Hartford Care (Southern) Limited

Malden 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?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Overall summary

The inspection took place on the 8 and 13 October 2015 and was unannounced. We previously inspected the service in July 2013 and found the service was compliant with the standards we looked at and there were no breaches of regulations.

The service provides accommodation with personal care for up to 19 older people, many of whom are living with dementia. 16 people lived there when we visited and we met all of them.

Malden House is required to have a registered manager, as a condition of registration. The current registered manager had just left and the provider had notified us of the interim arrangements whilst a new manager was recruited. The notification showed the deputy manager was in an 'acting manager' role and a senior member of care staff was 'acting' deputy 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.

Summary of findings

People who used the service, relatives and health and social care professionals were impressed with the service and how people were treated. When we asked people what staff at the home did well, one person said, "Everything, they are always there," another said, "Dance and sing well" and a third said, "Staff are kind and nice." A relative said, "The team at Malden are exceptional in the care and service they provide." Another said, "The manager has been wonderful and all the girls are brilliant." A health professional said, "Staff are wonderful, they treat people like they were their own relatives, they love them to bits, it's one big family. I love going there."

People were treated with dignity and respect and staff were caring and compassionate towards them. Staff knew each person as an individual and what mattered to them. The service was organised around people's needs and wishes. Staff respected each person's privacy, dignity and independence. People were supported to express their views and were involved in decision making about their care.

People experienced a level of care and support that promoted their health and wellbeing. Staff were highly motivated, enthusiastic and skilled at meeting people's needs, which enhanced their quality of life. People were supported to keep as fit and active as possible. Each person had a mobility and fitness care plan which showed any exercises and mobility aids they needed. Staff encouraged people to do as much as they could for themselves.

People were encouraged to socialise, pursue their interests and hobbies and try new things in a variety of inspiring and innovative ways. Care was focused on people's individual needs, wishes and preferences and they were supported to remain active and independent. People's care needs were assessed and care records had individualised information about their needs.

Staff knew each person well and had an excellent understanding of each person as an individual and how they wanted to be supported. Staff documented detailed life histories about each person, their life and family before they came to live at the home. These included the person's achievements, what made them laugh as well as what made them sad.

The environment of care was adapted to meet the needs of people living with dementia. People were assisted to identify key areas such as toilets and bathrooms independently because they were well signposted with pictures and symbols, to help people find them. The home had lots of areas of interest for people to sit, enjoy and spend time in.

People received effective care, based on best practice, from staff that had the knowledge and skills needed to carry out their role. Health and social care professionals consistently gave us positive feedback about the care and support provided for people.

People praised the food choices available at the home. Staff supported people with poor appetites who needed encouragement to eat and drink, to stay healthy and avoid malnutrition and dehydration. Staff knew which people needed encouragement to eat and drink. They provided a variety of nutritious snacks, drink and milkshakes throughout the day to tempt people. Staff kept detailed food and fluid charts and monitored people's weight and took action, where any concerns were identified.

People were offered day to day choices and staff sought people's consent for care and treatment and ensured they were supported to make as many decisions as possible. Where people lacked capacity, staff confidently followed the Mental Capacity Act 2005 and its code of practice. They used good practice tools to assess people's capacity for day to day decisions, and involved relatives, friends and professionals in best interest decision making.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. People's liberty was restricted as little as possible for their safety and well-being and they could move around the home. The home had a large garden which was well laid out, with a safely enclosed and accessible patio area. It had had a variety of different trees, shrubs and themed seating areas, with paths for people to move freely around and a summerhouse to sit in.

People said they felt safe living at the home. Staff were aware of signs of abuse and knew how to report concerns, any concerns reported were investigated. A robust recruitment process was in place to make sure

Summary of findings

people were cared for by suitable staff. People knew how to raise concerns and were confident any concerns would be listened and responded to. The service had received numerous compliments but had not received any complaints.

People received their prescribed medicines on time and in a safe way. The environment was clean and hygienic, and there were no unpleasant odours. The home was well maintained and equipment was regularly serviced and maintained.

The service was well led. People, relatives and staff said the home was organised and well run. The provider promoted a culture of care, comfort and companionship for people. Staff said they worked well as a team and felt supported and valued for their work. Senior staff acted as role models to support staff to achieve high standards of care. The provider had a range of internal and external quality monitoring systems in place, which were well established. There was evidence of making continuous improvements in response to people's feedback, the findings of audits, and of learning lessons following accidents and incidents.

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?

Good

The service was safe.

Staff knew how to recognise signs of abuse and how to report suspected abuse.

Risks to people were managed to reduce them as much as possible, whilst respecting people's freedom and independence.

People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them.

People received their medicines on time and in a safe way.

Accidents and incidents were reported and actions were taken to reduce risks of recurrence.

Is the service effective?

Good

The service was effective.

People experienced a level of care and support that promoted their health and wellbeing.

