

Leeds City Council

Home Lea House

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Inspection took place on 16 February 2018 and it was unannounced. At the last inspection, the service was rated good. At this inspection the service remains good in safe, effective and well led and has improved in caring and responsive.

Home Lea House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Home Lea House provides accommodation and personal care for up to 29 older people which includes two respite spaces. Bedrooms are single occupancy and the majority have en-suite toilet facilities. Communal lounges, a dining room and bathing facilities are provided.

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

People and family members told us staff were exceptionally caring and had gone the "extra mile" to provide outstanding care. Staff treated people with dignity and respect, and enabled people to maintain their independence.

People, their relatives and staff were very proud of the home they lived and worked in. People and their families had been fully involved in the care planning process and their care plans were kept continually under review to enable staff to provide responsive care to meet people's changing needs.

People felt safe and fully supported by staff who knew them well. Person centred care planning was evident throughout our inspection and a high level of engagement with people about their previous life experiences and hobbies. Staff took time to ensure activities in the home were planned and focused around people's experiences and interests. People were actively encouraged to share their life experiences with others and the service worked closely with other services and organisations in the local wider community to enhance people's lives.

Staff were well trained and demonstrated the skills, knowledge and experience to care for people effectively. For example, staff had the knowledge and skills required to meet the needs of people who lived with dementia. This training was evident in all staff interactions with people.

The provider had a robust recruitment process in place which ensured that qualified and experienced staff were employed at the home. Staff received support and had a good understanding of how to keep people safe, identify signs of abuse and report these appropriately.

There were enough staff working at all times to ensure people's needs were fully met. People received their medication safely as prescribed and the records were of a good clear standard. Staff had been trained in the prevention of infection and there were sufficient domestic staff employed to ensure the home was clean. The environment was well maintained, kept clean and was safe and hygienic.

People were appropriately supported where they needed help with meals and drinks. The service accommodated people's individual preferences and had prepared meals to order to ensure that people had sufficient, appetising food that suited their taste. Staff ensured people's healthcare needs were met and worked well in partnership with other professionals to ensure that people received the best possible healthcare. Health care professionals were highly complementary on the care and support people received in the home.

The provider worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that people had as much choice and control over their lives as possible. People were supported to maintain their independence whilst staff ensured they were kept safe by minimising risks. Where people were deprived of their liberty for safety reasons the service had completed the appropriate forms and had authorisations in place to do so.

A robust system of governance in the service meant people received safe and effective care. The system fully involved people and the actions taken by the service showed that all staff and management were quick to make the improvements. The registered manager felt strongly that the only way to continually improve the service for people was to ensure that they were at the heart of it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe and risk assessments were in place to support staff in identifying and mitigating the risks associated with people's care.

Accidents and incidents were investigated and learning from these was used to improve the care provided.

Staff had been assessed during recruitment as to their suitability to work with people and there were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner.

Is the service effective?

Good ●

The service was effective.

The provider ensured staff completed a comprehensive induction and had opportunities to access on-going learning and development.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health. People's nutrition and hydration needs were met.

Staff demonstrated thorough knowledge and understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and this was implemented effectively. This ensured people's rights were upheld.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People's privacy and dignity was maintained and staff were calm, caring and considerate as they supported people to maintain

their independence.

People and their families were fully involved in people's care and support and in decision making.

People felt very valued and respected as individuals in the home by staff who knew them well. They were happy living in the home and felt supported and encouraged to express their views about the service.

Is the service responsive?

Good ●

The service was responsive.

Care plans were discussed with people and clearly reflected individual's needs, likes, preferences and personal histories. Staff had a very good understanding of people needs, any risks and how to mitigate them.

There was a very wide range of activities in the home to provide stimulation and entertainment for people. Staff had involved the wider local community in supporting these activities.

Staff took time to ensure activities in the home were planned and focused around people's experiences and interests. People were actively encouraged to share their life experiences with others and celebrate these in the home.

Complaints and compliments were recorded and responded to in a timely way.

People received end of life care which provided dignity and respect for people and their relatives at this difficult time.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff all spoke very highly of the registered manager and the open and transparent culture they fostered in the service.

The registered manager and staff were highly visible and people and their relatives had confidence in the way the service was run. Many people said they would recommend the service to others as it was excellent.

