

The Royal British Legion

Dunkirk Memorial House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Dunkirk Memorial House is a care home. The home is registered to provide accommodation and nursing care to up to 90 people. The home provides care to ex-service people and their dependents. The home specialises in the care of older people, including people living with dementia, but is also able to support younger people.

The main house is divided into two main areas. One area provides care to people who require nursing care and the other provides care to people who need support with personal care. A separate 30 bedded unit called The Mews provides care to up to 30 people who are living with dementia.

At the time of the inspection there were 83 people living at the home.

At our last inspection we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Outstanding.

Why the service is rated Outstanding

Since the last inspection the provider had maintained the high standards of care and support people received and constantly looked for ways to introduce further improvements. This had included taking part in innovative projects and addressing issues raised by people and staff.

Compliments received by the home described Dunkirk Memorial House as being "Such an exceptional place" and "A unique and very special home." The local Member of Parliament had also praised the standard of care given at the home during a discussion in the House of Commons. One person said, "I just don't think you could find anywhere better."

There was a sense of pride in the home with people proud of their home and staff proud of the work they did. People were at the centre of everything at the home and consulted on all changes. People had freedom to follow their own routines and staff were respectful of people's religions, cultures, backgrounds and lifestyle choices.

People's military backgrounds were respected and staff understood the preference of some people to follow routines. There was a memorial garden at the home and a remembrance service was held each year.

The staff were very responsive to people's needs and preferences providing different care for people's different needs and wishes. This was demonstrated in the varied décor styles and atmospheres of different areas of the home.

People were supported by staff who had the skills and experience to meet their needs. Staff training was provided to make sure staff could effectively support people with specialist needs such as people who were living with dementia or people with specific medical needs.

There was a wide range of social activities and events for people to take part in. One person told us activities ranged from "Scrabble to Buckingham Palace garden parties."

People's health was monitored and the staff were creative in supporting people to stay active. There were regular exercise classes and dance was being introduced to hopefully reduce people's risk of falls. There were extensive grounds where people could walk or access in wheelchairs or mobility scooters.

Throughout the inspection we saw numerous examples of kindness and compassion. We heard and read how staff went the extra mile to support people. Records showed the combination of physical care, stimulation and kindness had greatly improved a person's quality of life. People told us staff "Will do anything for you."

People were involved and consulted on their care and support and the running of the home. People's needs were assessed and care was provided to people in accordance with their wishes and preferences.

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

The buildings were designed and maintained to promote people's independence. The Mews had been designed specifically for people living with dementia and had several design features which assisted people to orientate themselves and remain independent. There was a range of social and quiet spaces. Everyone had unrestricted access to safe garden areas and these were well used.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Outstanding ☆

The service remains Outstanding.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service remains Outstanding.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding

The provider and registered manager had not only maintained the high standards of care provided to people but since the last inspection had continued to implement improvements.

People benefitted from an inclusive ethos. People were at the centre of the home and their views were sought on all aspects of it's running.

There was a sense of pride within the home which created a warm and happy atmosphere for people to live in.

Dunkirk Memorial 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October and 1 November 2018 and was unannounced.

The inspection was carried out by two adult social care inspectors, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 31 people who lived at the home and six visitors. We spoke with 15 members of staff which included registered nurses, care staff and ancillary staff. We also spoke with three volunteers. The registered manager was available throughout the inspection.

Some people who lived at the home were unable to verbally express their views to us, we therefore observed care practices in communal areas and saw lunch being served in all areas of the home.

Is the service safe?

Our findings

People continued to receive safe care.

People felt safe at the home and with the staff who supported them. One person told us, "The fact that I can call for assistance and they will respond makes me feel safe." Another person said, "I have never seen or heard anything bad here. So yes, I feel very safe."

People were relaxed and comfortable with staff who supported them. Some people were unable to fully express their views to us but all appeared very comfortable with staff. We observed people seeking out staff and some being reassured by gentle touch and kind words. People sat happily with staff and there were smiles and laughter showing people were relaxed and secure.