Staff sought to improve people's care, treatment and support by implementing best practice.

Staff were motivated, enthusiastic and skilled at meeting people's needs.

People's consent to care and treatment was sought. Staff confidently used the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards. Where people lacked capacity, staff used good practice tools to support people to make as many decisions as possible, and involved others in 'best interest' decisions.

There was a strong emphasis on good nutrition and hydration. Staff used a variety of ways to ensure people who were reluctant to eat and drink were encouraged and supported to do so.

Is the service caring?

Good

The service was caring.

People mattered, staff were patient, and they demonstrated empathy in their conversations with people and in how they spoke about them.

People, relatives and health and social care professionals were consistently impressed with the service and how people were treated.

Staff were kind and compassionate towards people, they knew each person as an individual and what mattered to them.

Staff were visible around the home, spent time with people, respected each person's privacy, dignity and independence and were interested in what they had to say.

Summary of findings

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

People experienced a level of care and support that promoted their health and wellbeing and enhanced their quality of life.

People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways.

Changes in people's mood and their care needs were quickly recognised and promptly responded to.

People were partners in their care and care records were individual, comprehensive and detailed. People's views were actively sought, listened to and acted on.

People knew how to raise concerns and were confident any concerns would be listened and responded to. The service had received numerous compliments but had not received any complaints.

Is the service well-led?

Good 

The service well led.

The provider promoted care, comfort and companionship for people. The culture of the home was open and inclusive and staff worked effectively with people, relatives, and other professionals.

The service was well organised and provided a consistently high quality of care. Staff worked together as a team to support people and they felt valued.

People, relatives expressed high levels of confidence in the management and leadership.

The provider had a variety of systems in place to monitor the quality of care and made continuous improvements in response to their findings.

Malden 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.

The inspection took place on the 8 and 13 October 2015 and was unannounced.

An inspector carried out this inspection. Prior to the inspection we reviewed all information we held about the service. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We met all 16 people using the service, spoke with 10 relatives and looked at four peoples' care records. Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia/complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine staff, attended a staff handover meeting and looked at five staff records, including staff recruitment, training, supervision and appraisal records. We looked at the provider's quality monitoring systems such as audits of medicines, records, health and safety audits, and at action taken in response to feedback from people, relatives and staff.

We sought feedback from health and social care professionals who regularly visited the home including GP's, community nurses, other therapists and commissioners and received a response from seven of them.

Good

Is the service safe?

Our findings

People said they felt safe living at the home and were confident to raise any concerns with the manager or other staff. Resident and relatives surveys, completed in February 2015, reported 100% of people felt safe living at the home. One relative said, "Staff make my mum feel safe and secure."

Staff knew about the signs of abuse and how to report concerns. Contact details about how to contact the local authority safeguarding team were on display in the staff office. Staff felt confident any concerns raised would be investigated and actions taken to keep people safe. No safeguarding concerns had been identified since the last inspection in July 2013.

People were supported by skilled staff and staffing levels meant staff were able to spend time with each person and respond to their needs at a time and a pace suitable for them. One relative said, "Staff always have time for residents and visitors." People could get up and go to bed at their convenience and staff were available to help people move around the home and to go outside, whenever they wished. Staff were visible throughout the inspection and spent time with people chatting to them, offering assistance and reassurance. Call bells were responded to quickly. Staff thought there were enough staff on duty at all times to allow them to safely care for people.

As people's needs changed, staffing levels were reviewed and adjusted accordingly. For example, earlier this year, a person's mental health needs changed and the person experienced some behaviours that challenged the service. The manager arranged for the person to receive one to one support from staff, to keep the person safe and to protect others.

People had continuity of care from staff who knew them. This was because the provider over-recruited by 15%, to allow contingency for covering staff leave and any sickness. The manager outlined recommended numbers on staff on duty and rotas. Three care staff were on duty during the day and there were two waking night staff. Rotas were planned for the next four weeks and confirmed recommended staffing levels were maintained at all times. The home had two activity co-ordinators, one on duty each day, which supported people with their interests, activities and hobbies, seven days a week. The home also employed a number of kitchen staff, two cleaners, a maintenance person and a gardener.

Risks for people were well managed, each person had a detailed assessment of their needs and steps were taken to reduce individual risks as much as possible. Where people were identified at high risk of falling, staff involved the community falls team. This was to identify any additional steps they could take to promote the person to remain active, whilst minimising their risks of slips, trips and falls. A relative told us how a person who used to fall a lot used their walking frame now, had a bigger bed and were much safer. We saw safe moving and handling practices carried out and staff reminded people to use their mobility aids when moving around the home. People's moving and handling plans were detailed about how many staff were needed, and any equipment such as a wheelchair or stand aid.

