Caring Homes Healthcare Group Limited

Rendlesham Care Centre

Inspection report

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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

Rendlesham Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rendlesham Care Centre accommodates up to 60 older people in one adapted building. There were 49 people living in the service when we inspected on 29 and 31 January 2018, some people were living with dementia and some needed nursing care. This was an unannounced comprehensive inspection.

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

Our unannounced focused inspection of 12 July 2016 was prompted in part by notification of an incident which a person had died. This incident, and previous incidents, are subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incidents indicated potential concerns about the management of risk of choking. This inspection and the previous inspection of 26 and 27 October 2016 examined those risks.

At our last inspection of 26 and 27 October 2016 the service was rated overall Requires improvement. The key questions for Caring and Responsive were rated Good. The key questions for Safe, Effective and Well-led were rated Requires improvement. This was because the improvements made from our previous inspections needed to be embedded in practice and sustained over time to ensure that people were receiving good quality care at all times. During this inspection, we found that the improvements had been sustained and the service was now rated as Good overall.

You can read the reports from our previous inspection, by selecting the 'all reports' link for Rendlesham Care Centre on our website at www.cqc.org.uk.

There were systems in place to keep people safe from abuse. Staff were trained in safeguarding and understood their responsibilities. Risks to people were assessed and staff were provided with guidance on keeping people safe. Medicines were managed safely and people were provided with their medicines as

prescribed.

The service was clean and hygienic and the policies and procedures in place supported good infection control processes. The environment was well maintained, accessible and suitable for the people who used the service.

The staffing levels in the service provided people with care and support when they needed it. Recruitment of staff was done safely and checks were undertaken to ensure they were suitable to care for the people using the service. Staff were trained and supported to meet people's needs effectively.

People's holistic needs were assessed, planned for and met. Care plans and risk assessments provided staff with guidance about how to meet the needs and preferences of people. People's decisions about their end of life care were documented and respected. People were provided with the opportunity to participate in meaningful activities.

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

People's dietary needs were assessed and there were systems in place to meet them effectively. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People were treated with respect and care by the staff working in the service.

The quality assurance systems in place supported the provider and management team to identify shortfalls, address and learn from them. There was a complaints procedure and people's complaints and concerns were investigated and addressed in a timely manner. There was an open and empowering culture in the service. People, relatives and staff were asked for their views about the service and these were used to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to minimise risks to people and to keep them safe from abuse.

The staffing levels were assessed to provide people with the care and support they needed. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them and in a safe manner.

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

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

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

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

The environment was suitable for the people who used the service.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy,

independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed, planned for and met. People made decisions about their end of life choices and these were recorded to guide staff on how these were to be respected. People were provided with the opportunity to participate in meaningful activities.

There was a system in place to manage people's complaints.

Is the service well-led?

Good

The service was well-led.

The service's quality assurance systems supported the provider and registered manager to identify shortfalls, and address and learn from them.

The service provided an open culture. People were asked for their views about the service and these were used to improve the service.

Rendlesham Care Centre

Detailed findings

Background to this inspection

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

This unannounced inspection took place 29 and 31 January 2018. On the first day, the inspection was undertaken by one inspector, a specialist advisor in nursing care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, there was one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with nine people who used the service and seven relatives. We observed the interaction between people who used the service and the staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us.

We looked at records in relation to 10 people's care; four of these included the detailed pathway tracking to see how staff supported people with their complex needs. We spoke with the registered manager, a peripatetic manager and a regional manager. We also spoke with 12 members of staff including the deputy manager, nursing, team leader, care, activities, laundry and catering staff. We looked at records relating to the management of the service, three staff recruitment files, training, and systems for monitoring the quality

of the service.

Good

Our findings

At our last inspection of 26 and 27 October 2016, Safe was rated Requires improvement. This was because the improvements made from previous inspections needed to be sustained and embedded in practice to ensure people were provided with a safe service at all times. At this inspection, we found that improvements had been sustained and Safe was now rated Good.

People told us that they were safe living in the service. One person said about why they felt safe, "If I need the staff they're there, I'm reassured. I always make sure it [call bell] is sitting there, so that I can get it if I need to." One person's relative told us, "I can relax knowing that [person] is being looked after and cared for so well."

