Barchester Healthcare Homes Limited

Harton Grange

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

This inspection took place on 16 February 2017, and was unannounced.

Harton Grange is a residential care home for 61 people some living with dementia. The service is over two floors with people with more complex needs living on the upper floor.

The service was supporting 60 people at the time of this inspection. The service 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.

At the last inspection in December 2014, the service was rated Good. At this inspection we found the service remained Good.

Recruitment processes were thorough with all necessary checks completed before staff commenced employment. The registered provider used a dependency tool to ascertain staffing levels. We found staffing levels to be appropriate to needs of the service these were reviewed regularly to ensure safe levels. Call buzzers were answered in a timely manner and staff were visible throughout the building. Medicines were administered by trained staff who had their competencies to administer medicines checked regularly. Medicine administration records (MAR) were completed with no gaps, medicine audits were completed regularly. Policies and procedures were in place for safe handling of medicines for staff to refer to for information and guidance.

Staff training was up to date. Staff received regular supervision and an annual appraisal. Opportunities were available for staff to discuss performance and development.

People were supported by kind and attentive staff, in a respectful dignified manner. Staff discussed interventions with people before providing support. Advocacy services were advertised in the foyer of the service accessible to people and visitors. Staff knew people's abilities and preferences, and were knowledgeable about how to communicate with people.

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 nutritional needs were assessed and where necessary dietary intake was recorded and monitored. We observed people enjoying a varied diet, with choices given and alternatives available. Staff supported people with eating and drinking in a safe and respectful manner.

Care plans were individualised and person centred focussing on people's assessed needs. Plans were

reviewed and evaluated regularly to ensure planned care was current and up to date. People had access to health care when necessary and were supported with health and well-being appointments.

The registered provider had an activity planner with an extensive range of different activities and leisure opportunities available for people. Many of the activities were tailored to meet the needs of people living with dementia.

The registered provider had an effective quality assurance process in place to ensure the quality of the care provided was monitored. People and relatives views and opinions were sought and used in the monitoring of the service. Processes and systems were in place to manage complaints.

The registered provider ensured appropriate health and safety checks were completed. We found up to date certificates to reflect fire inspections, gas safety checks, and electrical wiring test had been completed.

A business continuity plan was in place to ensure staff had information and guidance in case of an emergency. People had personal emergency evacuation plans in place that were available to staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Harton Grange

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.

The inspection took place on 16 February and was unannounced.

The inspection was carried out by two adult social care inspectors and an expert by experience who spoke to people and relatives to gain their opinions and views of the service. An expert by experience is a person who had personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the timescales.

During our inspection we spoke with the area manager, registered manager, deputy manager, activity coordinator, kitchen staff and six care workers. We also spoke with six people who used the service and seven relatives of people who used the service. We also spoke with one health care professional who visited the home during the inspection.

Good

Is the service safe?

Our findings

We asked people who lived at Harton Grange if they felt safe. One person said, "Absolutely." Another told us, "Yes, everyone is very nice." One health professional we spoke with told us, "There are no safety issues here, people are safe." A visiting relative told us, "When we went home after [family member] coming in here, it was the first night in a long time we had a decent night's sleep. "They added this was due to them feeling reassured that their family member was settled.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, two references and disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. People were involved in the recruitment process by interviewing potential members of staff.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. We found detailed risk assessments to demonstrate people's involvement in risk taking. For example, mobility assessments to include the use of equipment to mitigate risk of falling, Environmental risks were assessed to ensure safe working practices for staff, for example, to prevent slips, trips and falls, moving and assisting procedures and accessing the community.

People and relatives told us there were enough staff to support people's needs. One person said, "Oh, they come as soon as you need them, I love them all." One relative added, "There is always staff available, this is like a five star hotel." We found the staffing rota showed dedicated numbers of staff on each floor. Staffing levels were monitored by using a dependency tool. We found this included information about specific areas of need which were assessed to ascertain the number of staff required. For example, numbers of people needing two staff for support, people's mental health needs and any environmental risks. During the inspection staff were visible and buzzers were answered in a timely manner.