Accidents and incidents were reported and included measures to reduce risks for people. For example, where a hoist sling with handles had caused an injury to a person's skin, their equipment was changed to another model without handles to prevent the risk of recurrence. Any redness or marks on skin were documented using a 'body map'. This was so staff could check whether it was healing and be alerted to any skin deterioration, which may need reporting to the community nurse.

Environmental risk assessments were undertaken for all areas of the home and showed measures taken to reduce risks for people. For example, trunking was fitted to prevent trailing wires and cables to reduce the risks of slips, trips and falls. All hot water was temperature controlled and checked regularly to reduce the risks of scalds for people. All chemicals and detergents used in the home were risk assessed and securely stored. Monthly health and safety checks were undertaken in all areas of the home, with action taken in response to findings. There was an ongoing programme of repairs, maintenance and redecoration.

Medicines were safely managed to ensure people received them safely and on time. A risk assessment was undertaken to assess what support each person needed to take their medicine. For example, one person had a medical condition which required staff to administer their medicines at regular intervals throughout the day. The times this person needed their medicines were on display

Good

Is the service safe?

in the medicines room, to remind staff who ensured they were given on time. Where a person was able to manage their own medicines, there were arrangements in place to support this, although no-one was currently doing so.

Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Staff stayed with the person whilst they were taking their medicines and provided encouragement and support, where needed. Where people had medicines prescribed, as needed, staff checked with the person, for example, asking them whether they needed any medicine for pain.

All medicines were securely stored and all stock entering and leaving the home were accounted for. Medicine administration records (MAR) were well completed with no gaps seen. Medicines were audited regularly and action taken to follow up any discrepancies or gaps in documentation.

For example, earlier this year, a medicines audit identified gaps in recording of prescribed creams. This was discussed with staff and separate MAR charts for prescribed creams were added to people's care records, which showed where creams needed to be applied and how often. Recent medicines audits showed recording of prescribed creams had significantly improved. The pharmacist gave us positive feedback about medicines management at the home and their audit visit in February 2015, showed good standards of practice.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. A health professional said, "It always smells lovely, and it's very clean." There were infection control policies and procedures to guide staff and regular audits were carried out. Written cleaning schedules were completed for all areas of the home. Cleaning staff used colour coded mops and cloths for cleaning different areas to prevent cross infection. Furniture, wheelchairs and other equipment were cleaned regularly. Reminders about effective handwashing techniques were on display in all areas. Staff washed their hands regularly and used gloves and aprons when providing personal care and when handling soiled laundry. Heavily soiled laundry was segregated and washed at high temperatures in accordance with infection control guidelines. In February 2015, an inspection by the East Devon District Council environmental health team resulted in the highest rating of five being awarded for food hygiene.

All appropriate recruitment checks were completed to ensure fit and proper staff were employed. Staff had police and disclosure and barring checks (DBS), and qualifications, and proof of identity were checked and references obtained. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

All repairs and maintenance were regularly undertaken. Equipment was regularly serviced such as lifts and hoists, gas, electrical and fire equipment. Weekly fire checks of the fire alarm system, fire extinguishers, smoke alarms, and fire exits were undertaken. Individual fire risks assessments were in place and each person had a personal emergency evacuation plan showing what support they needed to evacuate the building in the event of a fire. A written contingency plan was in place in the event of a major emergency requiring evacuation of the home.

Good

Is the service effective?

Our findings

People received effective care, based on best practice, from staff that had the knowledge and skills needed to carry out their role. This meant people had their needs met. Relatives and professionals consistently commented on the quality of care for people living with dementia. One said, "The manager has introduced a number of good practice initiatives for people with dementia."

The provider used the 'Communication and Care-giving in Dementia: A Positive Vision' education to train staff. The manager had completed the train the trainer course and provided training, and acted as a 'champion' of good practice for staff, people and relatives. The service used a variety of ways to keep up to date with practice and identify good practice ideas. For example, for national carer's week in June 2015, they provided information about charities that supported carers, and wrote an article for a local newspaper. The home's newsletter reported on success of nutrition and hydration week in March 2015 and shared good practice ideas.

The environment of care was adapted to meet the needs of people living with dementia. People were assisted to identify toilets and bathrooms independently because they had picture and word signage and good lighting to help people locate them. People were invited to identify their own room by choosing a picture that was meaningful to them to display on their door. Pictures included family members, favourite pets and hobbies. The home was decorated in bright and cheerful colours, and carpets were plain, rather than patterned, in accordance with best practice. Grab rails in corridors and bathroom areas were painted in contrasting colours to enable people to identify them and use them more easily.

The home had lots of areas of interest for people to sit for a while, to enjoy and spend time in. This included vintage signage, paintings and pictures, ornaments and books on a variety of subjects. Recently, the service had moved the dining room to a room adjoining the conservatory. This meant a lot more people used and enjoyed the conservatory. Another separate small lounge area was available in another part of the home, so people had a quieter area they could use and see their visitors in private. The home had a large garden which was safely enclosed and accessible via a patio area, which was well laid out. It had had a variety of different trees, shrubs and themed seating areas, with paths for people to move around with a summerhouse to sit in.

