St. Martin's Care Limited

Willow Green Care Home

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?	Outstanding
Is the service well-led?	Good

Overall summary

The inspection took place on 4 and 5 November 2015. The inspection was unannounced. We previously inspected this service on 13 August 2014 and found the service to be compliant.

Willow Green is a residential and nursing care home based in Darlington, County Durham. The home provides care to older people and people living with dementia. It is situated close to the town centre, close to local amenities and transport links. On the day of our inspection there were 52 people using the service.

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

We spoke with a range of different team members; care, nursing, senior and kitchen staff who told us they felt well supported and that the registered manager was passionate about his job and his staff team and always available and approachable. Throughout the day we saw that people who used the service and staff were comfortable, relaxed and had a positive rapport with the

Summary of findings

registered manager and with each other. The atmosphere was exceptionally welcoming, homely and relaxed. We saw that staff interacted with each other and the people who used the service in a friendly, supportive, positive and respectful manner.

From looking at people's detailed care plans we saw they were written in plain English and in a person centred way and they also included a 'one page profile' that made good use of pictures, personal history and described individuals care, treatment and support needs. These were regularly reviewed and updated by the care staff and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP, community nurse or Chiropodist.

Our observations during the inspection showed us that people who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

When we looked at the staff training records they showed us staff were supported and able to maintain and develop their skills through training and development opportunities. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

We observed how the service had made improvements to how they administered medicines and how they did this safely. We looked at how records were kept and spoke with the registered manager about how staff were trained to administer medication and we found that the medication administering process was safe.

During the inspection we witnessed the staff rapport with the people who used the service and the positive interactions that took place. The staff were extremely passionate, caring, positive, encouraging and attentive when communicating and supporting people and nothing was too much to ask of them.

People were consistently actively encouraged to participate in numerous activities that were well thought out, organised, personalised and meaningful to them including a community choir, animal therapy and sensory activities. We saw staff spending their time positively engaging with people as a group and on a one to one basis in fun and meaningful activities. We saw evidence that people were not only being supported to go out and be active in their local community but were also valued members of the local community. People were members of the working mens club and regularly supported the local drama group and the service was active on social media

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a varied selection of drinks and snacks. The daily menu that we saw offered choices and it was not an issue if people wanted something different.

We saw a complaints and compliments procedure that was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments that we looked at were overwhelmingly complimentary to the care staff, management and the service as a whole. People also had access to advocacy services if they needed it.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service; their representatives were regularly asked for their views at meetings.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe.

There were sufficient staff to cover the lay out of the building and the needs of the people safely.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures.

Medicines were managed, reviewed and stored safely.

Good

Is the service effective?
This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained and had the skills and knowledge to meet people's assessed needs, preferences and choices.

The service understood the requirements of the Mental Capacity Act 2005, its Codes of Practice and Deprivation of Liberty Safeguards, and put them into practice to protect people.

People were protected from discrimination and their human rights were protected.

Good

Is the service caring?
This service was very caring.

People and their families were valued and treated with kindness and compassion and their dignity was respected.

Care staff were knowledgeable of, and had access to advocacy services to represent the people who used the service.

People were understood and had their individual needs met, including needs around social isolation, age and disability.

Staff showed consistent concern for people's wellbeing. People had the privacy they needed and were treated without exception with dignity and respect at all times.

Good

Is the service responsive?
This service was extremely responsive.

Outstanding

Summary of findings

People received care and support above and beyond their preferences, interests, aspirations and diverse needs. People and those that mattered to them were actively involved and able to make their views known about their care, treatment and support.

People had ameaningful and varied range of activities and outings to choose from , that were valued by them and they were protected from social isolation and were an active part of the local community.

Personalised care plans were accessible and reflected people's current individual needs, choices and preferences.

The service had a well established and responsive complaints and compliments procedure in place and had reveived a range of outstanding compliments.

Is the service well-led?

Good

This service was well led.

There was a passionate approach to fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included involvement, compassion, dignity, respect, equality and independence, which were understood and delivered by all staff.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

There were good community links and partnership approaches to tackling social isolation and inclusion.