Safeguarding concerns were managed appropriately. One staff member told us, "I have had safeguarding training and know to report to the manager." They were able to give examples of what signs may constitute abuse, such as unexplained bruising, being withdrawn or agitated around people. The registered manager kept a copy of any notifications sent to the Commission along with the local authority consideration logs. Documents contained a good level of detail, along with outcome and lessons learnt. Staff were made aware of lessons learnt through staff meetings or supervision. The deputy manager told us, "If we need to tell staff straightaway then this is done at the handovers or flash meetings." Staff received training from the local authority which covers the use of the consideration logs.

The registered manager had a system in place to manage and analyse accident and incident records to monitor for patterns or themes. Detailed records were kept along with investigations and actions to mitigate against any further accidents or incidents. Staff were made aware of any lessons learnt from investigations through supervision or team/flash meetings.

The provider had systems and processes in place for the management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. We found the stock of two people's medicines did not reflect the amount signed for on the February 2017 MAR. We sampled another eight people's medicines and found these to be correct. We discussed this with the registered manager who advised they would complete an audit of medicines. We reviewed recent medicine audits and found these identified no issues. Topical MAR's were in place as well as care plan for 'as and when' medicines. (Topical MAR's are used to record the application of prescribed creams and ointments.)

The registered provider ensured the maintenance of equipment used in the service and health and safety checks were in place. We found up to date certificates to reflect fire inspections, gas safety checks, electrical wiring test had been completed along with service report for hoists. Emergency evacuation plans were in place for people along with a business continuity plan for staff to use in case of an emergency.

Good

Is the service effective?

Our findings

People and relatives we spoke with felt the staff were well trained. One person told us, "Oh, I can't fault them they are well trained and good to me." A visiting relative said, "They always know how to deal with [family member]." Another told us, "The staff are lovely and know [family member] so very well, they are good with everyone I visit regularly so I can say that."

Staff were well supported in their role and felt their training was effective. One care worker told us, "The induction here is very good, there is always training going on." The registered manager had an annual planner in place for staff appraisal and three monthly supervision. We found records to demonstrate staff received their appraisal and had supervision on a regular basis. Records we viewed showed staff had received the training they needed to meet the needs of the people using the service. Essential training included moving and assisting, infection control, first aid and safeguarding. Other subjects completed included, dementia, dysphagia training, (difficulty in swallowing) end of life and effective communication.

The Mental Capacity Act 2005 (MCA) providers a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations. Care workers clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. We observed staff supporting people to make decisions regarding meal choices and attending activities. Where people refused to join in this was respected by staff. This meant people's independence was maintained and they retained control over aspects of their lives.

We found people were offered a varied and nutritious diet. Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. For example, specialised diets or supplements. We ate our lunch with people in the dining areas and observed staff supporting people in a safe manner, people were not rushed and were offered a three course meal. Staff used a show and tell system, where the choices were shown to people and time given for them to make up their minds. One care

worker told us, "We do this so people can make their own choice, some have memory problems and forget what they have chosen." Fluids were readily available throughout the meal. People were supported with drinks and snacks throughout the day.

Care records confirmed people had access to external health professionals when required. We spoke with one visiting health professional during our visit. They told us, "They are unflappable in here and take everything in their stride, they know these people as well as their own families." They went on to confirm the provider made appropriate referrals to their service and other professionals, such as dieticians. By having such a close working relationship with community nurses people's health care needs were addressed in a timely manner. The home was linked with a local surgery with the GP visiting the home on a fortnightly basis. The GP carried out reviews of people's health during the visits and where necessary treatment was prescribed. These meant admissions to hospital were reduced and people could remain in their preferred place of care. The deputy manager told us, "People can choose to remain with their own GP if they wish too."