Staff had undertaken training of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and demonstrated a good understanding of how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

Where people appeared to lack capacity, mental capacity assessments were completed. The provider used the 'Hampshire mental capacity toolkit' for undertaking people's mental capacity assessments and documenting 'best interest' decisions. This tool was particularly effective because it required staff to ask the person the mental capacity assessment questions at different times of the day on three separate occasions. This meant staff enabled people to have several opportunities to be assessed, which promoted their human and legal rights.

Where a person was assessed as not having the capacity to make a decision, others who knew the person well and other professionals, were consulted and involved in making a decisions in the person's 'best interest'. Where people had nominated a friend or relative to act on their behalf (known as a Lasting Power of Attorney (LPA), staff checked whether this was for financial decisions only or included decisions about their care and treatment. LPA is a way of giving someone a person trusts the legal authority to make decisions on their behalf, if either they are unable to at some time in the future or no longer wish to make decisions.

Staff had information about how to help each person make as many decisions for themselves as possible. This was because care records included a section entitled, 'How I make my decisions'. For example, in relation to clothing. One person's care records said they should to be offered a selection of clothing so they could choose for themselves what they wanted to wear that day. Another person's said, "(Person) can choose with simple visual aids."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty.

Good

Is the service effective?

The home had made a number of applications to the local authority DoLs team to deprive people of their liberty for their safety and protection, and were awaiting a number of assessment visits. This was because several people were under continuous supervision by staff and did not have the mental capacity to make a judgment about their own safety. The Supreme Court judgement on 19 March 2014 widened and clarified the definition of deprivation of liberty. It confirmed that if a person lacking capacity to consent is subject to continuous supervision and control and not free to leave, they are deprived of their liberty. These safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

Each person was individually assessed to see whether they could leave the home or needed to be accompanied for their safety and protection. The front door was kept locked with a keypad and all outside doors were alarmed. Keypad details were provided to people, as appropriate to their assessment. Where people were restricted in any way, relatives and other professionals were consulted and involved in making that decisions in the person's 'best interest'. For example, in relation to the use of bedrails or a pressure mat for the person's safety, or through written authorisation by the person's GP to crush a person's tablet or add it to food.

People's liberty was restricted as little as possible for their safety and well-being. They could move freely around the home. Where a person showed signs of wanting to leave, staff offered to accompany the person into the garden or offered them an alternative activity which they did happily. This was in accordance with their care plan.

People were supported to remain healthy, active and well. They had access to healthcare services for ongoing healthcare support. This included regular visits by local GPs, community nurses, dentists, physiotherapists, speech and language therapists and a chiropodist. Health professionals said staff recognised when people's health deteriorated and called for assistance and followed their advice. One health professional said, "They have had some difficult people there at times, and they handle them admirably." Another said, "Staff have a very good understanding of their patients and their individual needs." "

The provider used evidence based assessment tools for identifying any health care needs. For example, people at risk of malnutrition and dehydration. Detailed care plans were in place about health needs. For example, people at risk of skin damage due to skin frailty or reduced mobility. Care plans included details about skin care, pressure relieving equipment, details of mattress settings and how often the person needed repositioning, and these instructions were followed. Where a person was unable to communicate whether they were in pain or not, staff used the 'Abbey pain scale.' This is an observational tool used to help staff judge pain levels in people who cannot communicate verbally. This ensured staff knew how to assess when the person needed pain relief.

People and relatives all complimented the food choices available at the home. There was a varied menu, meals were home cooked and nutritional, and incorporated a range of seasonal vegetables and fresh fruit. People were regularly asked for feedback and their menu suggestions were implemented. A choice of four desserts including a fruit salad was served on a sweet trolley, so people could choose what they fancied. Staff knew people's likes and dislikes and catered for any special food requirements, such as reduced sugar for people with diabetes.

People were offered hot and cold drinks regularly throughout the day. People at risk of malnutrition and dehydration had comprehensive individual nutrition and hydration care plans. Detailed food and fluid charts were maintained, which showed what people were offered, ate and drank each day. The provider used the 'Water UK –Water for healthy ageing' hydration best practice toolkit for care homes, and followed their sample menus for incorporating adequate fluids.

Staff knew who was at risk and told us about the variety of methods they used to increase those people's calorie intake. For example, by adding cream, butter and grated cheese to potatoes and vegetables, and making milkshakes. A range of snacks, fruit, sandwiches, soups, jellies, yogurts, honey and syrups were available. Staff provided 'finger foods' that people could snack on throughout the day. People at risk had their weight monitored regularly and further action taken in response to weight loss, although several people had gained weight. This meant people were supported with their nutrition and hydration.