Willow Green Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 4, 5 November 2015 and was unannounced. This meant that the service were not expecting us. The inspection team consisted of an Adult Social Care inspector, an inspection manager, a specialist advisor in nursing and an expert by experience in dementia care. At the inspection we spoke with seven people who used the service, three relatives, the registered manager, the deputy manager, the senior nurse and 5 members of staff.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including; local clinical commissioning group and the local authority commissioners who were complimentary of the service and no concerns were raised by these professionals.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching daily routines to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We also reviewed records including; staff recruitment files, medication records, safety certificates, care plans and records relating to the management of the service such as audits, surveys, and minutes of meetings, newsletters and policies.

Following our inspection we made contact with other care professionals who regularly visit the service and who were involved with the people who used the service and their care. We spoke with the Community Nurse, local GP and a Tissue Viability Nurse who were all immensely complimentary about the service and people's care and welfare and they had no concerns to raise about the service.

Good

Is the service safe?

Our findings

The people who used the service that we spoke with told us they felt safe living at Willow Green. One person who used the service told us "I know I am safer being in here than at home. I had a bit of a fall and spent a long time on the floor. That does not happen now." Others told us; "Yes, I do feel safe in here. I have been here for about four years now. The girls will do anything you ask. I am content." "I did not want to come into a Home but I am glad I did. You only brood when you are on your own all day. Yes I feel very safe and happy."

The service also had policies and procedures for safeguarding adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure that people were protected from abuse. Together with the comments we received during the inspection this showed us that people felt safe and were happy.

The staff we spoke with were aware of who to contact to make safeguarding referrals to or to obtain advice from. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision. Staff we spoke with confirmed this happened. Staff told us that they had received safeguarding training within the last three years. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "I would report any issues straight away to the senior or a manager."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan (PEEP) was in place for people who used the service. PEEPs provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency.

We saw records of maintenance and monthly health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperatures, room temperatures and cold water storage. This showed that the provider had in place appropriate maintenance systems to protect staff and the people who used the service against the risks of unsafe or unsuitable premises or equipment.

Regular fire alarm testing was carried out in the home and we saw the records that recorded this along with; fire door checks, fire alarm testing, escape routes, fire extinguisher checks and emergency lighting testing.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people's needs such as; nutrition, falls, and skin care. This meant staff had clear guidelines to follow to mitigate risks. One member of staff told us "Everything we do can have a risk, we put all the safety precautions in place making sure me make adjustments to reduce risks. People have to live their lives and take risks so we help then to do this."

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us this system and explained the levels of scrutiny that all incidents, accidents and safeguarding concerns were subjected to within the home. They showed us how actions had been taken to ensure people were immediately safe.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults.

We spoke with the registered manager about staffing levels, they told us they were using a dependency model and explained how this was calculated on a monthly basis but that they brought extra staff in when needed. They explained how the dependency tool worked out how many staff were required to care for people based on the numbers of people using the service and their needs.

Good

Is the service safe?

We discussed all aspects of medicines with the registered manager, who demonstrated a thorough knowledge of policies and procedures and a good understanding of medicines in general. We saw that the controlled drugs cabinet was locked and securely fastened to the wall. We saw the medicine fridge daily temperature record. All temperatures recorded were within the 2-6 degrees guidelines. We saw the medication records, which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We audited the controlled drugs prescribed for two people; we found both records to be accurate. Controlled Drugs were checked at the handover of each shift. During our observations of the medication storage and administration it was noted that recent changes to the system by staff had radically reorganised the storage, recording and audit of medicines this had reduced the potential for errors,. This showed us that effective processes were in place to administer medicines safely.

We observed the administering of medicines and saw that the staff were professional in their conduct. The application of prescribed medicines , such as topical creams, was clearly recorded on a body map, stored in the Medication Administration Record (MAR) sheet and in the care plans showing the area affected and the type of cream prescribed. Records were signed appropriately indicating the creams had been applied at the correct times.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, and 'as and when required' medication protocols. These were readily available within the MARs folder so staff could refer to them when required. Each person receiving medicines had a photograph identification sheet, and preferred method of administration. Any refusal of medicines was recorded on the MAR record sheet. All medicines for return to the pharmacy, were disposed of safely in storage bins, and recorded. We could see that improvements had been made to the medication system and this was working very well.