Risks of abuse to people were minimised because of the provider's systems and processes. There was a robust recruitment process which made sure all staff were thoroughly checked before they began work. Staff received training in how to recognise and report any suspicions of abuse or poor practice which may place people at risk. Staff spoken with said they would not hesitate to report any concerns to senior staff or the registered manager. All were confident that any issues raised would be fully investigated and addressed.

The provider worked with relevant authorities to make sure people were protected. The registered manager had taken immediate action as soon as concerns had been identified to them and made sure relevant authorities were fully informed.

People were supported by adequate numbers of staff to meet their needs and promote their safety. The provider used a staffing tool which considered the dependency of people, not just the number of people. This enabled the registered provider to constantly monitor staffing levels and make adjustments as necessary. For example; additional staff were made available when people were at the end of their life so a member of staff could remain with the person during their final hours, supporting them and their family and friends. During the inspection a person moved to the home who had complex needs and staff told us they had been assured that additional staff would be made available if required.

In the part of the home which provided personal care and support to people, staff told us they felt there were not always enough staff. Some comments from people living in this part of the home echoed this comment. One person said, "There's not enough staff and they have to work as waitresses as well as care staff." A visitor commented they felt there were times when their relative waited a long time for assistance. However other people living in this area felt they received the care they required. One person said, "Oh yes there's enough staff, they always have time to sit about with you." Another person told us, "There is always someone here quickly if you press your bell." We passed these concerns to the registered manager who assured us they would review job roles and staffing levels in this part of the home.

People received their medicines safely from staff who had received specific training and supervision to carry out the task. Care plans contained information about how people liked to take their medicines. For example,

'Give tablets one at a time on a spoon.'

Where people were prescribed medicines, such as pain relief, on an 'as required' basis there were clear protocols in place for when these should be offered. Where people were unable to verbally express their need for these medicines protocols contained information about how a person may express discomfort. There were accurate recordings to show when medicines, including controlled drugs, had been administered or refused. This meant there was a clear audit trail which allowed the effectiveness of medication to be monitored.

People's independence with medicines was respected and monitored. Risk assessments were carried out where people wished to manage their own medicines and staff monitored the safety of this practice. We spoke with one person who had administered their own medicines but staff had noticed they were no longer coping well with this. They told us, "I always did my own tablets but my sight isn't so good now. I was getting confused so now they do them. It works well."

Risks to people were minimised because staff carried out risk assessments with people to make sure they received care in the safest way. For example, where people were assessed as being at high risk of pressure damage to their skin appropriate pressure relieving equipment and care practices were put in place to minimise the risk of them developing pressure sores. One member of staff told us, "Risk assessments balance independence and safety."

The provider learnt from mistakes and took action to ensure continual improvements were put in place. All accidents and incidents which occurred were analysed to identify patterns. Action was taken following incidents to minimise the risks of reoccurrence. For example, risk assessments were always up dated when someone had a fall.

People lived in a clean and fresh environment. There was a dedicated housekeeping team and all staff received training in good infection control practices. There were adequate hand-washing facilities around the home and staff used personal protective equipment, such as disposable gloves and aprons, where appropriate. This helped to minimise the risks of the spread of infection in the home.

Is the service effective?

Our findings

At the last inspection we found people received outstanding effective care. At this inspection we found the provider had sustained this level of support to people and continued to look at further improvements.

People lived in a home where the provider was constantly looking at ways to improve people's quality of life. They ensured staff had training and support to make sure they were practicing in accordance with best practice guidelines and up to date initiatives. Since the last inspection the provider had appointed a practice development facilitator to support staff in their learning and development. The new post aimed to ensure staff training was tailored to the needs of people and delivered in accordance with staffs learning styles. It was also a way to enable staff to develop their skills and careers. This demonstrated the value the provider placed on staff and their desire to make sure people were supported by well trained and motivated staff. One person told us, "The staff are extremely professional and well trained. They are kind which is most important, they are courteous, efficient and cheerful." A member of staff said, "The training here is outstanding."