Staff had received safeguarding training and staff spoken with were knowledgeable about safeguarding and their roles and responsibilities if they suspected someone was being abused. Where a safeguarding concern had been raised, the service had taken action to report this to the appropriate organisations. Actions had been taken to learn from incidents and reduce the risks of similar happening in the future. For example, taking disciplinary action and advice given to staff on the actions they should take to ensure people were safe.

There were systems in place to reduce risks and keep people safe. Risks to people were assessed and staff had guidance about minimising them. This included risks associated with mobility, pressure ulcers, nutritional needs, choking and falls. The risk assessments were kept under review and updated when people's needs had changed and risks increased. Where people were vulnerable to developing pressure ulcers, actions were taken to reduce the risks. This included regular repositioning and pressure relief equipment.

Records identified the support people required when they displayed behaviours that may be challenging to others. The records included the potential triggers and how staff were to avoid them to reduce the risks of people's anxiety and distress. Where incidents had happened they were documented by staff including what had happened before, during and after, such as the support provided to reduce people's distress reactions.

Records identified that the use of bed rails were assessed and were checked on an hourly basis, to ensure that they and the people using them were safe. Health and safety audits were completed which included checks on legionella, window restrictors, soft furnishings, electrical appliances and mobility equipment. As well as the routine health and safety checks and audits, the service had a 'resident of the day' system. This

happened for each person at least once a month. For the 'resident of the day' staff made enhanced checks of their care records to ensure accuracy, and the safety of their bedroom and equipment, including wardrobes.

Equipment, including hoists, the passenger lift, and portable electrical items, were serviced and tested to check that they remained safe for people to us. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. People's records held information of how people were to be supported to evacuate the service if needed in an emergency.

People told us that when they needed assistance and used their call bells these were answered. They said that response times varied but that this did not adversely impact on their welfare. We saw that people's requests for assistance, including their call bells, were responded to in a timely manner. When we visited people in their bedrooms, we saw that their call bells were positioned within their reach. One person's relative commented, "They [staff] are constantly there, [person] can't see to ring their bell, they [staff] are always looking in, never in distress." In addition to the call bells, the service used equipment, including sensor mats and sensors in bedrooms which alerted staff if people, who were at risk of falling, were moving in their bedrooms, so that staff could check on their safety. One person's relative, who told us that they felt that their relative was safe, said, "The crash mat is always here, we don't have sides on their bed because they would want to climb over, that would be dangerous."

The comments we received from people and relatives varied relating to the staffing levels in the service. One person told us, "They [staff] haven't always got that long but they're not rushed, they talk to each other, help each other, they're organised." Another person said, "I sit on my own quite a lot, they [staff] are busy, I creep off to my bedroom." One person's relative commented, "The staff are lovely, but there aren't enough of them. I did take it up with the manager but [they] had [their] view, dependency statistics, something like that." Another relative commented, "I think there are enough staff, there is always someone around, always one [staff] member in here [the communal lounge] keeping an eye on things."

Discussions with the registered manager identified that there were sufficient staff on shifts deployed to meet people's needs, this was confirmed in records and our observations. There was ongoing work to over recruit to reduce any risks of being short staffed. The registered manager told us how staffing levels were amended along with the numbers of people using the service and if needs increased. Improvements had been made in the staffing levels in the service; this was evident in the reduction of the use of agency staff. This was confirmed by a relative who commented, "There's not as many agency staff as they did have." One staff member told us that sometimes when staff were off sick or on short notice leave, agency were used to fill the vacant shift. Another staff member said that when this could not be done and there were less staff than planned it was difficult to ensure that people received their care in a timely manner, such as getting up in the morning, but this did not adversely affect people's safety. Other staff spoken with told us that there were enough staff working in the service to meet people's needs.

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

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "The nurse medicates me, four times a day, always there. I do have pain relief, just when it [pain] is worse."

We saw that medicines were managed safely. Medicines administration records (MAR) were appropriately

completed which identified staff had signed to show that people had been given their medicines at the right time. We also checked the records for medicines that were to be administered externally, including creams. We found that these showed that people were provided with these medicines as prescribed. A staff member told us about how these records were routinely monitored to ensure that staff were completing them appropriately.

Staff had guidance about how to administer medicines people only used occasionally, for example pain relief. This contributed to their safe and appropriate use and ensured people received them as the prescriber intended.