Good

Is the service effective?

Where people had any swallowing difficulties, they had been seen and assessed by a speech and language therapist (SALT). Where the SALT had recommended soft or pureed food, each food was separately presented, which is good practice.

When staff first came to work at the home, they undertook a period of induction before they could work alone with people. This included working alongside more experienced staff to get to know people and their care and support needs. The provider had recently introduced the national skills for care, care certificate for newly recruited staff. Staff had to complete a probationary period successfully, before their contract was made permanent. One newer staff member working in care for the first time said they appreciated that the manager checked they felt confident to work on their own after completing their induction.

Senior staff worked around the home, and acted as role models to encourage and support staff to achieve high standards of practice. For example, the manager explained to a member of staff how they needed to discuss with a person and involve their relative in discussing the recommendations made by a physiotherapist about their footwear.

The provider had a comprehensive range of training and updating opportunities for staff, relevant to the needs of people they cared for. This included moving and handling, fire safety, dementia training, health and safety, diet and nutrition and food safety. Staff completed qualifications relevant to their role and several staff were undertaking higher qualifications. Where people had particular health needs, staff undertook training to support them to meet those needs. For example, a specialist nurse visited the home regularly to support people with Parkinson's disease, a neurological condition. They arranged a teaching session for staff on supporting people with the condition.

An audit carried out in August 2015, showed 99% of staff had qualifications in care, and staff confirmed that staff training, supervision and appraisals were up to date. Staff received regular one to one supervision every eight weeks, and had an annual appraisal where they had an opportunity to discuss their practice and identify any further training and support needs.

Good

Is the service caring?

Our findings

People, relatives and professionals universally gave us positive feedback about Malden House. They commented on the warmth and friendliness of staff, their kindness and the "homely family atmosphere." Although some people living in the home were unable to tell us about the care and support they received, we observed exemplary care and interactions with people. One person said, "If you want anything, you just have to ask." Whilst a staff member was chatting with a person they said, "You are very kind" and "Thank you for listening."

A friend of a person who lived at the home described why they chose Malden House for the person. They said, " I visited 18 homes in the area and this one stood head and shoulders above the others as a high quality place. My opinion has remained the same since they have lived here."

The relative of a person who recently came to live at the home said, "I can see she is happy, even though she can't say much." Another relative said, "All staff are keen to say hello, chat and welcome any visitors" and another described staff as "Admirable." A relative who visited at different times and days each week praised the welcome and kindness of staff, and said this was consistent whichever staff was on duty.

A health professional said, "This is one of the home's I recommend to people, I would want my relative to go there, if they needed to live in a care home. I think they are fantastic." Another said, "I was very impressed by the homes' approach and care."

The residents and relatives survey results reported 100% satisfaction with the care provided. When we asked people what staff at the home did well, one person said, "Everything, they are always there," and another said, "Dance and sing well" and a third said, "Staff are kind and nice." A relative commented, "The team at Malden are exceptional in the care and service they provide." Another relative said, "The manager has been wonderful and all the girls are brilliant."

A health professional said, "This is a good home, staff are caring and calm and always seem to have time for people." Another said "Staff are wonderful, they treat people like they were their own relatives, they love them to bits, it's one big family. I love going there."

People were supported by staff who knew what mattered to them. Staff knew about people's lives before they came to live at the home and their personal preferences. They knew about people's families. For example, when the post arrived, a staff member sat with a person reading their letter to them and discussed their new grandchild, which had just been born.

Staff interacted well with each person as an individual and in a caring, and respectful way. There were lots of gestures of care and affection. Staff demonstrated empathy in their conversations and in their discussions with us about people. Staff were visible around the home, spent time with people and were interested in what people had to say. The first day we visited was a sunny day, people had great fun sporting an impressive array of sun hats in the conservatory. There was lots of fun and laughter and spontaneous conversations. One staff member said, "You make my day" in response to something the person said that made them laugh.

Staff understood people's individual needs and supported people to communicate effectively. The service used a variety of communication tools to enable people to communicate, such as using picture symbols, gestures and photographs. Staff were patient and gave people time to express themselves. Where a person was unable to speak or had limited speech, staff used good eye contact, touched them gently and observed the person's facial features for their response. Care records included detailed information about each person's communication needs. For example, one person's care record said, "Speak clearly and slowly. I may need you to repeat it for me to understand what you have said before I can give a response."

Mealtimes were very sociable occasions, people sat around tables and chatted with others, whilst others who wished to were supported to remain in the conservatory. When relatives visited, they were invited to stay for lunch. People were supported to eat independently through the use of plate guards and adapted cutlery. The service had purchased red plates and beakers for people with cognitive difficulties, to help them distinguish their crockery more easily. Pictures of meals were available to help people select their menu choice.

Good

Is the service caring?