The provider had also introduced their new core values of "Passion, Service, Excellence, Collaboration and Valuing our people." These values were incorporated into all new training courses. This helped to make sure the values were at the centre of staff practice.

At our last inspection The Mews had been taking part in 'The Butterfly Project.' This is a year-long project which provides a focus on improving the lived experience for people living with dementia through a mix of methods which include audits of the service and staff training. Following the project, the home achieved level one Butterfly Home status in April 2017. This status had been retained following an unannounced audit in May 2018.

As part of the Butterfly project, The Mews had been divided into three households since the last inspection. This had involved making sure people lived with people who had similar abilities and ways of expressing themselves. It had also involved staff groups being matched to households according to their personalities and skills.

Without exception staff we spoke with praised the positive effect this had had on people's well-being. One member of staff said, "The households have really made a difference. People are calmer and much happier." Another member of staff told us, "As people's dementia changes they seem to naturally gravitate to the part of the home where people have similar abilities. I guess it is like any of us, we feel more comfortable with certain groups of people according to how we feel."

One relative told us their relative had previously been at another care home where they did not leave their bedroom. They told us that since moving into The Mews the person had blossomed and could often be found mixing with people and joining in with singalongs. This demonstrated how the atmosphere in the home, and skills of staff, promoted a sense of happiness and well-being.

The buildings were designed and adapted to enable people to maintain their independence. All corridors were light and bright and doorways were wide enough for people with all levels of mobility, including wheelchair users, to move around freely. There were a variety of communal spaces to enable people to join in with busy activities or spend time quietly. All bedrooms had large en-suites with level access showers and equipment and adaptations were in place to meet people's specific needs. One person told us, "I feel very lucky. I have a lovely room and en-suite. Couldn't be better."

Everyone was able to access the grounds as there were numerous exits to the gardens and wide level pathways. In recognition of people's military backgrounds there was a memorial garden where a wreath was laid each Remembrance Day by a person who lived at the home.

People with dementia lived in an environment which was innovative and based on research and person-centred care. The Mews was purpose built to meet the needs of people living with dementia. There was a main hub where people could meet for activities and social interaction and three corridors which ran from the central hub. One person described the central hub as a conference room because it was "Where everyone meets and chats." Since the last inspection the main hub had been divided into smaller cosier areas in accordance with people's needs for smaller spaces. Households had been formed with each having a dining room and lounge area for people.

In The Mews coloured corridors helped people to orientate themselves and move around independently. The main hub areas contained comfortable seating, spaces for activities, a hairdresser's salon with an old-style barbers' sign outside, an open plan kitchen with a large printed café sign above it and an office area. There was also a large conservatory area which opened onto a safe and secure garden. During the inspection we saw people moved freely around the inside and outside areas.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. People told us the registered manager had visited them before they moved in to assess their needs and ensure they had all the information they required. Most people we met said they had visited the home before deciding to make it their home.

People could be confident that care provided would be in accordance with their needs and wishes. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. These care plans were regularly reviewed with people to make sure they continued to be reflective of people's needs and preferences.

People's health was well monitored by trained nurses and care staff. Staff noticed changes in people's health and wellbeing and took action to make sure everyone received appropriate care and treatment. People said staff helped them to maintain their health. One person said, "The doctor comes regularly. There's no problem with healthcare." Another person told us, "There's an exercise class to keep you moving." A member of staff told us they had started to use dance as an exercise for people, which they hoped would reduce the number of falls people had.

The staff worked with other healthcare professionals to ensure people's needs were met. For example, one person had lived at the home for a number of years and had been cared for in bed and required full monitoring and nursing care including being fed through a tube into their stomach. When staff began to notice subtle changes in the person they contacted other healthcare professionals such as a neurologist and speech therapists to seek advice about how to best support the person. At the time of the inspection this person was using a wheelchair and staff were making sure they had continued social and mental stimulation including attending a centre outside the home. We saw this person being taken around the

home and saw they were observing their surroundings and smiling as people interacted with them. This person's care plan was extremely detailed so that staff knew exactly how to recognise changes and support them in a way that continued to offer new opportunities.