There were systems in place to minimise the risks to people associated with their medicines, including the safe disposal and ordering of medicines. People's medicines were kept safely, including at a safe temperature, but available to people when they were needed. Staff were provided with training in the safe management of medicines and were observed to check their competence. In the clinical room, there was guidance for staff about expiry dates of medicines and the safe management of anticoagulant medicines. There were also policies and procedures in place relating to people who required their medicines to be administered covertly, for example hidden in food. This included best interest decisions with their GP, where people lacked capacity to give consent. This included checking that medicines were safe to administer in this way. Regular checks and audits on medicines were completed which ensured that any shortfalls were identified and addressed.

People told us that they felt that the service was clean and hygienic. One person said, "I feel it's very important to keep the room clean, they [staff] are always cleaning, they empty my bin every day. You see staff washing their hands, wearing disposable aprons." One person's relative commented, "I come [to visit] at different times, their room is spotless." Another person's relative said, "It's lovely and clean, always change the linen, put their hand down the bed to check." Another relative told us that their family brought in their children to visit and that they let them play on the floor, "That is how clean it is. The cleaners are excellent, do every room carefully and methodically."

On the morning of the first day of our inspection, we noted malodours in the service. We told the registered manager about this who said it would be addressed. On the second day of our inspection, there were no longer any offensive odours. In addition, the registered manager told us that a new carpet was ordered for one of the bedrooms, as part of the refurbishment programme. Discussions with a staff member and records showed that there were weekly mattress checks, to check that they were clean and in good condition.

The service had achieved the highest rating in a recent food hygiene inspection by the local authority. Staff had received training in infection control and food hygiene and demonstrated good hygiene practices. On both days of our inspection, we saw that staff collected disposable gloves and aprons when preparing to support people with their personal care needs. All of the staff regularly washed their hands, for example after supporting a person with their drink and before supporting another person. This minimised the risks of cross contamination and good universal precautions relating to the reduction of the spread of infection. All of the bathrooms and toilets contained hand wash liquid and disposable paper towels which reduced the risks of cross infection.

When things went wrong, the service had learned from these and used this learning to develop and improve the service. This included previous issues where the systems in place had not sufficiently protected people from the risk of choking. The service had improved their processes and procedures, staff training and documentation. This had also been rolled out to the provider's other services. The service had sustained the improvements made since our last inspection. One staff member we spoke with commented on the

improvements made in the record keeping which they saw as positive.

One staff member told us about the actions taken when incidents had happened. This included recording the incident, assessing the person, reporting to the appropriate people, including the person's family. There was a duty of candour policy in place which supported the registered manager to understand their legal obligations. This included guidance of an apology and explanation be provided to people and their relatives when things went wrong. The Provider Information Return (PIR) identified where the service had learned from incidents and used them to improve the service. This included training for staff and improved moving and handling assessments.

Good

Our findings

At our last inspection of 26 and 27 October 2016, Effective was rated Requires improvement. This was because the improvements made from previous inspections needed to be sustained and embedded in practice to ensure people were provided with an effective service at all times. At this inspection, we found that improvements had been sustained and Effective was now rated Good.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. For example, community health professionals. The Provider Information Return (PIR) stated that the service had recently started to attend multi-disciplinary meetings held at a doctor's surgery. The meetings included discussions regarding people's changing needs and wellbeing. This minimised the risks of any delay in people receiving care and treatment.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person told us, "I have my feet and legs done every eight weeks. We had [optician] in, they came in and tested my sight, I was very happy with the service." One person's relative said, "The doctors are just across the way, sometimes they [staff] take them to the surgery for appointments." Another relative commented, "They have the chiropodist every four to six weeks, the surgery is next door, they seem good." Another relative said, "They have good systems, if [person] needs the doctor."

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. Records included information about people's treatment received from health professionals and their advice was documented to ensure that people received a consistent service. A staff member told us about the referral process, for example, where people required to see a member of the speech and language team (SALT), community nurse or GP. They said that the GP or nurse practitioner visited the service twice a week as routine or, if required outside these times.

There were systems in place to support people to move between services effectively. If people required admission to hospital information was passed to the hospital staff about people, their needs and how they were met. The service was working within the 'Red Bag,' initiative. This was a county wide practice introduced by the clinical commissioning group. The aim is to improve the experience of people when being transferred from a nursing home to hospital. This included passing information and any other items including medicines.

People told us that the staff had the skills to meet their needs. One person's relative commented that the staff supported their relative effectively when using the hoist and, "They [staff] all seem to know what they're doing." Another person's relative commented, "The nurse was extremely capable of explaining about dementia, I think most of the staff do understand [person's] needs."