Staff organised themselves flexibly around people's needs and wishes and noticed what was happening for people. Staff popped into people in their rooms, the lounge and conservatory,

regularly checking on each person, chatting to them and listening to what they had to say. When people were anxious, sad or confused, staff noticed and immediately went to comfort the person, and offered a reassuring touch or hug whenever it was needed. When another person was searching their handbag for their door key from their previous home, a member of staff distracted them and arm in arm, they walked into the conservatory and sat together for a chat. A person wanted to return to their room and was worried they were being a burden, and said, "Don't worry, I'll manage." The staff member responded by reassuring the person they were going in that direction anyway and were happy to help them.

People were supported to dress how they wished, wore their preferred jewellery and had their hair styled how they liked it. People were offered regular manicures and a hairdresser visited regularly. Staff noticed what people were wearing and complimented them on their appearance. One staff said to a lady, "I like your lipstick." A relative said how pleased they were that staff had persuaded the person to accept help with their personal care, so they could have regular baths.

People's preferences for support with personal care were known, for example, that one person had requested female care staff only. A staff member discreetly prompted another person to use the toilet and helped them to go to the bathroom.

Two people were receiving end of life care when we visited. Staff worked closely with community nurses and their local GP practice to support and care for those people. A friend said they were very impressed with their friends care, because they were kept comfortable and pain free. Any specific wishes or advanced directives were documented so staff knew their wishes. For example, in relation to the person's views about resuscitation in the event of unexpected collapse and whether the person would prefer to remain at the home rather than go to hospital. One person's care plan included very specific instructions for staff about what words the person's relative wanted them to use to inform them when the person has died.

People's religious beliefs were supported, one person liked to attend a local church service and the vicar from the local church visited regularly. People were asked about where and how they would like to be cared for when they reached the end of their life.

One person had their cat living with them, which was very important to their emotional wellbeing. Although the person had become frail and was no longer able to care for their pet, staff had taken over this role. The cat had their own care plan, and staff took responsibility for organising all aspects of their welfare.

Outstanding ☆

Is the service responsive?

Our findings

We received exceptional feedback about how the service met people's individual needs. A relative said, "Staff don't miss anything, they are aware of what is happening." Another relative said they were impressed that people didn't have to wait around, they were assisted as soon as they needed help. A friend said, "The staff are not doing anything different because there is an inspection today, it's always like this." A health professional said, "Staff are lovely, what you see is what you get. They treat people like their grannies and grandads."

A number of compliments were received by the service. One thank you card said. "She was surrounded by caring, friendly people who looked after her …you made Malden feel like home." Another card said, "You dealt with my mother in an exemplary way, your level of care and kindness brought an improvement in her physical and emotional condition. " A third letter said, "During her stay, she lived in contentment and suffered no distress. That was down to your kindness and professionalism."

People were able to pursue their interests and hobbies and to try new things in a wide variety of inspiring and innovative ways. One person said, "I like doing lots of different things with the people here." Another person particularly liked the beach and staff accompanied them there to collect seashells and driftwood for their artwork. Staff said, "It was a blustery day but he loved it." Two relatives of people who were initially reluctant to leave their room, were delighted at how well staff had supported and encouraged them to join in and socialise.

Malden House had an outstanding range of activities and social links for people to support people to socialise and be involved in their local community. Staff used innovative ways to stimulate people to socialise, maintain their hobbies and interests and to encourage people to try new things and learn new skills. Staff had time to participate in activities with people and to support individuals to go out whenever they wanted. People's individual activity records demonstrated how people were supported to maintain their individual interests and hobbies.

The October activities programme included a book club, newspaper debates, quizzes, a 'Memory Café', making mosaics, baking, pottery as well as trips out and visiting entertainment. There were a variety of books, magazines and newspapers available for people to enjoy.

Activities took into account the needs of people living with dementia and were designed to help people reminisce, and stimulate conversation. They also included sensory activities such as art and crafts, listening to music, singing and dancing. On the first day we visited, people were enjoying the book club, the activity co-ordinator was reading from a book about lions and encouraging people to comment and contribute to the discussion. Later people participated in a quiz, and the staff member demonstrated their skill at getting people to contribute their thought and ideas on topics of interest to them. At one stage, people were trying to see which languages they could count to ten in, which caused great hilarity. In the afternoon, several people put on their coats and hats and went into the garden to gather autumn leaves.

Photographs on display showed what people had enjoyed over the past few months. The September newsletter for the home showed people were fascinated by the visit from 'Animal man' the previous month, which had included experiencing birds, cockroaches and spiders. People spent time reminiscing about the most exotic animals they had seen. Other photographs showed people enjoying flower arranging.