There were robust governance systems in place to ensure the safety and welfare of people and staff had a very good

understanding of their roles in this structure.

Home Lea House

Detailed findings

Background to this inspection

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

This inspection took place on 16 February 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

We spoke with the registered manager, the deputy manager, four staff members and three visiting professionals. We also spoke with three people who used the service and four relatives. Following our visit, we had telephone calls with a further four health professionals. We used the Short Observation Framework for Inspection (SOFI) to observe care and support being delivered by staff at the home. SOFI is a way of observing care to help us understand the experiences of people who cannot talk with us. The care records for three people were looked at. We also looked at other important documentation relating to people who used the service such as incident and accident records and medication administration records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, actions were taken in line with the current legislation.

A selection of documentation relating to the management and running of the service was looked at. This included four staff recruitment files, training records, staff rotas, minutes of meetings with staff, complaints and quality assurance audits.

Is the service safe?

Our findings

People and their relatives said they felt safe and well cared for by staff that had a very good understanding of their needs and preferences. One person told us they felt safe in the home because, "They (staff) know me well, how I like things and what I need. I feel very safe here. They are always checking on me and I only have to ask for anything and they see to it" and "Yes, I feel very safe here. I have no worries about my safety because all of the staff are very good." Two relatives we spoke with told us, "The staff can't do enough for people, they really can't. People are very safe here because they are so well cared for. Staff are everywhere and always checking on people" and "You can't beat the care here. My relative is very well looked after. I have no concerns about their safety, none at all. Plenty of staff who are always around." Visiting healthcare professionals said people were safe at the home and were supported by staff who had a good understanding of their needs to ensure their safety and welfare. During our inspection one person became unwell and we saw staff acted swiftly in their actions to seek medical attention.

Safeguarding policies and procedures were in place to protect people from abuse, neglect, harassment and avoidable harm. Staff had received training on safeguarding and had a good understanding of how to recognise what constitutes abuse and how to report concerns to protect people and prevent the discrimination and harassment of people. The registered manager and staff demonstrated a good understanding of their responsibilities in reporting safeguarding matters to the local authority and investigating any concerns which were raised. Staff told us, "I would have no hesitation to report anything concerning. We would never tolerate anything here, we work closely and we make sure people receive the best care" and "I would report anyone I saw do anything harmful, we just wouldn't have it happening here. No way." Staff were confident any concerns they raised would be dealt with effectively by the registered manager and they were aware of the registered provider's whistleblowing policy.

Risks associated with people's care needs had been assessed and informed plans of care to ensure their safety. For example, a person at risk of developing pressure sores had a specialised mattress in place to mitigate this risk. The care plan had a detailed assessment of this risk and staff had a good awareness of this risk along with the actions they needed to take to support this person to maintain their safety and welfare. Staff were able to identify people who were at risk of falls and malnutrition or dehydration and knew how to manage these risks and support people to remain safe and as independent as possible.

Accidents and incidents were reported, recorded and investigated in a way that ensured any actions or learning from these was completed and shared with staff. Information on accidents and incidents was reviewed and shared daily with staff through handovers. We looked at documentation related to falls, accidents and incidents held in care plans. They contained detailed information concerning the frequency, time and place of incidents, in addition to staff actions. This meant the provider was able to identify themes with a view to preventing reoccurrence.

Risks associated with moving people in the event of an emergency in the home had been assessed. Personal Emergency Evacuation Plans (PEEPs) were in place which provided information on how people should be supported to evacuate the home in the event of an emergency. A robust business continuity plan was in

place to ensure people were safe in the event of fire or other utilities breakdowns such as a power failure. The home was very clean and well maintained. However, we saw that some areas of the premises required updating. These included communal bathrooms and toilets where we found casing around pipework made of wood had split.

We recommend the provider completes repair work to these areas.

There were robust infection control measures in place to ensure the safety and welfare of people. Electrical, gas, fire and water checks were completed routinely to ensure this equipment was safe to use. There were effective systems in place to identify any maintenance issues and how or when these were addressed. Equipment used to support people at the home such as call bells, hoist, wheelchair and specialist bathing equipment were well maintained.