We found there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control and made use of protective clothing and equipment.

Good

Is the service effective?

Our findings

During this inspection we found there were enough skilled and experienced staff to meet people's needs. We observed people who used the service throughout the day. When we were speaking with people and their relatives we asked them if they thought the staff were skilled to carry out their role, one person who used the service told us; "The staff have to go on training courses they tell me about it. They have to learn about all sorts of things like infections and seeing we get the right medicines and tablets."

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files.

We reviewed the staff training files and the training matrix. These showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; Fire safety, medication, identifying and treating under nutrition and also vocational training for personal development and we could also see that staff had started their NVQ (National Vocational Qualification) Level two in health and social care. The Registered Manager told us; "I prefer the staff team to come in together and have face to face training than e learning."

We could see in the records that a number of the staff were trained as Dementia Champions and qualified to train others in raising awareness of dementia the registered manager also told us "We have dementia friends and relatives come in for training from the champions. We have some training planned to deliver to our opticians they are coming in next."

We saw staff meetings took place regularly. During these meetings staff discussed the support they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. The minutes of these meetings were recorded in a poster style that was very short and had clear messages. The focus of the meetings were; team work, issues, training and sickness.

Individual staff supervisions were planned in advance and the registered manager had a reminder system in place and clear record of who had received their supervision. Appraisals were held annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions had recently been improved to give staff the opportunity to discuss any issues and covered ; areas of improvement and good practice.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of drinks and snacks and support to have them if needed. Drinks were also out in people's rooms and jugs of juice were out in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal and was compiled with the people who use the service to reflect their favourite meals. We could see that if a person didn't want what was on the menu or even changed their mind that this wasn't a problem and other options could be arranged. One person who used the service told us "I usually have my dinner in my own room. I prefer it that way and staff have never objected to it. They say it is my choice and I can have my meals anywhere." Another person told us; "The food is very good. It is well cooked and there is plenty of it. No one could grumble about the food."

The inspection team observed the people who used the service having their lunch in both of the dining rooms. We saw members of staff sit down at the table with the people who used the service for a chat while they were enjoying their lunch. We could see that there was enough staff available to support people and staff were encouraging and supporting people who needed assistance. The atmosphere in the dining area was relaxed and the people who used the service were enjoying their lunch chatting to staff and giving positive feedback. One relative told us; "I sometimes have a meal with mam. The food is good, plenty of it, well cooked and very tasty. Very good and it is enjoyable."

From looking at peoples care plans we could see that the MUST (malnutrition universal screening tool) focus on

Good

Is the service effective?

undernutrition was in place, completed and up to date, also food and fluid intake records were used when they were needed. We saw that special diets were managed and we saw pureed and fortified food that had been attractively presented by using various food moulds.

We saw that people's weight was managed and were recorded regularly. Where supplements or other changes to diet were required this was also recorded individually. There were people receiving supplements and these were recorded effectively. When we asked the kitchen staff how they prepared different meals for individuals they said; "The people who have their food soft or with added cream, we prepare theirs separately and they are covered and labelled." The kitchen staff also showed us the planned menu and the choices for that day and how it was recorded. This showed us that the kitchen staff communicated well with the rest of the team and had knowledge of individual's likes, dislikes and nutritional needs.

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).

At the time of the inspection applications had been made to the local authority for people at the to besubject to a DoLS. A deprivation of liberty occurs when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. All staff we spoke with had an understanding of DoLS and why they needed to seek these authorisations.We also saw in the training records that staff had received training on DoLs and the MCA. When we spoke to the registered manager they explained the process they followed that complied with the local authority MCA and DoLs guidance.