People and relatives were consulted and involved in decisions made about the home. Surveys for people included picture symbols so people with cognitive difficulties were able to give their views. Minutes of residents/relatives meetings showed people made suggestions for activities and entertainments which were carried out. For example, feedback from people that they would like more activities at weekends, particularly for people who didn't have many visitors. In response, the provider decided to employ a second activities co-ordinator. This meant there was an activity co-ordinator on duty between nine and five, seven days a week. People, relatives and staff all said how this made a really positive difference to people's lives, and to their emotional well-being, which our observations confirmed.

Staff ensured people who wished to could help out in the running of the home. At lunchtime, two people joined staff in wrapping cutlery in napkins ready for lunch. Staff told us

Is the service responsive?

about another person, who worked all their life in the hotel industry and liked to help with cleaning sometimes. People loved helping out preparing the vegetables ready for supper. Several people were keen gardeners and enjoyed planting seeds, working in the greenhouse and helping to tend the vegetable patch.

Staff knew each person well and had an excellent understanding of each person as an individual and how they wanted to be supported. Staff had a detailed knowledge about people's preferences. For example, the daughter of a person who had recently come to live at the home said the person didn't sleep that well at night. They liked to listen to classical music on the radio, which staff supported them to continue to do. The September staff meeting minutes showed this information had been communicated to all staff.

Care plans were comprehensive, and provided detailed instructions for staff about how each person wished to receive their care, support and treatment. Staff reviewed care records monthly and a written summary showed any changes made, so changes were easily communicated between staff. Regular three monthly reviews of care plans were undertaken with the person and friends/relatives. This ensured the care planned and delivered was still suitable for the individual.

Staff documented detailed life histories about each person, their life and family before they came to live at the home. These included the person's achievements, what made them laugh as well as what made them sad. For example, one person's life history included that they enjoyed talking about football, and liked walking, musicians and history. People were encouraged to personalise their room how they wished with family photographs, pictures, furniture or ornaments that were precious to them.

People were supported to keep as fit and active as possible. Each person had a mobility and fitness care plan which showed any exercises and mobility aids they needed. Staff encouraged people to do as much as they could for themselves. A physiotherapist visited a person during the inspection to try and identify ways to help the person mobilise more. Another person's care plan showed their mobility had improved, because they no longer needed two staff to help them mobilise and could manage with one staff.

Changes in people's needs were quickly recognised and appropriate prompt action taken. For example, a member of staff noticed a person had signs of a urine infection. Although the person had drunk well, staff explained they were worried because the person's fluid chart showed they had not passed any urine all day. Staff contacted their GP, who visited and arranged for them to be admitted to hospital for antibiotics for a urine infection. Their vigilance meant the person was treated quickly and was now making a good recovery.

Staff prevented people becoming isolated. For example, two people were confined to their room for health reasons. Staff visited them every half hour to spend time talking with them and checking on their welfare, and documented these checks. One of those people's care plan said they wanted their light and TV left on during the day, even if they were not watching it, a preference which staff followed.

People entered the Sidmouth in Bloom competition each year and decided on the themed planting arrangement. Their beach themed area in the garden was particularly popular and the service had just won the cup for the 8th year. On the second day we visited, an afternoon tea party was held to celebrate their success. People had made a card to say thank you to the gardener, and presented him with the cup and chocolates and sang, "For he's a jolly good fellow."

Staff were proactive, and used a variety of ways to make sure that people were able to keep in touch with family and with their local community. The service had two volunteers who visited the home regularly to chat to people. On 19 June 2015, an open day and summer fete was held as part of national care home open day for people in the local community to visit.

In July 2015, a weekly Memory café' commenced on Wednesday afternoon with refreshments provided. Relatives of people living at the home and people from the local community were invited to attend for mutual support, friendship, to share experiences and learn more about all aspects of dementia. The minutes of the relatives meeting in September 2015 showed the café was proving very popular. The manager had recently given a talk to members of their local church on dementia, and a thank you letter showed how much they had enjoyed it and learnt about the condition. It said, "Thanks to you the church community will be better able to deal sympathetically with people experiencing dementia."

Outstanding ☆

Is the service responsive?

On 20 August 2015 people and staff at Malden House held a family day to welcome family and friends. This included pamper sessions, baking and tasting and live musical entertainment. Photographs showed how much people enjoyed the day, particularly spending time with their grandchildren. The September newsletter invited relatives and friends to dress up as their favourite Halloween character and join people and staff for the Halloween arts and crafts session to help create some scary decorations. Relatives who wished to, could sign up to receive communications from staff at the home via e mail. For example, minutes of relatives meetings, updates on what their relative had been doing and general information about what was happening at the home. Information, pictures and updates were also available via the website.

The manager had arranged for the Sidmouth theatre group to bring their production to Malden House, as people had experienced difficulty accessing their local theatre. There were plans underway for children from the local primary school to visit in December to sing Christmas carols.

People participated in fundraising at Malden House and they had decided to give this year's donation to Age UK, an independent charity working to promote independent living for older people.