People received their medicines in a safe and effective way from staff that had been suitably trained in the safe management of medicines. There was a robust system of audit and review in place for the safe administration of medicines. Medicines were stored and administered safely. For medicines which were prescribed as required (PRN) a protocol was in place to support staff in the safe administration of these. For people who required medicines to reduce anxiety or agitation staff liaised closely with health care professionals to consider therapeutic approaches to supporting people before medicines were used. This was good practice.

There were sufficient numbers of staff deployed to meet the needs of people. Staff had time to support people in an unhurried and calm way. The staff rotas showed a consistent number of staff were on duty each day. The registered manager was flexible with the number of staff when people's needs increased, such as when providing end of life care. There were robust systems in place to ensure external agency staff had been inducted and worked alongside staff who knew people well. People and their relatives told us there were enough staff to meet their needs. One relative told us, "There are plenty of staff around. I think they have extra staff on most days just in case people want to go anywhere or do anything special. Staff are always visible and they can always tell us how our relative has been." One person told us, "Staff are always here for a chat and a cuddle. I look forward to seeing them to be honest. They always have a good natter with me, never rushed. The manager makes sure there are enough of them."

Staff were recruited safely. Recruitment records included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with vulnerable people who use care and support services. Staff did not start work until all recruitment checks had been completed.

Is the service effective?

Our findings

People were cared for by staff who had the skills, knowledge and experience to deliver effective care and support. Staff told us, and the records confirmed that they received regular support and supervision. They said the induction process was detailed and enabled them to perform their role with confidence. One staff member said, "My induction was a long time ago but I remember it preparing me for the job. We do a lot of training but it helps me to do the work and it keeps me interested in any new ways of giving care." Staff told us, and the records confirmed that they had received a wide range of training that was appropriate for their role and regularly updated. We spoke with a member of agency staff who worked regularly at the home and attended training with the permanent staff team. They told us, "I had an induction when I started and completed all the training. I am now part of the team. I attend training days with the other staff and I think it helps us to work together. There is a strong sense of team here at the home."

Staff told us they had regular supervisions where they discussed training needs, developing needs and they received feedback about their performance. They felt supported by the management team in the home.

People's relatives and visiting professionals told us they thought staff were skilled in meeting the needs of people who used the service. One healthcare professional told us, "The team at Home Lea House are very good with people. I have no concerns about the standard of care delivered by all members of the team. When delivering care, including palliative care, they have been very good at making people comfortable and ensuring their needs are met." A person's relative told us, "They have given my relative the very best care we could have wished for. You can tell they are all very skilled and are ready to deal with anything. Nothing is too much trouble they know what they are doing."

People had their needs assessed to ensure the care they received was in line with their individual needs. Staff worked closely with people, their families or representatives and professionals to plan people's admission and on-going care and ensure their needs could be met. In the Provider Information Return (PIR) the provider told us, 'We practice person centred outcome based care planning. This ensures that care is directed towards meeting the identified personalised needs of the customer. This approach is applied throughout the person's contact with Home Lea House.'

Staff worked well with other organisations to ensure that they delivered effective care and support. The care plans contained detailed information about people's individual needs and preferences. Staff knew the people they cared for well and liaised with other organisations such as GP's, district nurses, social workers and hospitals. For example, people had a transfer information pack that contained all of the relevant information necessary to accompany them to hospital if required. This ensured that other organisations had the information they needed to care for the person effectively.

In the PIR the provider commented, 'All GP practices provide a weekly surgery to people at Home Lea House. This is part of a commissioned enhanced care service, in partnership with the Clinical Commissioning Group's (CCG's).' People had access to healthcare services and received on-going healthcare support. People told us they received the healthcare that they needed in a timely way. One person told us, "I am able

to see my GP here whenever I want, or the nurse will come in. I know they were very good at getting the doctor to come in. I was unwell and they didn't hesitate to get the doctor. It was a great response."

Relatives were very positive about their loved one's healthcare. One relative said, "We are kept informed about everything they are on the phone anytime night or day. They have kept me up to date with everything. I have complete peace of mind." Another relative told us, "Staff are very good at taking care of my relative's health. Before coming in here my relative wouldn't see the doctor unless I insisted but now they are having all of their health checks." This showed that staff ensured people received good outcomes in relation to their healthcare needs.