During our inspection we noted the personalised attention to detail of the environment in the Poppy suite. Each person had their own brightly coloured front door, clearly numbered with photos of that person beside the door and their family members. The lounge area and hall way were also brightly coloured and this was to help people with dementia navigate independently to their room and around the home. The walls in the hallway displayed historic photographs of the town and the railway heritage that was important to the people who use the service. The crockery was also brightly coloured so that it was easy to see. All of these details showed us that the service had taken on board dementia friendly standards and guidance that is available to care homes and in line with the Alzheimer's Society and Sterling University.

Where possible, we saw that people were asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

Good

Is the service caring?

Our findings

When we spoke with the people who used the service they 100% told us that the staff were extremely caring, supportive and helped them maintain their independence. One person who used the service told us; "I am pleased I came into here. I don't have the worry any longer of being on my own. I am a very independent person but realised I could not manage on my own. I still do what I can to help myself. The staff encourage me and help me to keep my independence." One member of staff told us "I'm so passionate; people should come into care and still have a life to live. I feel I can make a difference, my job is worthwhile." We were able to speak with a health professional that also had personal experience of the service and they told us; "The service is superb! The staff were fantastic and with experienced nurses they offered 'family care'. The manager and care assistants, the whole team were always so polite and extremely sensitive."

Without exception we saw staff interacting with people in an extremely positive, encouraging, caring and professional way. We spent time observing support taking place in the service. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities together. When we spoke with relatives we asked them how the staff treated them and their relatives. One person who used the service told us; "I feel that I am lucky to be in here. I am happy with the help I get from the girls. Every one of them is lovely. I don't think you will get better care anywhere better than this." One member of staff told us how they go the extra mile "When there's an outing planned if there's not enough staff on duty, staff will go along and volunteer we're all really good at helping each other out." This showed us that people were supported by very kind, caring and dedicated staff.

Staff were extremely motivated and knew the people they were supporting very well and had excellent relationships with them and their families. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans and extra details for example, having a laminated copy of a one page profile at a glance on display in a person's room. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at all times and told us that this was an important part of their role. One person who used the service told us; "I can be private when I want to be. Sometimes when the staff are around I stay in the sitting room but if there is something I want that is private, then I go to my room." This meant staff communicated effectively with people and those that mattered to them.

Throughout the inspection there was a consistent relaxed, homely atmosphere at the service. We found the staff were affectionate and people were treated with dignity and respect and privacy was important to everyone. We spent time observing people in the lounge and dining areas. One family member told us how relaxed they felt and how homely the service was they said; "I went around several homes but I was impressed with this one and I am sure it has been a good choice for my mother. We are always made welcome and the whole place has a good feel about it." another relative told us "Yes, we are so happy with the care; the staff have more time for people. When we want something, within minutes the staff are there to attend to mum, they check on her all the time." All of this showed us that people and those that mattered to them were supported by staff in a very caring, dignified way.

. We saw that there were posters on display for visitors and people who used the service to see that held contacts for advocacy. The registered manager told us; "I've put a notice up for people to see the numbers and it is in the care plans for the staff to see." We also could see that some people already had access to an independent mental capacity advocate (IMCA). This meant people who used the service had access to others who could act on their behalf and in their best interests.

The staff team held regular drop in sessions where family members could approach staff in private to raise any concerns or more importantly to receive support. One senior staff member told us "I hold a drop in session once a week for family members to offer support, raise any concerns, especially when families are new to us and are dealing with mixed emotions and sometimes guilt." This meant that the service was offering extra support and building relationships with family members. One family member told us "My mam says how friendly and kind the staff are to her. I have noticed myself how good they are to the other people too." This meant that people and their representatives had an opportunity to discuss any issues with senior members of staff on a regular basis. People's relatives told us they welcomed this opportunity; "I find the

Good

Is the service caring?

staff to be very kind, and do welcome me. They keep me right up to date with what is happening to dad. I have been to a review a few weeks ago. Dad is really well settled and doing well."