People and relatives said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the manager or any staff and were confident it would be dealt with straightaway. The provider had a written complaints policy and procedure. Written information was given to people and was on display in the home about how to raise a complaint. The complaints log showed no complaints had been received by the service in the past 12 months, which confirmed high levels of satisfaction with the service.

Good

Is the service well-led?

Our findings

The culture of the home was open and friendly. People, relatives, staff and health professionals all described a "family" atmosphere. One said, "Malden House is a lovely little home, on the ball, very caring, and well organised." The provider's values were reinforced through a corporate induction programme for all new staff. The service had a written code of conduct for staff to follow which included treating people as individuals, being trustworthy, honest and reliable, and promoting people's independence.

We asked each person, relatives and staff if they could identify any further area for improvements, and none could think of any. This showed there were high levels of satisfaction with the quality of the service provided. In 2014, the service was recognised as being in the top 20 most recommended care homes in the south west region, based on reviews received from people, relatives and family.

The annual satisfaction survey completed in February 2015 showed high levels of satisfaction reported by people and relatives. Areas for further improvement highlighted included involving people and relatives more in their care planning and for more activities, both of which had been addressed. This showed improvements were made in response to feedback.

The regional manager described Malden House as a family home created with three underlying values at its core: care, comfort and companionship. The provider promoted the values and behaviours they wished to encourage through a Hartford Hero staff award, whereby staff were nominated and rewarded for going that extra mile for people they supported.

The service currently does not have a registered manager, as the previous manager had just left. The provider notified us of the interim arrangements whilst a new manager was recruited. Following the sudden departure of the registered manager, the deputy manager was able to step into the manager role, which ensured continuity for the service. They felt well supported by the regional manager and the staff team. The provider acted swiftly to replace the post and interviews were due to take place the following week.

The provider promoted leadership and succession planning, two senior members of staff were undertaking qualifications in leadership and management.They participated in leadership development days and attended provider meetings to meet other staff in the group and share ideas.

Each day, a staff handover meeting was held to communicate any changes in people's health or care needs to staff coming on duty. A day and night shift plan ensured staff knew who was working in each area of the home. A communication book was also used to pass on messages and reminders between staff, such as about appointments, and changes in people's prescriptions.

Staff said they felt valued for the work they did, were treated fairly and felt well supported. When we asked staff what the best thing about the home was, most said it was that staff worked together as a team. One staff member said, staff had a "Can do" attitude, and another liked that staff treated people "Like they were their own family." There were regular staff meetings, including some especially for night staff, and staff were able to contribute ideas and suggestions. Meeting minutes showed the manager regularly thanked staff and praised them for their hard work. Staff working on long days were provided with a hot meal and the provider had a staff fund for staff outings.

A survey of staff had recently been undertaken. The feedback showed high levels of staff satisfaction with very few suggestions for improvement. One staff said, "Keep sending the positive encouragement - it is working." Another said, "We have a good manager, deputy and team in place." A third said, "Generally happy atmosphere, always support if I need help." Staff had access to a range of advice from head office.

A staff handbook included key policies such as the whistleblowing policy, which provided staff with reassurance they could raise concerns in confidence and their concerns would be investigated. Some staff had recently raised in good faith a concern which had been swiftly dealt with by the provider.

The provider had a broad range of quality monitoring systems in use which were used to continually review and improve the service. These included local audits of care records, medicines management and infection control as well as regular checks of equipment such as hoists and

hoist slings, health and safety checks of wheelchairs and the premises. Action plans showed any areas for improvement identified were acted on.

Good

Is the service well-led?

Provider visits were regularly undertaken by the regional manager and by other provider representatives. They met with people and relatives, looked at care records, at how people's nutritional needs and how other risks were managed. This included staff recruitment, training, supervision and appraisals. Two unannounced night visits were also undertaken.

The provider had developed an audit tool to assess the home's compliance with the CQC fundamental standards. Written reports were provided for each visit, with actions taken in response to any areas highlighted for improvement, such as care plans and documentation of prescribed creams. Audit results showed continuous improvement made throughout the year in these areas. In response to feedback about mealtimes, these had been changed to an earlier lunch and tea. This meant a supper trolley was added in the evening to offer people a further opportunity to eat and drink in the evening, which was very popular. This showed the provider was committed to quality monitoring as a tool to drive continuous improvements.

The provider had a quarterly newsletter, the summer edition highlighted the findings of the resident and staff surveys throughout the group. The newsletter welcomed new staff, and celebrated staff achievements such as reporting on promotions and staff awards. The newsletter outlined the provider's commitment to improve the quality and continuity of care for people by becoming 'agency free'.

Monthly analysis of any accidents/incidents were carried out to identify trends and themes. The provider notified us appropriately of any important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern. Six monthly health and safety reviews were carried out. An action plan was developed in response to confirm who was responsible for implementing any recommendations and the timescale.