Staff told us that they were provided with the training that they needed to do their job and meet people's needs. New staff were provided with an induction course and shadowed existing staff as part of their induction. New staff had the opportunity to undertake the Care Certificate. This is a recognised set of standards that staff should be working to. On the first day of our inspection staff received training in pressure ulcers.

Staff were knowledgeable about their work role, people's individual needs and how they were met. Records identified that staff were provided with training in subjects including moving and handling, safeguarding, medicines, first aid, infection control, dysphagia, and dementia. One staff member told us that they had completed 'Living in my World,' face to face training which, "Helps you to see from someone's perspective what it's like to have dementia." Another staff member told us about the dementia training they had recently received, "I realise how people are feeling." They added that the training had increased discussion with staff about how they could improve the service to people. Another staff member told us how the training in behaviours that may be challenging was effective. This included how to support people effectively and safely. This demonstrated that the staff had understood the training they received and used it when supporting the people they cared for.

Staff received group and one to one supervision meetings, nursing staff also received clinical supervision. These provided staff with a forum to receive feedback about their work practice, discuss any concerns and to identify any training needs they had. One staff member told us that they found it helpful to receive feedback which they used to improve their practice.

People were supported to have regular drinks to reduce the risks of dehydration. One person said, "They [staff] bring me a fresh jug of water every day, and I use it." Another person commented, "They got [specific] juice for me specially, and they always have it now." We observed the presence of covered jugs in people's private bedrooms and there were drinking glasses within people's reach. A staff member told us that they were responsible for ensuring choices of fresh cold drinks were available for people on the communal areas and bedrooms every day.

Each time a person had a drink, staff completed charts to show how much fluid they had. We reviewed these records and saw that they were totalled and checked along with the suggested amount of fluid for that individual. We noted from daily records that people were provided with drinks throughout the night if they wanted them. For example, one person's records identified that they had drinks at 1am and 4am.

People were supported to eat sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of good quality food. One person said, "They [staff] come round with a list the night before and ask you for your three meals. I didn't like what they had so the chef made me warm ham with potatoes and vegetables. It was very nice." Another person commented, "They really do get to know you, the kitchen staff, they try very hard, it [food] is served hot, appetising." One person's relative said, "The food is excellent, it's like a five star hotel." Another relative commented, "[Person] has had two breakfasts, and they'll let them if they want it. [Person] does like the food. One morning [person] was offered a cup of tea they said, 'no, I want ice cream,' which they got. [Person] thoroughly enjoyed it."

The chef told us how they spoke with people about their preferences on the menu and made additions if

people said that they wanted a particular item. We saw the chef speaking with people following lunch to check they were happy with the meals they had been provided with. We saw records of meetings the chef had with individuals.

Staff had a good understanding of people's dietary needs. We spoke with the chef who was knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet. This included people who required a fortified diet, preferred finger foods, and allergies. This information was also in folders in the communal dining rooms to guide staff to ensure people received the correct meal. Guidance for consistencies of softer diets was in the kitchen for reference. The chef showed us equipment that had recently been purchased which they used to prepare food at the required texture.

A staff member told us that each afternoon fresh finger foods were delivered to the communal dining areas for people to eat if they preferred these rather than sitting with a large meal each afternoon. We saw that this was the case, there was a choice of items such as cubed cheese and sausage rolls.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support was sought from health professionals, including a dietician, and their advice was acted upon. This included providing people with food and drinks to increase their calorie intake. We saw people being offered high calorie milk shakes to supplement their diet. A staff member said, "Most people like these, they like the coldness."

Staff encouraged people to eat independently. Where people required assistance to eat, this was provided at their own pace. Staff created a relaxed and pleasant dining experience for people. There was calming music quietly playing in the background. People told us afterwards that they had enjoyed their meals, the food was hot and they had received what they had chosen.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. Referrals had been made appropriately when people did not have the capacity to make their own decisions to ensure that they were not deprived of their liberty unlawfully. Staff were provided with training in MCA and DoLS and understood their roles and responsibilities. One staff member told us that they always assumed people's capacity when they moved into the service. They demonstrated that they understood how people's capacity could be variable at different times and that other factors in a person's life could affect their capacity, including illness.