People's nutritional needs were assessed and met. Where people required specialist diets or monitoring this was provided. For example, some people required their meals to be served at a specific consistency and they received meals in line with their needs.

People were able to choose where they ate their meals. In the main part of the home there was a large dining room where most people chose to eat. In The Mews there were three small dining rooms providing a more intimate experience. People who required assistance to eat were supported in a way that provided a social experience and respected their dignity. Some staff sat with people to eat meals together and people said friends and relatives were able to join them for meals.

Opinions about the food served at the home were varied. Everyone we asked said there was always a choice of food and the kitchen staff were very obliging if they requested specific items. One person said, "Today there are chips and peas on the menu. I have contacted the kitchen and told them I would like carrots and broccoli; the chef will do anything for you."

The registered manager told us one of their plans at the time of the inspection was to improve meals and the meal time experience. They had carried out a number of surveys to find out how people wanted improvements to be made. They had introduced small fridges to the snack stations throughout the home to make sure people could have yoghurts and other cold snacks and, due to feedback from people, had increased the number of savoury snacks available. They had also purchased a large display fridge for the main dining room to make sure people were able to see and choose from a larger selection of desserts.

Throughout the home there were places for people and visitors to make drinks and staff continually offered drinks to people who were unable to make their own. One person who was living with dementia said, "There's always a lovely hot cup of tea for you." Another person said, "No shortage of food or drink here."

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found staff worked in accordance with the MCA by making sure they gave everyone opportunities to make decisions. This could be asking people what they wanted, showing people pictures of different choices or allowing people to lead them to what they wanted. Staff talked with friends and family to help them to make decisions in people's best interests if they were unable to make a decision. One member of staff said, "We give people choice about everything. If people can't choose then we go with what we know about them and make a best interests decision. It's very rare though that we can't find a way to help someone choose."

People's legal rights were protected because staff knew about the principles of the Mental Capacity Act and the registered manager had made appropriate applications for people to be cared for under the Deprivation of Liberty Safeguards. Where people had given other people authority to act on their behalf this was clearly recorded in their care plan along with the scope of the power.

Is the service caring?

Our findings

People continued to receive a caring service.

Comments from people showed the registered manager led by example to make sure people were always treated with kindness and compassion. One person told us about the kindness of the registered manager and said they had been, "A tower of strength." Another person told us how the registered manager had supported them emotionally, and with practical tasks, following the death of their spouse. The introduction of the provider's core values of "Passion, Service, Excellence, Collaboration and Valuing our people" reinforced the philosophy in the home.

People were always treated with kindness and felt well looked after at the home. One person said, "Absolutely kind. Couldn't find anything bad about the place." Another person said, "The staff are always kind to me. I have nothing to worry me." One person commented, "Staff are exceedingly kind."

Staff knew people extremely well and had built trusting relationships which helped people to feel at home and safe. One person told us, "Staff know all my ways and we can have a laugh together." Another person said, "I feel very settled and at home."

During the inspection we saw staff helped people at their own pace, included people in conversations and constantly ensured people were comfortable. At one point in the day a person living with dementia became confused about where they were and what was expected of them. A member of staff sat with them and gently encouraged them into a group of their peers. This resulted in the person smiling and singing along with other people with the member of staff continuing to offer reassurance and support.

People told us staff often went over and above their expectations to support them. One person said, "They [staff] seem to know what you are thinking and before you have asked for something they have sorted it out." Another person said, "They will do anything for you. When I was poorly staff came in early and sat by my bed. I really appreciated that, they didn't need to do it." A relative told us when they experienced difficulties the staff, "Pulled out all the stops to get everything sorted in 24 hours. I just can't speak highly enough of them."

