed that people were smartly dressed and many were wearing chosen items of jewellery, nail polish and other accessories. We also observed that if someone spilt food or drink on their clothes they were gently supported to change into clean clothes. This meant that people's personal choices were respected and their dignity maintained.

The service had systems in place to ensure that people's confidentiality and independence was upheld. We saw that staff were provided with training on confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected. Handovers took place in private and staff spoke about people in a respectful manner.





## Our findings

People's care and support was planned in partnership with them. People felt in control of the care that was delivered and praised the care they received. One person told us, "The carers know me very well. They know how I like things to be done and also what I don't like." Another person explained, "I have my own routine and the carers know what that is. They are very good at making sure I have everything I need." People talked to us about how staff included them in the decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives we spoke with echoed these sentiments and one relative said, "It's all the little things that make the difference."

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. Information from assessments was used to ensure people received the care and support they needed, to enhance their independence and to make them feel valued. One staff member told us, "We try to get as much information as we can get. The more we know the better for everyone."

Health and social care professionals we spoke with told us the staff were very responsive to people's needs. They said staff would contact them if there were any changes in people's conditions and seek advice and guidance. They also told us their advice was followed and when they visited, staff were knowledgeable about people's needs.

Assessment information was used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care. Care plans looked holistically at people and recorded how their physical, social and emotional needs were to be met. One staff member told us, "I find the care plans are very useful. If I don't know something then I look in the care plan." Staff maintained daily records about people's care, including how they were in mood. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day.

We found that people's care plans were person centred and had been tailored to people's individual needs. They had been reviewed on a regular basis to make sure they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when people's needs changed, which ensured their individual needs were met. Relatives we spoke with told us that communication was very good with the service." One said, "Communication here is very good. I always know what's going on."

The management of risks to people's health such as malnutrition, falls or wound care were well documented and regularly reviewed. We read how one person experienced mental health difficulties and there was clear guidance for staff about how to recognise possible triggers, the preventative measures they should take to reduce the person's anxiety and the necessary interventions if this escalated.

Staff also understood the need to meet people's social and cultural diversities, values and beliefs. The service had a comprehensive programme of activities and people told us that there was always something for them to do if they wanted to. One person commented, "I like to stay in my room and listen to my talking books. If there is entertainment on then I like to go to the lounge. We had a singer the other day and another time we had clog dancers." Another person told us how they had enjoyed sport throughout their life. They told us, "Sport is the best thing there is. I get my paper in the morning and read through the sport section first. Wimbledon is on next week so I will be staying in my room watching that." Another person told us how they used to love playing golf. The service had bought an indoor golf set and we saw photographs of this person teaching others the correct way to play golf.

The service had 110 hours per week for activities. The registered manager told us they thought activities were one of the most important areas of people's care provision. They said it improved people's mental well-being, their sense of worth and inclusion. The monthly entertainment programme was shared with people and they were free to participate as much or as little as they wanted to. Group activities on offer were appropriate to people and their interests. Two regular visitors from the local church told us, "Every time we come there is always something going on."

For those people living with dementia, there were more sensory based activities which enabled them to develop their skills and conversation through tactile sessions.

People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way. People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. One person told us, "I would speak up if I wasn't happy." Another person said, "Yes I would make a complaint. You can talk to anyone here so I haven't had to make a complaint." A relative told us, "I'm very fussy. If something was not done to my satisfaction I would certainly complain."

We saw that the registered manager kept a file of the complaints received and action taken. There was evidence that complaints had been acknowledged, taken seriously and investigated with people receiving a written response. The registered manager expressed that she welcomed people's concerns because she viewed all feedback received as a natural part of driving improvement. Where complaints had been made the registered manager had used the information to aid learning.



## Our findings

There was a registered manager in post and management had been stable for over 14 years. The staffing structure in place made sure there were clear lines of accountability and responsibility. We received positive feedback from everyone we spoke with about the leadership and management of the service. People, relatives and staff expressed a high degree of confidence in how the service was run. One person said, "You can go the [name of registered manager] with anything." Another person told us, "Yes I know who the manager is. It's [name of registered manager]. They visit me every day." A relative told us, "Her [name of registered manager] door is always open. She runs a tight ship and I have often seen her talk with staff about the right way to do something and the wrong way."

Staff told us the registered manager was an excellent role model and led by example. One staff member told us, "The manager is brilliant. She really cares. It's not just a job to her." Another member of staff said, "She has an open door policy. She is always encouraging the staff and she gets the best from them. It's a skill she has."

Staff were also positive about the service. They felt they were well trained and supported and were committed to the care and development of the people the service supported. There was a clear relationship between people and the staff that cared for them, as well as with the registered manager. This meant that communication between people, staff and the service was effective and concerns or issues were quickly identified and rectified. Staff felt that the registered manager was supportive of them and worked with them to ensure people received the care that they needed.

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would be more than comfortable raising any concerns. I know, through experience, that any concerns I raise would be taken seriously and dealt with quickly." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

When we spoke with the registered manager they told us they worked to continuously to improve services by providing an increased quality of life for people, including people living with dementia. The registered manager's passion and enthusiasm for providing good quality care was embedded in the culture of the service. The feedback, culture and attitude of all the staff we spoke with was that nothing was too much trouble and everyone involved was willing to go above and beyond expectations, to ensure people were

able to have enriched and fulfilled lives. This demonstrated that the values and philosophy of the service were well embedded in the staff team and encouraged staff and people to raise issues of concern which the service always acted upon.

The service had links with the local community and the registered manager told us they were part of a community action group. This included involvement from local schools, shops, the local church and the women's institute. For example, students from the local schools undertook work placements at the service. On the day of our inspection we saw that a variety of knitted blankets had been donated to the service by the women's institute. In addition representatives from the local church attended the services regularly to provide people with communion.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

There were quality assurance systems in place to carry out checks as the service developed. We were told that satisfaction surveys and internal audits to ensure paperwork was up-to-date and the service was operating in accordance with their policies and procedures were in place. Records we looked at confirmed this. We saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as staff supervision and complaints.

The registered manager and staff were committed to continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. The views of people and their relatives were included and the focus of the evaluation was on the experiences of people who used the service. Areas were identified where improvements could be made so the service met the needs and preferences of people better. Action plans were devised where it was identified improvements could be made in service provision.