People told us that the staff asked for their consent before providing any care. One person said, "They [staff] wouldn't do anything without asking." We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their

time in the service. For example, a staff member asked a person when they had been served their breakfast, "Is it okay if I push your chair into the table?"

Care records identified people's capacity to make decisions. The records included information about when people needed assistance with decisions to be made in their best interests.

People were complimentary about the environment that they lived in. The service was pleasantly warm and the environment had wide corridors and open-plan lounge and dining areas. The lighting was good with a combination of artificial and natural light. The colour scheme and decoration provided good contrast between the walls and floor with prominent handrails. This helped people living with dementia or sensory impairment to find their way around independently. Signage was present at the entrances to people's private bedrooms. This included a large framed photograph of the person, their name, a picture of a bedroom and room number. There were memory boxes present and these had been used to reflect people's preferences. There were visual signs to assist people to find communal areas and bathroom facilities. This supported people to navigate around the service and find the rooms they wanted to go to. There were accessible and secure grounds which people could use in the warmer weather.

There was equipment available to support people to mobilise effectively and safely. The service was designed to be accessible to people who, for example, used a wheelchair. Doors were wide and rooms, including bathrooms, were big enough for people to manoeuvre using their mobility aids.

Good

Our findings

At our last inspection of 26 and 27 October 2016, Caring was rated Good. At this inspection, Caring remained Good.

People spoken with said that the staff were caring and treated them with respect. One person commented, "Oh things are wonderful here, so kind, they make me happy, exceptionally kind." Another told us, "They [staff] make me laugh, if they keep that up that's all I need." However, we received a view from a person which contrasted from others received. The person stated, "They [staff] say 'how are you feeling?' But they don't really understand, I don't expect them to be interested. Platitudes, there's a lot of that."

One person's relative said about the staff, "Extremely respectful, when I'm upset [when their relative was unwell], they were there for me, to see that I was alright." Another relative commented, "The staff talk to [person], treat them like a human being, all the things [person] has done [during their lifetime] they seem to know. They [person] is clean and well looked after, loved, respected. I'm really comfortable with it." Another relative said, "I can't say enough, they [staff] are wonderful people, there's nothing I would want to change at all, the nurses in particular treat [person] like their [sibling]." Another commented, "The staff are caring, compassionate, have a sense of humour, hardworking and dedicated, cheerful and positive, very professional."

We saw cards and letters received by the service from people's relatives thanking the staff for the care provided to their relatives. One stated, "We cannot put into words to thank you all enough for the way you cared and showed such love and compassion to our [relative]."

People's relatives told us that the staff worked between different units, some found this positive and others not so. One person's relative said, "They're pretty much the same staff, faces, they're always polite and friendly to me, but they always treat [person] as their own [relative], give them a hug." Another relative commented, "You see different staff all the time, staff have said when they come in they don't know where they're going to be working…better continuity would possibly sort out some of the little niggles." A staff member told us that they worked in other units to ensure that people knew all of the staff who worked in the service and that all staff knew about each person's needs.

Staff spoke about people in a compassionate way and were knowledgeable about people's needs. There was a relaxed and friendly atmosphere in the service. Staff communicated with people in a caring and respectful manner. They interacted in an effective way by making eye contact with people and listening to

what they said. One person's relative told us, "They definitely understand [person], from the manager down, they're very good." Another relative said, "The reception staff are astute, they know mine and [person's] names, I'm impressed by that."

We saw examples of caring interactions between staff and people. For example, we observed two staff assisting a person to mobilise by using a hoist. They explained to the person what they were doing and reassured them. They also talked with the person's relative in a calm manner to reassure them through the process.

People told us that they were supported to maintain their independence by staff. One person said, "I change my own bed, they [staff] get me the sheets and things, they always ask if I need help." Another person commented, "I make my own tea, I boil the kettle in here [communal area]." People's care records guided staff on how people's independence was to be promoted and respected.

People's privacy was respected by staff who communicated with people discretely, for example when they had asked for assistance with their continence. We saw that staff closed bedroom and bathroom doors when supporting people. They knocked on the doors of people's bedrooms before they entered. People's records included guidance for staff about how their privacy and dignity was to be respected at all times.

People's views were listened to and their views were taken into account when their care was planned and reviewed. Records showed that people and their relatives, where appropriate, had been involved in planning their care and support, for example in individual preferences questionnaires and participation of care reviews. One person's relative told us, "They [staff] have asked for my input, all the way through, as [person's] condition got worse they would ask me if there was anything I wanted to know about, they listened, very calm." However, another relative told us that they had not been told when local authority staff were visiting their relative. People's bedrooms were personalised which reflected their choices and individuality.