Daily records in people's care plans demonstrated how staff went the extra mile for people. For a person who had been nursed in bed for a number of years the records showed the combination of physical care, stimulation and kindness had greatly improved the person's quality of life. When we saw them around the home this re-emphasised the care which had been provided.

People were always treated with respect and dignity. Staff interacted with people in a polite and friendly manner. One person told us, "They treat you like a human being, with dignity which is most important." Another person said, "The staff know I don't like having a shower, they are very kind, understanding and helpful."

Staff helped people to keep in touch with friends and family. Visitors told us they were always made welcome and felt able to visit at any time. One visitor told us, "I visit every day, staff make me a coffee and I sometimes stay to lunch." The staff also supported people who lived at the home to maintain friendships with each other by ensuring friends had time and space to socialise together.

People were involved in all decisions about their care and the running of the home. Conversations with the registered manager showed every change in the home was guided and informed by people's views. There were various meetings and committees for people who lived at the home to make sure their voice was heard.

Where people were unable to express their views, the registered manager monitored people's behaviour and moods to make sure they were happy with any changes being planned. Prospective care staff who wished to work in The Mews spent an extended period of time there as part of their interview. This enabled staff to monitor how the candidate interacted with people living with dementia and allow people to give their views on whether they would like the person to work in their home.

People and/or relatives were encouraged to share their views on the care they received at regular care reviews. People said they felt comfortable to discuss their needs and any changes they wished to make. One person said, "They are always asking about what you want and how they can help you." Visiting relatives said they felt involved in the planning of their family members care and included in decisions.

Is the service responsive?

Our findings

At the last inspection we found people received outstanding responsive care. At this inspection we found this level of support had been sustained and the provider continued to look at how further improvements could be made.

Since the last inspection staff had moved the focus away from organised activities to promoting well-being and a more holistic approach. The staff were taking part in the OOMPH (Our Organisation Makes People Happy) project. This project aims to make well-being everybody's responsibility and ensures social interaction is personalised to each person. The project was in its early stages but a number of staff had received initial training from the organisation and were enthusiastic about the future. One member of staff told us this would involve spending more time with people doing things like having a cup of tea, a chat or going for a walk as opposed to specific activities. The registered manager told us they were hoping to put in place a 'Golden Ticket' system where all staff were given a ticket with a person's name on each day and they had a responsibility to spend time with that person in a social setting. They felt this would be beneficial to staff and people living at the home, especially people who may be quieter and not join in with organised activities.

People continued to have access to range of social opportunities and the staff constantly looked for different experiences for people. Since the last inspection the home had participated in 'The Archie Project.' This is an intergenerational project which matches older people's homes to local schools to enable people and children to share experiences and social activities. It also aims to promote dementia awareness in the local community to improve people's access to community facilities. The home was also being visited by local nursery children and some people told us how much they enjoyed these visits. One person said, "The nursery children are absolutely lovely."

People had access to many social activities and events. Each person received a copy of 'The Bugle' (the home's newsletter) every week to inform them what was going on each day. This enabled people and visitors to organise their time around things that interested them. One person talked us through what they were planning to do during the week. They said, "There's so much to do I don't go to everything. This afternoon there is a jazz band who have been here before. They are very good so I will go to that. Tomorrow is the church service, that's always well attended, probably because they serve sherry afterwards. Then on Sunday I go out to church and at some point I want to get my hair done." One person told us, "Things going on here range from Scrabble to Buckingham Palace garden parties."

The staff recognised, celebrated and remembered people's military backgrounds. During the summer the home had hosted a family day in honour of the centenary of World War 1. This had been a large event bringing together a number of community groups such as the Women's Institute, local schools, cadet forces and British Legion branches. Photos of the event showed this was an opportunity for people to have a fun day but also to honour those fallen in the war. The day was completed by a Dakota fly past.

At the time of the inspection people and staff were preparing for a large Remembrance Day service. Some

people were making poppy collages and others were helping to decorate the home. The registered manager told us that due to the number of people who attended the Remembrance Day service each year this was held in the large dining room rather than the smaller chapel.