People were effectively supported to eat and drink enough to meet their hydration and nutritional needs. Each person had a detailed eating and drinking support plan based on their requirements and preferences. Staff were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet but also the need to balance this with people's rights to decide for themselves what they wished to eat. The cook and kitchen staff worked closely with people and staff to identify and support people's nutritional needs. Staff were observed following guidance provided by healthcare professionals when assisting people at the lunch time meal. For example, one person at risk of losing weight required support to eat their meal. We observed staff discretely supporting the person during the meal time to manage this risk effectively.

We observed the lunchtime meal and saw it was a happy and social event. People appeared very relaxed with lots of laughter and conversation between them and staff. We saw that people were offered ample choices throughout the meal. People told us they could change their mind at any time and have something different. The dining room was decorated in a warm and cosy manner with teapots, tea cups and saucers and condiments on tables for people to use. People's feedback was very positive in relation to the choice available and the quality of the food. Comments included, "It's like a five star hotel, it is just lovely", "I can have anything I want nothing is too much trouble. If you change your mind or fancy something else, they will do it for you and its not a problem" and "I've put weight on since I came here. The food is very nice. There is always something I like on the menu. I look forward to my meals." One person's relative told us, "My relative loves it here and says its like a five star hotel. Every day the puddings are out of this world and I think my relative has put weight on, they can't resist the puddings. It is fabulous. You couldn't ask for more."

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff had good knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained people's support and care to them, gaining consent before carrying out any aspects of this. Throughout the inspection, we saw staff speaking clearly and gently with people and waiting for responses. The registered manager and staff fully understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how and when to make an application for consideration to deprive a person of their liberty, and we saw appropriate documentation that supported this.

We saw that where people were able, they signed their own care plans and had discussions with staff about what their care needs were. Where appropriate, people`s relatives were involved in the care planning and reviewing process.

People's individual needs were met by the adaptations, design and decoration of the premises. People told

us, and the records confirmed that they were involved in decisions about their environment. The environment was calm, welcoming and decorated to create a homely feel. People's bedrooms were personalised and furnished to their individual taste. Staff asked people what soft furnishings they wanted and key workers ensured that people lived in an environment that met their needs. There was some signage around the service to support people living with dementia to move around the home. The premises were large and had a number of lounge areas to enable people with differing needs to have a suitable space.

People told us that their visitors were made welcome at any time. They said there were plenty of places around the service where they could talk privately if they wanted. In the warmer weather people and their visitors could sit in the garden with a cup of tea. All of the relatives we spoke with told us that they were always made to feel welcome. The registered manager told us that when rooms became vacant they were decorated to minimise the inconvenience to people.

The registered manager told us they completed Dementia Care Mapping at the home. This is an established approach to achieving and embedding person-centred care for people with dementia, recognised by the National Institute for Health and Care Excellence (NICE). It can help prepare staff to take the perspective of the person with dementia in assessing the quality of the care they provide. The registered manager told us about future plans to develop the service. This included a 'shadowing scheme' for staff to be introduced which aimed to give staff a greater insight into the process.

Is the service caring?

Our findings

Without exception, people, their relatives and health care professionals told us the staff were extremely caring, kind, attentive and dedicated in their approach and this was evident throughout the inspection. One person said, "I don't know what I would do without the staff. This home really is home for me, not just the next best thing. The care I get is A1. I cannot thank them enough for everything they have done, and do for me every single day. They are fabulous." Another person said, "I have the best care here. No-one could ask for more. I am very well looked after. The staff deserve a medal. The manager is a bundle of energy and really cares about the place." A relative told us, "My relative is receiving a standard of care that gives me complete peace of mind. But in addition to that, the staff look after me too. They are very, very caring. I could not have imagined that people would do so much for you. It is pure kindness and compassion you get from all staff."

A visiting professional told us, "I think one of the highest compliments I could give is that I would be happy if I had to be in 24 hour care in my later years to be a resident here." We saw many compliments about the service stating how thoughtful and kind-hearted staff were. They included, "To all staff, how can I thank you enough for the way in which you cared for my relative over the last five years" and "Thank you to you and your team for the wonderful care given to my relative during the last few months at Home Lea House."