People's relatives and friends were able to visit with no restrictions. This showed that people were supported to maintain relationships that mattered to them and reduced the risks of loneliness and isolation. One person told us, "They [staff] talk with me about their families and mine. My [relative] comes in every Sunday and has a meal with me." One person's relative said, "They've welcomed our children, [child] comes up of a night time after school [to visit person]." Another relative said, "If I say I'm going to take [person] out, staff get them ready for me." Another relative told us that they visited every day and they were always provided with a meal, which made them feel welcome and allowed them to spend quality time with their relative.

Good

Our findings

At our last inspection of 26 and 27 October 2016, Responsive was rated Good. At this inspection, Responsive remained Good.

People told us that they felt that they were cared for and their needs were met. One person said, "I think they [staff] are amazing, right from day one. I was bedridden and now I walk the corridors." One person's relative told us that they were confident that their relative received good standards of personal care. Another person's relative told us they were very satisfied with the care staff provided. They said, "I come [to visit] at different times, the care is always the same." Another relative told us that the care their relative received was, "Marvellous, [person] has progressed so much since they have been here."

A compliment received by the service stated, "[Registered manager's] management of [their] care and nursing teams, allows us as a family, to relax knowing that [person] is cared for by dedicated, caring staff, who know [person] and care about how [person] feels, in a homely environment." We received positive feedback from two social care professionals about the care and support provided by the service to people. This feedback talked about the tailor made care that people were provided to meet with their assessed and diverse needs.

People and their relatives, where appropriate, had discussed their needs before they moved into the service. This information was used to plan how best to meet their needs. Care plans provided guidance for staff in how people's assessed and specific needs were met. This included how their conditions affected their daily lives and any triggers for people's anxiety and distress and how staff should support them. Care plans were reviewed and updated regularly to ensure that the information was up to date.

Since our last inspection, the staff team had developed a summary of people's needs. These summaries and people's moving and handling assessments were kept in people's bedrooms. The provided staff with an easily accessible, quick reference guide so they could deliver each person's care as required.

People's daily records included information about people's wellbeing, what they had done each day and the care and support they had been provided with. These records demonstrated that care was provided as identified in people's care plans.

We saw examples where staff responded to people's needs. For example, one person was eating their meal with a knife. A staff member approached them and said, "It is easier with a fork, the knife is sharp. Here you

are [passing the fork to the person] would you like to hold this?" The person took the fork and started eating with it.

People told us that there were social events that they could participate in. One person said that they chose not to join in with group activities. Another person commented, "I enjoy my TV, I'm a bit addicted to it. We do have trips out." We saw a photograph of the person at the beach with staff present. Another person said, "We did knitting last week, trying to build it up again after losing the people that knitted." Another person commented, "I water the plants, downstairs too, [staff member] said would you like to do the other room, and it grew from there. I've been encouraged to try different things, it's kept my mind alive, also I meet the residents as well. I feel as if I'm doing it [watering the plants] for them too. I'm encouraged to go downstairs, once a week to music sessions, it was a joy to see the dementia patients, how they responded, it was lovely. Staff do ask me my preferences, last year my family brought in my sewing machine and I made sixty stockings for Christmas."

One person's relative said, "[Person] can't really take part in the activities, [they] like to watch though and listen to the music. They [activities] staff are keen to listen to any ideas, I read some poetry which went down well."

There were two activities coordinators working in the service. They told us they were working with people to gain suggestions of activities and interests that they had. They said, "It's the residents that lead, that's the important thing and knowing that we care, that we have time to listen, have a chat, make them feel valued. We all care, exchange information, the carers come to us, talk about people's likes." The activities staff told us how they felt that often the best activities sessions were the spontaneous ones. They explained how they had gained a lot of confidence by using music, following a music therapy course.

Activities staff explained how they had benefited from 'Oomph' (our organisation makes people happy) wellness training. They said, "We were just beating out a rhythm and one person started singing along with it." Referring to one person's relative who enjoyed singing, they told us how they had changed a session to enable the person to be present. We saw a person's relative who had been singing in a lounge, when they had finished everyone clapped, which made the person smile. We spoke with the relative who said that they could not fault the care their family member was provided with.