The provider was very responsive to people's varied needs and wishes. This was demonstrated by the different atmospheres of the different areas of the home. The main part of the home was decorated with military memorabilia in accordance with people's wishes. A number of people followed quite rigid routines. One member of staff said, "Because of people's backgrounds, routines can be incredibly important to them. We have to respect that and make sure things happen on time."

In The Mews, where people were living with dementia, staff were totally flexible to enable people to do whatever made them happy and content. The area was bright and packed with objects for people to interact with. On the first day of the inspection there was a Christmas cake baking in the oven, some organised activities, impromptu singalongs, various ad hoc activities and people generally socialising together drinking tea or wine depending on their preference.

People told us they were able to follow their own routines and live their lives as they chose to. One person described their strict daily routine to us and said staff happily accommodated this. Another person told us, "You have freedom here. If I want to go to bed at midnight I can."

People's changing needs were identified and met. Different areas of the home offered different levels of support which enabled people to move areas when their needs changed significantly. This enabled people to remain in their familiar setting but receive a different level of care.

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Each person's care plan contained an assessment of their communication needs and the staff worked with other professionals, such as speech and language therapists, to make sure their needs were met.

People received compassionate and professional care at the end of their lives. The home was accredited to the Gold Standards Framework. This is a nationally recognised comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Dunkirk Memorial House is a 'Platinum home' which means they had been re-accredited after a three-year period. This demonstrated sustainability of standards and high-quality care for people.

People's wishes for the end of their life were set out in their care plans. Information recorded included things that were important to them, where they wanted to spend their final days and who they wanted to be with them or consulted with.

People could be confident that end of life care would be respectful of their religions and beliefs. The home had cared for one person who needed a specific atmosphere in their room including water features and lighting during their final hours. Following this person's death, a separate room was provided for friends and family to celebrate the person's life with meditation, singing, dancing and celebrating their achievements.

The staff continued to support friends and family members whose loved ones had died at the home. This could be practical support, such as attending the registry office, or emotional support. Relatives continued to be welcomed to the home's weekly service and the annual service of remembrance.

People were comfortable to share concerns or make a complaint. One person told us, "Wouldn't hesitate to

complain if there was anything to complain about. Totally confident [registered manager's name] would sort it." We asked a person living dementia what they would do if they weren't happy and they pointed to member of staff and said, "I would tell that lady there because she would help me."

Staff told us they knew people well and would recognise when people were unhappy and they would always take action to find out what was wrong. One member of staff spoke about one person. They told us the things that caused the person concern and how they helped them at these times. When we looked at this person's care plan the information was clearly recorded which meant all staff knew how to support them.

People could be assured that all complaints would be taken seriously and investigated whether made formally or informally. In some instances, as part of their investigation, the registered manager had consulted with other people at the home to gauge everyone's views. For example, when one person had complained about the quality of the Sunday roast everyone was asked about their experience. This was to identify whether changes needed to be made for the whole group or just for the person who had made the complaint.

Is the service well-led?

Our findings

Since the last inspection when the home was rated outstanding, the provider had sustained the standards of care people received and implemented on-going improvements. This demonstrated the systems in place to monitor standards were effective and there was a commitment to continually working to improve people's quality of life and well-being. We have therefore now rated this section as Outstanding.

Compliments received by the home described Dunkirk Memorial House as being "Such an exceptional place" and "A unique and very special home." The local Member of Parliament had also praised the standard of care given at the home during a discussion in the House of Commons. One person said, "I just don't think you could find anywhere better." A contractor working at the home said they carried out work in a number of different care homes. They told us, "This is the best. The only one I would like to end up in."

There was an experienced 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 lived in a home which was well led and efficiently run. There was a staffing structure which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy manager and there was a head of department in each unit. In addition to this there were registered nurses and senior carers. This meant people always had access to experienced and skilled senior staff.