Harton Grange was spacious with ample space for people who used specialist chairs. Communal areas were set out with easy chairs, televisions and, or radios were available for people to watch/listen to. Signage was in place for people to navigate their way around the home, such as toilet signage and exits. Equipment was in place to meet personal care needs, for example, specialised baths.

Good

Is the service caring?

Our findings

People and relatives gave us positive views when we asked them about the care provided in the service. They felt staff were kind and caring. One person told us, "I can do anything I like here, I get privacy when I get a bath and I'm treated with dignity." Their relative told us, "Oh they are lovely, the way [person] responds to them and the way they speak to him, I can't fault them." Another person told us, "Yes, and write this down! I don't have any problems, but if I had I would speak up for myself at one of the family meetings." Another relative told us, "[Family member] is better off here that at home, here the care is first class."

We observed care workers showed affection throughout their interactions with people. They were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using gestures and touch to communicate. When communicating with people we saw staff waited patiently for people to respond. Staff clearly explained options which were available to the person and encouraged them to make their own decisions. This showed that staff demonstrated competence in supporting people to express themselves in a kind and caring way. For example, whether they wished to join in activities. Staff were respectful of people's cultural and spiritual needs. One person who came from Scotland loved to dance, and the service had purchased Scottish music for them.

People's emotional wellbeing was seen as an important and integral part of providing personalised and we observed this throughout the inspection. On the one occasion we saw a person entering the lounge area who appeared to be distressed and showing signs of anxiety. One care worker responded immediately and gently supported them and asked if they would like to sit down for a chat, they guided the person to a comfortable chair. The person became calmer and the staff member stayed with them only leaving once the person was comfortable and happily watching television. Staff returned after a few minutes to check they were alright. We observed one person who was experiencing back pain. A care worker approached them and advised they report they were in pain to the senior carer. The senior carer brought some analgesia saying, "[Person] here are your painkillers, we will make sure you get them regularly and we'll see how you get on."

Another person spent a lot of time wandering about the home, at times becoming upset, we saw staff take the time to walk alongside them, engaging them in conversation. We spoke to the care worker who told us, "[Person] finds it difficult to join in the activities and spends a lot of time wandering, we always try to include them, sometimes they will sit for a short time. We have a lot of things for them to pick up and touch that helps." This showed that staff were caring and considerate.
People were cared for by care workers who knew their needs well. People were treated with dignity and respect. Care workers told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them.

Care workers supported people to meet their choices and preferences. People were supported to be as independent as possible. Care workers said they encouraged people to do as much for themselves as possible. For example, eating meals or getting washed. One relative told us, "They [staff] try to get her up in a way where she has to help herself independently, she can choose whatever she wants to wear."

The service had an end of life champion to provide information and guidance for staff when supporting a person and their families. When family members are not able to spend time with their loved ones, the provider advised staff come into the home in their own time to sit with residents people.'

People's rooms were comfortable, some with pieces of their own furniture and items which were personal to them and each room reflected the person's interests and characters.

Information was readily available to people, relatives and visitors about independent advocacy.

Good

Is the service responsive?

Our findings

Each person had care plans which were personal to them. The plans included information on maintaining people's health, likes and dislikes and their daily routines. The support plans set out what people's needs were and how they should be met. This included identifying potential risks to the person and management plans were devised to minimise these risks such as, mobility and risk of malnutrition. Staff told us they felt there was sufficient information and guidance to be able to support people safely and in the way they wished. One care worker told us, "We do read care plans and when someone is new we are given a handover." Examples included, for one person with a diagnosis of dementia, the communication plan stated, 'speak clearly and slowly, [person] sometimes speaks with his hands as he try to converse with people this is how he expresses himself.' Another advised, for personal hygiene, '[person] is able to wash own face, will need assistance for the rest of the body, is able to brush own hair, no preference to male and female. Likes to have hair blow dried. Enjoys a bath or shower.' This meant people were being supported and cared for in an individualised way with their preferences being acknowledged.