We saw people participating in activities. There was an activities room on the first floor which provided a pleasant and calm atmosphere. Music was playing and the room was a bright and engaging environment with games, magazines and books for people to use. During the morning of the first day of our inspection, one member of staff interacted with a small group of people around a table. They used the provider's weekly newsletter as a prompt for discussing 'on this day' reflection of events and memories. The second staff member spent time with people, and with one person in particular, in their own private bedrooms. Other activities during our inspection included skittles, word search and singing. Records showed that, as well as group social activities, people participated in one to one support, including discussions about their memories and going for a walk.

Outings took place throughout the year and the home benefited from the use of a wheelchair accessible mini bus. Family members were involved, where possible, in events such as a tea dance in the community. Entertainment was provided by external sources included a Zoo lab, which provided people with the opportunity to feel the textures of skin and fur and the handling of reptiles.

One person told us how their diverse spiritual needs were met, "Father [named Roman Catholic priest] comes on the first Friday, once a month, and half way through the month a lady comes from the same parish

and brings communion to me. It's very important to me. We have the local [Church of England] church come in once a month."

People told us that they knew how to make a complaint and that their concerns and complaints were addressed. One person said, "I would go to the head carer first, one of the seniors or the manager. When I have complained I was happy with how they took action." One person's relative told us how swift action was taken when they had complaints about a person's duvet. Another relative said, "We had a problem some time ago and [registered manager] dealt with it really well, quick response." Another relative told us about a concern they had raised following another person going into their relative's bedroom, "We always lock the door now and I asked the staff to lock it when [person] is in here [communal lounge]. They [staff] understand to keep it locked and do it religiously."

Activities staff told us, "We always ask people at the beginning of a session how they are and if they have any grumbles or niggles." They shared an example of where a person had raised a concern and this was fed back to the registered manager who took action and the person was, "Happy now."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records of complaints showed that they were investigated and responded to. We had received a concern about the service in August 2017. We asked the registered manager to investigate and they responded to us promptly with a detailed investigation. Where complaints were upheld, the service had offered an apology, in line with the service's duty of candour policy. In addition, action plans were in place which reduced the risks of future incidents and to improve the service. This included supervision with staff and disciplinary action.

There were systems in place to support people at the end of their life. This included information recorded in their care plans about the care and support they wanted at the end of their life. This included if they wanted to be resuscitated and where they wanted to be cared for, such as at hospital or to remain in the service. The Provider Information Return (PIR) told us that they accessed a local hospice end of life support line for advice, where required.

One person told us that when a person in the service had died, "They [staff] come and tell me personally, it's done very courteously, it really is good." Records of compliments received by the service from people's relatives included comments about the end of life support provided to relatives as well as people. For example, one stated, "The team are amazing and caring as is the manager who in [person's] death dealt with my needs in the most amazing way." Another one said that they found it a "…great comfort…" that staff had attended the person's funeral. This demonstrated that the service recognised how people's end of life impacted on their relatives and friends and provided support to them, as well as the people using the service.

Good

Our findings

At our last inspection of 26 and 27 October 2016, Well-led was rated Requires improvement. This was because the improvements made from previous inspections needed to be sustained and embedded in practice to ensure people were provided with a good quality service at all times. At this inspection, we found that improvements had been sustained and Well-led was now rated as Good.

People and relatives commented about the registered manager. One person told us, "[Registered manager] is resilient, copes well, will always listen to you." One person's relative said, "The manager asks me how I am, if [they are] not busy. [Registered manager] said [they] would look up some information for me, dementia advice… [Registered manager] rolls [their] sleeves up and dishes out lunch when there's a need. Nine times out of ten [registered manager's] door is always open…it's the personal touch." Another relative commented, "It's an open environment, transparent." In addition, prior to our inspection we received correspondence from a person's relative. They did not feel that the previous rating of the service accurately reflected the good care and support provided. They were positive about the registered manager.

A compliment received by the service from a person's relatives talked about the open door policy and how their spouse was welcomed into the home. The relatives went on to say, "We cannot thank and praise [registered manager] enough, who continues to provide a listening ear and a shoulder to cry on for our family, showing empathy and understanding, as our family's journey continues with ageing parents… We can honestly say we don't know where our family would be without the help and continued support that Rendlesham care home gives us, there is no amount of words that can express our sincere gratitude to [registered manager] and [their] management in making the home what it is."