The registered manager and the deputy manager were proactive in their approach and led by example to ensure the service had a very strong person centred culture. This was clearly evident throughout the inspection when we spoke with people, staff and relatives. Relatives told us, "The manager is a driving force here, she is very committed to ensuring people get the best care" and "My relative only had to mention they were interested in a certain musical group once and the manager made sure they got CD's for her to listen to." One staff member said, "The manager is all about people having the best quality of life. As a team I think that has become our way of working too."

Without exception, staff spoke positively and passionately about working at the service. Most of the staff had worked at the service for a number of years and told us they were very fond of the service. One staff member told us, "I enjoy my job because it doesn't feel like work to me. I've worked here a long time and if I didn't enjoy it I would have left but I love it. I really look forward to coming in and having a natter with everyone. I also enjoy the activities and especially when the weather is better and we can all go out for the day."

Staff had developed kind, positive and compassionate relationships with people. Our observations were that staff used every opportunity they had to interact with people on a one to one level. For example, at the lunch time meal, we saw staff displayed genuine warmth when engaging people in discussions about their lives, where they went to school and their families. Staff engaged people in light hearted banter about their cooking skills and what their children thought of their cooking. Others became involved discussing their favourite meals and school dinners. The whole dining experience was observed to be friendly, warm and enjoyed by everyone.

Throughout the inspection we observed staff treated people with respect and dignity. Staff knew what was

important to people and interactions and conversations we observed demonstrated that staff supported people to make their own decisions and express their choices. Care plans considered people's religious and spiritual needs and also their background and past life experiences. The service had links with local churches and held services at the home. People were supported to attend religious services as these were held at the home.

People told us that staff respected their privacy and dignity. One person said, "Staff will always knock on the door before coming into my bedroom. When I have a bath, or they take me to the loo they are very respectful. Another person said, "All my care is given in private. That's important to me and the staff maintain my dignity."

People were actively involved in making decisions about their care and people and families told us they valued their relationships with staff and the service. Relatives told us they were very involved in their loved one's care and that staff went the extra mile and kept in close contact with them, updating them of any changes to their loved ones needs. Regular resident and relatives meetings had been held where people discussed a range of issues including meals, activities, staffing and the key worker system. A 'You said, we did' board in the main reception area of the home showed examples of how people's feedback had been used to improve the service. An example of this was the use of feedback gathered on how the service communicated the schedule of activities to people after they said they did not always know when activities were planned take place. The registered manager then included this information in the service newsletter which was available to people and their relatives. Advocacy services had been used in the past and their contact details were on display.

People were encouraged to share their 'bucket list' with staff. Staff told us this was a way to encourage people to share their aspirations with staff. One person had wished to attend a Leeds United football match but were receiving palliative care. The staff team supported the person to get to a match and meet the team. We saw a number of photographs displayed at the home of other examples where the staff team had facilitated visits to the home by a local celebrity from a TV show. Staff had contacted a person's favourite TV show to obtain tickets for the person to be in the audience.

In the PIR the provider had written, 'We remember customers that have passed away with the resident group by having a commemorative book that staff and customers are involved in.' We observed this during the inspection and saw a remembrance service was planned for the following month.

The PIR also stated, 'The team at Home Lea House were nominated in 2016 for an award of excellence for 'Making a difference to customers and communities.' This was for a community day which was world war two themed and was attended by local MP's and counsellors, police and fire service and members of the public. We have nominated one staff member for a life time achievement award in 2017 for her dedication and commitment to going over and above for customers and the service.'

People clearly felt that they mattered and staff listened to them. We were told repeatedly how staff listened to what they had to say and took action when necessary. One relative told us, "The staff have been there for me too. Its been a very emotional time for us and there have been times when we've shed our tears. One staff member came up to me and my relative and asked us if there was anything they could do, and to give them a call if I ever wanted to talk. That really meant a lot to me."

In the PIR the provider commented, 'We continually respond to the feelings and needs of our customers and ensure customers meetings are user led.' The registered manager told us that following a building fire recently in the news, people had asked about the health and safety practices and fire procedures in place at

the home. To alleviate anxieties, health and safety meetings were held to explain to people about the safety checks completed and the risk assessments in place. The fire procedure was also discussed and the service produced leaflets for people to read and a learning corner feature in the home around health and safety.

People's confidentiality was respected. People's care records were kept securely in a locked office with only staff having access.

Is the service responsive?