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as community nursing teams, dieticians, speech and language therapy and opticians. Evidence was also available to show people were supported to attend medical appointments. We were able to speak with the GP who visited the service regularly and he told us; "The staff at Willow green, do go that extra mile to be caring. For them to maintain a friendly caring attitude even when people can be challenging, that really is lovely to see." This demonstrated that other professionals thought very highly of the care, treatment and support people who used the service received and how well the service worked in partnership with other professionals.

During our inspection, we saw in people's care plans that people were given support when making decisions about their preferences for end of life care. In people's care records we saw they had made advanced decisions about their care regarding their preference for before, during and following their death. This meant people's physical and emotional needs were being met, their comfort and well-being attended to and their wishes respected. At the time of our inspection there was no one in receipt of end of life care. The registered manager told us "Out of everything that we do, we have a staff team here that really do care."

We saw examples of compliments sent in by family members after the loss of their relative that were overwhelmingly complimentary and offering gratitude for the level of care given not only to their family member but also for the support offered to the family at that difficult time and how the staff had gone the extra mile, offering comfort and support. Another compliment received also stated how the staff team were 'amazing, respectful yet discreet' and said they were 'overwhelmed by the attention not only given to her family member but to the whole family and that they had never experienced staff and care like that at Willow Green.' They gave examples of how the staff brought pillows and covers for the family and offered them a family room to freshen up. They also stated that; 'The staff made them feel that their relative was the only person requiring attention, even though they knew how busy the staff really were.' This showed us that the service assured people receiving end of life care that staff would always treat them and their family with compassionate care, sensitivity and respect

During our Inspection we were also able to speak with the visiting community matron who told us; "This is a lovely home, I particularly like the Poppy unit (dementia care) there is a very homely atmosphere throughout the home and staff are very collaborative with outside professionals such as ourselves. We support end of life and DNAR (do not attempt resuscitation) discussions with patients and NOK (next of kin). The manager is good at his job and has made a positive difference. We are particularly impressed with the Activities coordinator; she is brilliant and makes a big difference. I can help with prescriptions and we work together with the team here to prevent unnecessary hospital admissions." This showed us that the service had put a great effort into building relationships with outside agencies to support the care of the people who used the service.

Outstanding ☆

Is the service responsive?

Our findings

During the inspection we could see there was an abundance of organised activities going on and we witnessed people having fun and engaging in the numerous different activities. We were able to talk with people about the activities and one of the people using the service told us; "She is so good (pointing to the Activities Worker) she keeps us occupied and interested in making things." And other told us; "I do enjoy being with these friends and keeping busy. We do different things at different times of the year – like Easter. "I am never lonely because I can come and join in with whatever is being done. I like to be with other people."

Another told us "We have a singer who comes in and sings the old songs, we join in. We make things, and then now and again we get the little donkey that comes around. We all enjoy that."

During our inspection we saw people who used the service enjoying a game of darts, card making and gentle exercises in the lounge area and we observed others enjoying the mobile shop that was doing its rounds selling sweets, treats and essentials. We saw that people were involved in planning the activities and the staff met up to organise activities by reflecting on what people enjoyed the most by getting feedback from the people who take part. We could see that there was a range of activities planned for people to choose from including: a Halloween bake off, crafts, hairdressing and regular trips out to the local drama group, theatre, working men's club for bingo in the community. The people who used the service and the staff told us about the relationship they had with the local community groups and how they visited the local amenities including the church hall and local drama group. This meant people were protected from social isolation and were encouraged to remain involved and part of their wider community.

The service had a twitter account that was used to share photos of the activities that people had been enjoying and this was to share with followers and family members. The staff were also able to show the people the photographs on the services I pad to recall activities that had taken place and even trips to the local theatre. We saw staff talking with people and using the ipad together to look at some of the posts. This demonstrated that the service used innovative techniques to share information with people and those that mattered to them.

The activity co-ordinator at the service was particularly passionate about getting everyone in the service involved and went out of her way to engage people who were unable to come to the activities in the lounge or dining areas by taking the activities to them. For example dog therapy for people who are visually and sensory limited and the use of sensory mitts offering different textures. These tailored activities were developed to make use of sensory experiences by using smell, touch and sound. One example given was 'smell pots' that held fragrances like cut grass, almond essence, vanilla and flowers and the staff would go round and ask people who are too poorly to come into the lounge to smell the pots and guess what they were. One member of staff told us "It's amazing how different smells can trigger memories and stories."