There was an open culture in the service. People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included in quality assurance questionnaires. There were notice boards in the communal areas where people and visitors could record their comments about what they thought the service did well and what it could do better. The chef told us how they were working on improvements following comments received from surveys. This included the introduction of pictorial menus to aid people's understanding of their choices of meals. They had started building up a catalogue of photographs of meals to implement this.

Meetings were held including attendance from people who used the service and relatives. One person told us, "We have residents' meetings. We've got one this week. The chef is there and [chef] is excellent if I'm having problems with my diet. I find them [meetings] very helpful." One person's relative commented, "No

one has mentioned, or invited me to meetings." We saw that the dates of the planned meetings were displayed in the service. Minutes showed that people and relatives discussed choices food, activities and kept updated with staffing arrangements, for example if someone left. We saw that where people had raised concerns actions were taken to address them and they were kept updated. For example, comments received about how food was served, in each of the communal kitchens the temperature of the food was checked to ensure it was hot enough.

The current Care Quality Commission (CQC) report was on display and available along with a folder containing details of the service and its action plan to address issues raised. This showed that people and visitors were kept informed of the previous rating and actions the service were taking to improve the service.

The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. They were supported in their role by senior management, a peripatetic manager and a deputy manager. The registered manager and peripatetic manager explained how they kept updated with changes in the care industry and how they could continuously improve the service. This included reading inspection reports of other services, such as those who had outstanding ratings. The organisation had developed a publication 'In our world outstanding care,' which identified good and outstanding care. This was discussed in staff meetings and ideas were sought for improvement. There was also an information booklet, 'Positive and negative experiences.' The document used real examples of inspection findings in the provider's services with the aim to learn from these across the provider's services.

The provider and registered manager had a programme of quality assurance systems which enabled them to identify shortfalls, address and learn from them to provide a good quality service. Monthly regional manager visit reports incorporated the five domains used in CQC methodology; safe, effective, caring, responsive and well-led. The registered manager undertook audits in areas including health and safety, medicines and care plans. There were clinical audits which analysed incidents including deaths, falls, safeguarding, infections and wounds. The quality assurance system was used to identify any trends, for example with falls. Where the need for improvements were identified this was actioned and monitored, for example, each care plan included an action plan which identified, following an audit, improvements that were needed. These documented when the improvements had been implemented.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff that we spoke with felt supported by the management of the service and were complimentary about the registered manager. One staff member told us that they found the management very supportive and approachable and could go to them at any time. They said that the service was a, "Wonderful place to work, the staff make it for me." Another staff member commented that they were, "Really happy working here… pleasure to work with such hard working people." Another staff member said, "Changes and improvements in home have come from [registered manager]. [Registered manager] is seen to be working hard by the staff giving 100%, a good example to the staff and they now know to give 100% each day." They added that the staff worked together as a team and that the improvements made had been, "Amazing."

Regular staff meetings were held, including the management team attending management meetings with other registered managers and senior managers, staff meetings, team leader meetings, head of department meetings. Minutes of manager's meetings identified that they discussed the duty of candour, recruitment, and training. Unit meetings minutes showed that they discussed how they would maintain good record keeping and the care provided to people.

We saw evidence where the service worked with other organisations. For example, we saw a card from a nursery which said, "Thank you for inviting us." The registered manager and staff told us that children from a

nursery had visited and sang carols at Christmas. The registered manager said that they were maintaining contact with the nursery with a view to developing this relationship further. The registered manager told us that a local scout group had visited the service to ask if they could deliver Christmas cards for them. The registered manager said that they worked closely with the local authority who commissioned with the service. They commented that they had positive working relationships. They had accepted the support from the local authority, such as workshops and training.

The Provider Information Return (PIR) identified what the service did well and where they planned to improve. This included that the service had won the provider's awards for the Best Dementia Care Team of the Year and the registered manager had won the Manager of the Year Award in 2017. A staff member had won the National Carer of the Year Award in 2017. During our inspection, we saw that these awards were displayed in the entrance of the service. The PIR also told us about the other organisations the service worked with the improve people's experiences. This included a dementia music therapy workshop which lasted for ten weeks. The musicians had trained and given guidance to staff to incorporate these sessions with poetry or exercise. They also said that they attended the Suffolk Association of Independent Care Providers who met quarterly. There were plans in place to work in partnership with other services in the community.