Our findings

People and their relatives felt very strongly that they received care which was centred around their individual needs and preferences. One person told us, "I have all my needs met in the way I want. I am 'living' here and really enjoying my days." One relative told us, "The home has done my relative the world of good. If people have an opinion of what a care home is like, I suggest they come and see how it is done here. My relative is very happy here. I'm hoping they will stay." Health and social care professionals said staff were extremely responsive to people's needs. One told us, "I think the care they deliver is excellent from what I have witnessed they care about their residents and know each of them individually."

Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. Care plans were reviewed on a monthly basis and updated as and when people's needs changed so that they remained reflective of people's current needs. People's likes and dislikes and also their preferences were captured in the care plans to ensure all the staff had the information they needed to provide people with personalised care and support. For example, one person liked to have a warm drink brought to them in the morning. Another person liked staff to help them apply their makeup and style their hair.

The service encouraged links within the local area to ensure people remained part of their community. People told us they had plenty to do in the home and they were not bored. One person said, "There is always something going on every day it seems. We've had some lovely singers in, musicians and even a mobile farm were here with a lot of animals for us to have a look at. I really enjoyed that day." Another person told us they enjoyed attending bingo sessions held on an evening every week. These sessions were attended by members of the local community and helped people to maintain their links to the area.

We saw photographs of people involved in a range of activities, events and outings facilitated by the service. In the PIR the provider wrote, 'We have partnered with a local primary school and a nursery to develop an intergenerational scheme, one project we are currently running is a reminiscence theme with the primary school. The school children brought questions to ask people about their past and we held a session with one resident and a group of children.' The registered manager told us that in addition to this, the school children and people using the service had taken part in an 'Are you smarter than a 10 year old' competition. Feedback from people about the event had been very positive with many photographs showing lots of smiles.

The service had also engaged in charity work where people had knitted blankets and donated them to a homeless charity of their choice. Following this, people knitted and donated blankets to an animal charity which they visited. The registered manager told us these activities were meaningful to people and gave them a sense of achievement. The service had access to a mini bus for two weeks every two months. We saw photographs which showed people had enjoyed going out for days at the sea side. This showed that the service was responsive to people's social needs and included them in the wider community.

The service encouraged and supported people to maintain relationships and was continuously looking for

ways to improve the use of technology to enhance people's lives. People told us they were supported to keep in touch with people that mattered to them such as their family and friends. People told us they really enjoyed a 'Pen pal' project that the service had engaged with. This involved people writing to students from a local university. The aim of the project was to look at the impact of letter writing on people's wellbeing. One person involved told us this had led to them purchasing a lap top and staff had supported the person to have a number of lessons via a charity. The person told us, "I use it everyday to keep up with the news and current affairs. I really enjoy writing the letters too." This person told us this meant so much to their wellbeing.

The registered manager produced a monthly newspaper for the service where upcoming activities and events were advertised. This also included information for families including contact details of support available.

People said that their concerns and complaints were listened to and acted upon. One person said, "I have never had any concerns or complaints here but I know I'd go straight to the manager or the staff." A relative told us, "My relative has a key worker, who we all know well. If I had any concerns I would speak with them. We're invited to regular reviews, where we can ask any questions, we still feel very involved in looking after our relative." Other relatives shared their experiences of how the service had positively dealt with issues as they occurred. Their comments included, "Staff keep us informed" and "I am kept up to date with my relative's care. Staff always pick up the phone, they always have done." There was a clear complaints procedure and the registered manager had an open door to enable people to raise concerns directly with them. The records showed that complaints had been dealt with effectively to the complainant's satisfaction. The service used the outcome of complaints as an opportunity to learn from them and to help them to continually improve.

People receiving end of life care and their families were treated with exceptional care and compassion. The service had access to specialist palliative care nurses and provided people with effective pain relief. The registered manager and the deputy manager had completed end of life training to level five. The level 5 qualification is aimed at leaders of services in order to ensure best practice in end of life care across services. The registered manager told us, "One of the very important things for us [staff] is that when someone dies, we do not forget them. We are a community; death is part of life and we share the grief. We attend funerals and have memorial services for people. We also have a commemorative book for people which includes poems, pictures and passages written by their friends here at the home. Where donations are received we also include photographs to show how we used the funds to remember the person for example, having a day out together at a place they loved."