There was a sense of pride at the home. People who lived there were proud of their home and the facilities and services offered. Staff showed pride in their work and were extremely respectful of the people they cared for. This resulted in people being at the very centre of everything that happened and staff having a true commitment to providing the best quality of life to people.

The provider and registered manager constantly looked for ways to improve the service offered to people and enhance their experience. With this in mind, they sought out and embraced projects which were forward thinking and innovative. This was demonstrated by the participation in Butterfly project, The Archie project and the new OOMPH project. The registered manager told us taking part in specific projects also meant they were audited by outside agencies which they very much welcomed because it brought new ideas and ways of working.

The projects were also very motivational for staff who saw changes in the people they cared for. One member of staff who worked in The Mews said, "I think the Butterfly stuff was quite brave but it has so paid off for people. Having the right staff in the right areas has really worked." Another member of staff told us, "We are a really good staff team, everyone sees the benefits of how we work. It's a brilliant place to work."

There was a strong staff and volunteer team who felt well supported and were receptive to changes and new ways of working. One trained nurse told us, "We are trying a new way of starting the day. A very short

handover initially in the morning. Then do breakfasts and have report later. It's working well." Two volunteers had always arranged the flowers for the buildings. Recently some people had said they would like to be involved in this and the volunteers were now running a weekly flower arranging group for these people. On the first day of the inspection we saw people enjoying this activity.

Staff were valued and listened to. All staff told us the management of the home were extremely approachable and they were able to discuss things informally on a day to day basis or more formally at meetings or individual supervision sessions. One member of staff said, "The manager is really approachable. Anything you ask for as long as it's for the residents you get." Another member of staff said, "The management are lovely and support us. I am happy and lucky to be here."

There was a staff survey carried out and actions were taken in response to some of the points raised in this. One result in the staff survey was that staff didn't feel there were always opportunities to develop their career at the British Legion. In response to this the provider had introduced a new role of practice development facilitator to support staff in their learning and development. They were also looking at new career pathways for staff including apprenticeships and a nurse assistant role.

People lived in a home where their opinions were taken in account in the running of the home. The registered manager promoted a culture which enabled people to share ideas and raise issues. This culture was embedded into the service because staff and people saw ideas being put into practice to continually improve the service offered to people. For example, people had asked for additional snacks including savoury items to be made available and this was actioned. People had also commented in general about the food and a large piece of work was being undertaken with people to make improvements in this area.

People were involved in decisions at all levels. There were various meetings for people who lived at the home and some people sat on committees to make sure people's voices were represented at all levels. Minutes of meetings showed people were made fully aware of any changes in the home including financial issues.

People's views were always considered. Where people made suggestions, or raised concerns there was information to say how the issues had been addressed. For example, a hearing loop had been installed in the dining room, the chapel and a communal lounge in response to an issue raised. One person had complained of cold tea and changes had been made to stop this reoccurring. One visitor told us they had raised an issue at a meeting and this had been immediately dealt with.

People benefited from a provider who had systems to identify risk and monitor quality. Where risks were identified from sources outside the home, such as medical device alerts, action plans were put in place to mitigate the risks to people using the service. All accidents and incidents were audited to identify patterns or trends and identify where changes needed to be made. We saw that following one incident staff had received specific training to minimise the chance of the situation happening again.

Health and safety checks of the buildings ensured risks to people and staff were minimised. There were regular checks of all equipment including, fire detecting systems, lifting equipment and water.

The provider had a quality improvement plan for the year which outlined the priorities being focussed on and how these would be achieved. The care home was provided with an update on how work had progressed since the introduction of the quality improvement programme and this showed steady progress to meet the priorities.

The provider had appointed a new senior management team to oversee the care homes owned by them. Members of the team visited the home regularly and spent time with people who lived there and staff to monitor standards. The registered manager told us they felt well supported by the provider and also met up with other care home managers to share learning from incidents and good practice.

The registered manager was aware of their legal responsibilities and worked in partnership with other organisations such as commissioners and the local authority to share information appropriately. The registered manager has notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.