People and relatives told us they felt the service provided personalised care and that the staff were skilled. Relatives told us they were involved in their care planning and that staff were responsive to their family member's needs. One person told us, "They ask how I want to be looked after, now that's how it should be isn't it." One relative told us, "The staff know [persons/family members] little ways, which really helps." Another said, "[Family member] gets his medication on time, they all know what they are doing and I can't stress enough how helpful they are."

We found care plans were reviewed on a regular basis so staff had detailed up to date information to support people's specific needs and preferences. For example, if they preferred a bath or shower. Relatives said they felt involved in the care of their family member on a day to day basis and that the home kept them informed when anything happened. One relative said, "I am kept up to date with whatever is going on with [family member]. Everything was planned, so they know all about [family member], no complaints here."

We spoke with a visiting community nurse who attended the home on a regular basis. They told us, "The staff are very accommodating, they created a trolley for the nurses, with patient's notes all together so we don't have to look for them. We always have a member of staff to support us, the carers are very competent here and will pass messages on to the senior." We asked if they felt the service was responsive to people's needs. The nurse said. "Oh yes, if they come across a skin tear they phone us straightaway, we visit twice a day every day so are on hand for them if need be. They have got SALT (speech and language therapist) in when needed using the self-referral. The staff here know these people as well as their families." They went on to comment, "It's a nice home, if it ever came to the stage this would be the first one I would come to for my own Mum."

People were supported to maintain hobbies and interests. The activity coordinator knew people's preferences and interests. They told us, "We do all sorts here whatever people want to do." We found planned activities included community groups and entertainers coming in to the home, music, games and crafts. Where people enjoyed the television they were made comfortable in the communal areas. We

observed people on the upstairs unit taking part activities after tea. One care worker told us, "We try to keep people occupied, this really helps, we have lots of different things for them to do." Whilst on the unit we observed staff sitting with people at the table playing board games. Another staff member sat with people just having a chat. People were relaxed and obviously enjoying themselves, smiling and laughing.

The registered manager explained a scheme the home was involved in from a project called Henpower. Henpower, is an award winning project that brings hens to older people in care settings. The service was also part of a television documentary demonstrating best practice. The project is supporting 700 residents, including people living with a dementia, in more than 20 care homes in north-east England. A group of people living in Harton Grange have named themselves the, 'Harton Hinnies'. One person told us, "I am a Harton Hinny and love it, the hens are lovely and the girls that bring them, I look forward to it." During the inspection two members of Henpower visited the service and brought hens with them. We observed people interacting with the hens, stroking them and talking to them. We found this was particularly supportive for a person who had problems with sight, their face glowed with excitement when stroking the hen. A member of Henpower advised the hens are used to being handled and that people felt the benefit of touching them. It was evident that people were enjoying the activity by their facial expressions, gestures and general comments. We saw paintings made by the hens feet as part of the art activity, some people had made cards which the registered provider had had printed and sold them to family members to generate funds. The registered manager told us, "We are expecting an incubator soon along with eggs to hatch, people really enjoy seeing the chicks. We will keep some of them in a chicken run, we can then give the eggs away for a donation. Everyone is excited about the eggs coming." Following the inspection we received photographic evidence that the incubator and eggs had arrived.

The registered provider had purchased some cats and a dog from a company that made stuffed animals which respond to touch. We saw these being used to help people who became anxious or distressed, or even just to sit with a cat on their lap to stroke. The registered manager told us the dog was regularly used by people when activities were going on. We observed how when stroked the dog made noises and moved its head and paws like a real dog. The registered manager had a 'brag' file setting out all the activities and events the service held. These contained photographs of people obviously enjoying their time with the cats and the dog. The service also used doll therapy to support people and we observed how effective this was for people. Doll therapy is used as a form of support for people who are living with dementia, promoting interaction and communication. We were shown footage of one person who used the doll on a regular basis. The registered manager explained this interaction with the doll allowed them to improve their communication by firstly speaking with the doll then with staff.