Staff had also received end of life training. They told us, "I found the training so helpful and I think as a service the way we look after people at their end of life is something that's extremely important to us, and we are very proud of it." This meant that the service focused on quality standards and offering a high level of palliative and end of life care for people. We looked at end of life care plans for people, which were devised with people and their relatives. These detailed how people wanted the end of their life to be and records showed that where people did not want to be taken to hospital at the end of their life, this was honoured. People's spiritual and religious needs were also documented and respected. Staff and the management team attended funerals and this was greatly appreciated by families.

Compliments that relatives had sent in following the loss of their loved one showed how much it meant to them that people received exceptional care and support in their final days. Relatives we spoke with told us they had been overwhelmed by the standard of care their relative received and included themselves in being very well looked after by staff.

Is the service well-led?

Our findings

People and their relatives thought the service was very well run. They spoke highly of the registered manager and her team of staff. One person told us, "This place is run with people in mind. The staff are always asking us if we need anything, could we improve but they can't. I couldn't name one thing they could do better here. They've just 'got it.'" Another person told us, "The manager is always available to us. She doesn't sit in the office, she's out here with us and she always has a smile. Nothing is too much trouble." A third person told us, "The manager comes over for a chat and when my relatives visit she always greets them too. She asks me how I feel, if I am ok and is there anything I would like to do. I tell her I'm quite happy and you'd know about it if I wasn't."

Relatives were also very complimentary about the staff team. Comments included, "They are wonderful. It's a fantastic place and the staff make it feel like home. The manager's door is always open. I can't praise them enough for what they've done for my relative" and "I would say they [staff] are outstanding. I can't say anything else. They're simply amazing." One member of staff told us, "It's a lovely place. I love it, I love my job. We work brilliantly together; they [registered manager] are great and very approachable. It really is more than a job to them [registered manager] and all of us. That's why most of the staff have worked here so long. We're so proud."

During the inspection we spoke with many people, relatives, staff and professionals and their feedback was consistently positive. The care and support people received was based on the registered manager's vision to provide people with the best quality person centred care that catered for their physical, emotional and spiritual needs. The registered manager told us that they wanted the service to be the best in the area and that they would strive to reach this goal.

The service worked well in partnership with other health care professionals such as district nurses, GP's, and nurse practitioners all of whom were very complimentary about the service. One professional told us, "I really don't have any concerns about the service. I have been very impressed by the team's responsiveness. The manager is visible and isn't afraid to tell you if she thinks a person isn't getting what they need. I think the home is a lovely environment for care and always has a warm and friendly atmosphere. I think people are very well cared for and I wouldn't hesitate to recommend it." Another professional told us, "This is a very nice home. People are very happy here and very well looked after. The staff are very open and communication is excellent. Staff seem very happy in their jobs too. It's a happy place and I would recommend it for a member of my own family."

There were various meetings organised at the home. These included residents, relatives and staff meetings. These meetings gave people an opportunity to give feedback on the service and contribute to the running of the service. These meetings were also used by staff and the registered manager to welcome new people and to ensure people were reminded about the activities and events which were planned.

Staff told us, and records confirmed they had regular supervision, appraisals and staff meetings. These meetings were seen to be meaningful and included staff's opinions and ways to continually improve the

service for people. One staff member told us, "We have already started to discuss events for the summer, where people would like to go on trips out and how we can continue to involve families. We have also discussed how to use donations the service has received." Staff felt valued by management and that there was an open door policy. They told us they felt listened to and that they were trained and supported to do their work.

There were robust and effective systems in place to assess monitor and review the quality of service provided. Governance audits were effective in identifying issues or concerns and these were solved promptly. We found that incidents and accidents were effectively recorded and reviewed by the registered manager to ensure that measures were implemented to reduce the likelihood of reoccurrence. In the PIR the provider gave a number of examples of how the service monitored outcomes for people. These included, an 'After death audit' which was completed following the death of a person who had undertaken advanced care planning. The service used the findings of the audits to determine how effective the service was in delivering end of life care and to make any improvements.

The registered provider notified CQC of all significant events which occurred in the community. The registered manager maintained communications with us to ensure we were aware of any concerns in the community and discuss actions they were taking to ensure people's safety and welfare. For example, when the service had an outbreak of infection, the registered manager communicated with us to inform us of the actions they were taking.