The activities were so well planned that when the activity co coordinator was not on duty the rest of the staff knew what they needed to do and we saw evidence of this. There was an activity box in the lounge that staff were trained to use and this was full of activities that could be carried out quickly and there were instructions inside and a sheet to sign for feedback from the staff and people about how the activity had gone. This box was updated regularly in relation to the feedback. One member of staff told us "Activities are the most important, if people are not stimulated, they can become withdrawn and can deteriorate quite quickly."

One particular innovative activity that the service had was a choir that was made up of staff members and people who used the service. The choir had also entered a community choir competition in 2014 which was voted by the public and they came second. The activity co-ordination told us how the choir was developed gradually and how the staff were chosen by holding an 'X factor' event where the staff had to audition in front of a panel of people who used the service for their chance to be in the choir. The choir also performed for people who were unable to join in due to health reasons and they were able to bring the choir to them. As part of developing the choir they had recorded a CD and this is currently for sale to raise funds for a dementia charity. The choir had also been on a road show to the local community church hall and local schools. This demonstrated that innovative ways were deployed to promote leisure and stimulation inside and outside of the

Is the service responsive?

service, All of this meant peoples' lifestyle experienced in the home matched their expectations and preferences, and satisfied their social, cultural, religious and recreational interests and needs.

As well as entertainers and the Hairdresser that visited, local retailers also called in to give the people an 'at home shopping experience' where they could try on new outfits and look through a range of products to purchase. This showed us that there was a great range of meaningful activities on offer for people who used the service to enjoy and take part in. When we spoke with the GP who visited the service he made reference to the activities and told us; "There are posters up on the walls about the activities and they do them, I think it's lovely. The staff know what's going on with people; they're well informed, I love it."

When we spoke with the Activity co-ordinator they told us how passionate they and the rest of the team were and how committed they were to offering the best experience possible for people at the service and they said; "People come into care and think that this is the beginning of the end for them and can be quite low. It's not the end, the best is yet to come, and they can have things to look forward to and new things to experience." At the time of our inspection the registered manager told us that he had nominated the activity co-ordinator for an award the 'The British Care Awards' and that they had made the short list.

The care plans that we looked at were person centred and were in an easy read format. The care plans gave in depth details of the person's likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual's personality, preferences and choices. 'This is me' hospital passport that gave an oversight of a person's likes and dislikes at a glance. When we asked staff how they would get historical information on the people they supported they told us that they would spend time with people and look in their care plans.

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw each person had a key worker and they spent time with people to review their plans on a monthly basis. Key worker's played an important role in people's lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes. We saw that people's care plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives. Staff that we spoke with told us; "I let them choose what they want to do respect their wants and wishes and encourage them to maintain their independence."

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact. The service enabled people to carry out activities within the service and in the local community. We saw people had a variety of options to choose from if they wanted to take part including regular planned trips or the local church hall, local drama group and visits from the local primary school.

When we asked the staff if they knew how to manage complaints they told us; "I would go straight to the senior on duty or the manager. A visitor at the service also told us that they knew how to raise issues if they needed to. One relative told us; "My mother is in here to be cared for. If I, or she, was unhappy with her treatment, then I would take the matter up with the Manager. I would not just let matters get worse before doing something about it." One person who used the service told us; "If I needed to complain then I would. I have had nothing to complain about so it has not been necessary for me to do it. I would see the Manager to sort out any misunderstandings." This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments that the service had received and these were particularly around end of life care and how their experience had been positive of the service at a difficult time.