The service had an outdoor space on a balcony for people who resided upstairs. This was set out with table and chairs along with tubs of plants. The deputy manager told us, "This is used a lot in the summer months, people enjoy coming out to sit and look out." An area in the enclosed garden at the rear of the home was used as a seaside scene complete with deck chairs. The deputy manager advised, "In the summer months we have sand delivered and people spend time sitting out there in deck chairs, just like on the beach, it is lovely to see them." The garden also had a small bandstand. The deputy manager told us, "We have had bands playing and we also use it for art and crafts, weather permitting."

The registered manager had developed an indoor cinema complete with popcorn maker which was a favourite with people, many told us they liked the cinema. One person told us, "I like going to the pictures." Another told us, "It's like the real thing." The service included relatives in people's hobbies and interests and had set up a group called, 'Silver Threads'. The registered manager told us, "The group meet every Wednesday it's a time for residents and their families to come together; it's a knitting and sewing group. Everyone loves it, it's very popular. We saw a market stall set out in one of the corridors full of knitted items

from the Silver Thread group for sale to visitors to raise funds. One person told us, "I have knit some of those, look at the lovely dolly and her clothes."

The service had numerous displays available for people to touch and feel. The reception area held an imitation village scene with dolls houses and a miniature train track. Throughout the day we observed people moving pieces about or just spending time looking at the scene. Several tactile pictures and tapestries were on the walls, such as animals. Other aspects included locks and keys, cushions with ribbons and buttons, wall art for people to colour in pictures. There were several areas in the service with board games, jigsaws and art materials. One room known as a 'living kitchen' was decorated in vintage furniture along with an older type kitchen, table set with knitted food, various pieces of old linen and lace for people to handle. Staff told us the room was regularly used by relatives where they could make a cup of tea and enjoy a visit with their family member.

Harton Grange had taken part in a pilot scheme using virtual reality headsets for people. Relatives and people requested specific pictures which were then uploaded onto the headsets. People then had a 360 degree image of their favourite place. The deputy manager told us, "One person loved the beach so photographs were taken and put on. If people can't go out it's a way of them accessing outside."

We found the provider had a process in place for people, relatives and visitors to complain and give comments or raise issues which was accessible in the foyer. Everyone we spoke with said they felt they would be able to complain to care workers or managers if necessary. All complaints were logged, investigated and where necessary discussed with staff as lessons learnt during supervision or team meetings. We found a memo signed by all staff members to state they had read the registered providers investigation and actions following an anonymous concern raised by the Commission.

We found residents meeting and relatives meetings were held regularly with detailed minutes discussing a variety of subjects. During the inspection we attended a resident and relative meeting. The meeting was attended by management, the administrator and the cook. Refreshments were made available to all who attended. There were several family members along with people who used the service in attendance. The meeting was structured with the registered manager opening up the meeting to all after agenda items were discussed. It was clear from the response that relatives felt comfortable to raise issues and concerns. Where concerns were raised these were openly discussed and resolved to the relatives satisfaction. For example, one relative stated their family member enjoyed the food but she felt the portions could be a little bigger. The cook responded stating, "Of course, and if he is hungry through the day he can have sandwiches and things if he wants."

Good

Is the service well-led?

Our findings

People and relatives we spoke to told us the service was well led and that they were involved in the service. One person thought the 'atmosphere was fantastic, couldn't be better.' They felt the staff were so friendly, stating, "I don't have any favourites, I like them all. [Registered manager and deputy manager] are approachable we couldn't wish for better, I wouldn't change anything." One relative told us, "As soon as I walked in I know this is where [family member] needed to be." Another told us, "We are asked about how we feel [family member] is getting on and if there is anything else they need, that shows they care." One health care professional told us, "There is not a big turn over in staff here, which is good, the manager is really approachable."

The service 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.

The registered manager was experienced and worked alongside staff which allowed them to observe the care and support that was provided. We observed the registered manager and deputy manager to be very hands on in the service. Staff appeared comfortable in their presence and we saw staff approach them for support and advice in an open manner.