We could see from the meeting minutes that there were regular meetings for relatives and people who used the service. In the minutes we could see that activities had been discussed and ideas taken on board from the previous meetings. One person told us; "Yes we do have a meeting, it is usually about once a month. My daughter comes to it. We can make suggestions about anything at all and we get listened to. For example a run out when the weather is good." Others told us "We usually talk about the things we like to do, such as having a sing-a-long, something that we can all join in." A relative we spoke with also told us; "I tend to come along to the meetings. You find out what is going on, I must say that the meetings are

Outstanding ☆

Is the service responsive?

always pleasant and you are made very welcome to them. I think it gives the people who live here and us relatives, a say in how we feel the Home cares for our mams and dads, and if there is anything we want to know about, we can ask questions." This showed us that activities were inclusive and thoughtfully organised following an engagement process with the people who used the service and their relatives.

A handover procedure was in place and we saw the completed record that staff used at the end of their shift. Staff said that communication between staff was good within the service. The handover covers each person and included their daily patterns any wellbeing issues, visits or appointments and was clearly recorded and complete. This showed us that communication between shifts was in place.

During the inspection staff explained how a person who used the service was an early riser because of their previous job role and the staff explained how they went out for walks with them when they wanted, early in the day. This showed us how the service was able to respond to pepoels requests and support in away that refected their personal choices.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager who had been in post in for over one year. A registered manager is a person who has registered with CQC to manage the service. One member of staff told us; "I love it here and am proud to say I do and I have worked in a lot of places. I have been here for just over three years, there is a lot of support, and management is very approachable and hands on."

The registered manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements with the provider. We saw up to date evidence of inspection records from the company's head office covering; people who used the service – their views/concerns, staffing, suggestions for improvement, meals, complaints, accident and incident analysis, maintenance records, fire safety, admissions, care plans, and social activities.

The staff members we met with spoke very highly of the registered manager and said they were kept informed about matters that affected the service by him. They told us that staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this. We could see that the registered manager held regular staff meetings.

Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us; "He always gets involved and attends outings and fundraisers when we have them."All of the staff we spoke with told us that the morale at the service was good.

We also saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. The registered manager showed how he adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

People, who used the service, and their family members, told us the home was well led. One relative told us; "I know who to come to if I have an issue, I would go straight to the manager first or to you the CQC. This manager has made a big difference and has changed the place."

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the home. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service.

We discussed partnership working to tackle social isolation with the registered manager and they explained to us how they maintained links with the local community and they told us; "I go out in the community to speak with groups. I went to the local schools to get them involved they named our Poppy Suite. I also went to the church and the railway society who have donated encyclopaedias to help us remember what Darlington was like years ago." This engagement was also evident in the care plans and when we spoke with the people who used the service, their relatives and staff. It was made clear that working together with the local community had opened lots of doors for the service and that they were in talks with a local church who would offer companionship and volunteering support for outings and were waiting on their DBS safety checks.

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw there had been no recent complaints made but there was evidence that the registered manager had investigated previous complaints appropriately.

We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses.

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager told us;

Good

Is the service well-led?

"To know what everyone is doing I'm always about to check what people are doing, I ask them questions all the time. I'm impressed with the staff we have. If I notice something that's not right I will approach the staff and take them to one side or mention in supervision, never in front of others. I've realised that a thank you can go a long way and I also praise the staff all the time."

We saw that the registered manager had encouraged the whole staff team to complete one page profiles to share with the people who used the service and their family and visitors this was on display along with the staff pictures. This came across that the staff had a real team spirit. We saw in the team meeting minutes that the registered manager listened to the staff and he was able to give us examples, he told us; "We share ideas at the team meetings, I always ask the staff from their ideas, the choir was their idea and I let them run with it."

When we spoke with the registered manager he told us how passionate he was about the service and his team and how they had nominated him for the best manager award at the 'The British Care Awards' and that he along with the activity co-ordinator had made the short list.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, Local Authorities and other social and health care professionals. This showed us how the service sustained improvements over time.

We looked at the processes in place for responding to incidents, and accidents. These were all assessed by the registered manager; following this a weekly report was sent to the head office for analysis along with the registered manager's weekly report on the progress of the home. We found the provider reported safeguarding incidents and notified CQC of these appropriately.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.