We found the registered provider was proactive in supporting staff and nurturing their development thereby improving outcomes for people. We found a person centred, inclusive service with staff who had an understanding of equality and diversity. For example, developing activities for people living with dementia to be part of the community as well as bringing the community into the service.

Staff had been involved in making a set of training DVDs for the Social Care Institute of Excellence in 2015 The training covered different aspects of care such as dignity and privacy. Footage of the staff had been used as part of the DVD.

The registered manager had implemented 'resident of the day.' We reviewed records to demonstrate senior care workers reviewed the holistic support and care for two people on the same day each month. This included reviewing care plans with the person, looking at food preferences, and medicine records. Their room was deep cleaned by ancillary staff and furniture checked. Relatives were informed of the review and any changes that were made. The senior care worker met with the person to discuss any issues. This meant that people received a full care plan review on a personal level each month.

Opportunities for people to engage in activities were provided across the service, adaptations were made for people with communication needs. Relatives felt the management and staff were proactive in supporting people. One relative told us, "My [family member] was always sociable, they stopped going out because of the dementia. They have got her to be sociable again, she interacts all the time now, she has come to life."

We found a robust quality assurance process which included audits on areas such as care plans, nutrition, accidents and incidents. Audit results fed into a monthly monitoring plan completed by the area manager. The area manager and the registered manager met regularly where they analysed information about the quality and safety of the service to go over actions and results. Staff were made aware of the values and the vision of the service during their induction. This was reiterated through team meetings and staff supervision.

We found the registered manager held flash meetings on a daily basis to disseminate information and to discuss concerns or issues. These were held with heads of all departments. The agenda covered, resident of the day and any birthdays taking place, any planned perspective residents/relatives who were coming to look around, assessments taking place and any discharge or admissions in the home. Other specific issues were discussed such as, maintenance, housekeeping, staff news and updates. For example, there was a new kitchen assistant starting, along with a care worker and housekeeping advised a room where a carpet needed cleaning. Other meetings held in the home included a meeting chaired by the chef to discuss all aspects of nutrition within the service as part of the governance processes followed in Harton Grange. This demonstrated the registered manager ensured all departments were kept up to date and given the opportunity to voice concerns or issues allowing problems to be addressed in a timely manner.

The provider had links and worked in partnership with other organisations to make sure they were aware of best practice and changes in care and support. These included MIND Active, which is an organisation which supports people with activity days. I Pad engage, is a company who specialise in applications for sensory stimulation using an IPAD of which the service had six which we observed people using. Local school children come into the home and were also involved in the activities with residents using the iPad. The service also had links with the Boy's Brigade, the local Beavers group and the local library who visited the home regularly. Sensory equipment was used to enable people to experience technology.

The registered manager had allocated staff members to become champions who had a specific interest in disseminating information relating to supporting people using the service. These included dementia champions, infection control champions, end of life champions and nutrition champions. Areas of interest were discussed at staff meetings.

We found the registered manager had organised for the service to take part in 'Food First' a dietetic course ran by Nutrition and Dietetics South Tyneside Foundation Trust (STFT). Harton Grange had achieved a gold certificate. The STFT assessment stated, '[staff member] is a fantastic chef who has a real passion for nutrition and providing the best nutritional food possible for residents. This meant the service was proactive in keeping up to date with good practice guidance in relation to meeting people's nutritional needs. The Chef had won the Barchester Healthcare Hospitality Award of the Year in 2016.

Harton Grange was one of the homes nominated for the National Dementia Award in 2016. Barchester Health Care hold annual awards for their care services. The home won the Dementia Champion award in 2014 and won Volunteer of the Year award in 2015 , the volunteer then went on to become a resident in the home. The home reached the final of 'Residents Garden in Bloom' competition in 2016.

The service was led by a registered manager who was driven in their support of people living with dementia. The emphasis on the people living in Harton Grange was apparent within everything the service provided. People, relatives and staff felt the service was led by a registered manager who cared.