Willow Homes-Lincs Limited

The Old Hall

Inspection report

The Old Hall
1 High Street
Billingborough
Sleaford
Lincolnshire
NG34 0QA
Tel: 01529 240335
Website:www.the.oldhall.co.uk

Date of inspection visit: 28 October 2015
Date of publication: 27/01/2016

Ratings

Overall rating for this service	**Outstanding** ☆
Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Overall summary

The Old Hall is registered to provide residential care for up to 20 older people, including people living with dementia. The service also provides day care support although this activity is not regulated by the Care Quality Commission (CQC).

We inspected the home on 28 October 2015. The inspection was unannounced. There were 19 people living in the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with CQC 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of

Summary of findings

Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection the manager had submitted DoLs applications for two people living in the home and was waiting for these to be assessed by the local authority.

People were at the heart of the service. Staff understood what was important to the people living at The Old Hall and worked closely with each other and with families to ensure each person had a meaningful and enjoyable life. People played an active part in the running and development of the home

Innovative approaches such as '30 second activities' and 'Daisy's Shop' enhanced people's quality of life and provided therapeutic benefit to people living with dementia.

People were supported to retain an active presence in the local community and to maintain their personal interests and hobbies. A specialist activities team organised a rich programme of communal activities for those who wished to participate.

The manager and staff undertook outreach work in the local community to promote greater awareness and understanding of the needs of people living with dementia.

The provider regularly assessed and monitored the quality of care to ensure national and local standards were met and maintained. A culture of continuous improvement was in place to promote further enhancement of the service.

The manager demonstrated an open, reflective management style and provided strong values-based leadership to the staff team.

There was a warm, homely atmosphere and staff cared for people with kindness, patience and understanding. Staff had time to meet people's needs and to interact with them individually, without rushing.

People and their relatives were closely involved in planning and reviewing the care and support they received. Staff listened to people and had a detailed understanding of their needs and preferences. Staff understood the issues involved in supporting people who had lost capacity to make some decisions.

People felt safe living in the home and staff understood how to identify, report and manage any concerns related to people's safety and welfare. The provider had systems in place to assess and manage risks to people's safety. An innovative 'traffic light system' was used to alert staff to particularly important risks.

Staff received regular training from specialist agencies that provided them with the knowledge and skills to meet people's needs in an effective and person-centred way. Sound recruitment practice ensured that the staff employed were suitable to work with the people living in the home.

Staff had developed strong relationships with local healthcare services which meant people received any specialist support required. Medicines were managed safely.

Food and drink were provided to a high standard and people could choose what to eat and drink and when.

People and their relatives could voice their views and opinions. The manager listened to what people had to say and took action to resolve any issues. The provider reviewed untoward incidents and concerns to look for opportunities to improve policies and practices for the future. There were systems in place for handling and resolving complaints.

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.

People felt safe and were supported in a way that minimised risks to their health, safety and welfare. An innovative 'traffic light' system was used to alert staff to important risks.

Staff were able to recognise any signs of potential abuse and knew how to report any concerns.

Staff had time to meet people's needs and to interact with them individually, without rushing.

Medicines were managed safely.

Is the service effective?

Outstanding

The service was very effective.

Staff had the specialist knowledge and skills required to meet

people's individual needs and promote their health and wellbeing. Staff worked very well with local healthcare services and people had prompt access to any specialist support they needed.

People were supported to make their own decisions wherever possible and staff had an understanding of how to support people who lacked the capacity to make some decisions for themselves.

Food and drink were provided to a high standard.

Is the service caring?

Outstanding

The service was very caring.

Staff know people as individuals and supported them to have as much choice and control over their lives as possible.

Care and support were provided in a warm and patient way that took account of each person's personal needs and preferences.

People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Outstanding

The service was very responsive.

People received personalised care that was responsive to

their changing needs.

The provider's innovative approach to care and support provided therapeutic benefit to people living with dementia.

Summary of findings

People were supported to retain an active presence in the local community and to maintain their personal interests and hobbies. A specialist activities team organised a rich programme of communal activities for those who wished to participate.

The manager and staff undertook outreach work in the local community to promote greater awareness of the needs of people living with dementia.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

Outstanding ☆

The service was very well-led.

The manager demonstrated an open, reflective management style and provided strong values-based leadership to the staff team.

People were supported to play an active role in the running and development of the service.

A culture of continuous improvement was in place to promote further enhancement of the service.

People and their relatives were encouraged to voice their opinions and views about the service provided.

The provider had systems in place to assess and monitor service quality.

The Old Hall

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. The inspection was planned to check whether the provider was 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.

We visited The Old Hall on 20 October 2015. The inspection team consisted of one 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. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with six people who lived in the home, four family members/friends who were visiting at the time of our visit, the manager of the home, three members of the care staff team, one member of the activities team and the chef. As part of the inspection process we also spoke with local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including three people's care records, two staff supervision and appraisal arrangements, recruitment files and training records. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided.

We reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that they felt safe living in the home. One person told us, "I feel very safe." A visiting relative said, "Oh gosh [my relative] is safe. I can go about my business and know they are well cared for."

Staff told us how they ensured the safety of people who lived in the home. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff said, and records showed, that they had received training in how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice in this area. Advice to people and their relatives about how to raise any concerns was provided in the introductory guide that was given to people when they first moved into the home. The manager demonstrated her awareness of how to work with other agencies should any concerns be raised.

Personal emergency evacuation plans had been prepared for each person which detailed the support the person would require if they needed to be evacuated from the building. To make them as easy as possible for staff to use, they were reinforced by colour coded dots which had been placed on each person's bedroom door to give 'at a glance' information on each person's support requirements in the event of an emergency. Staff also sought advice from the local police service when this was required. For example, following a recent incident, the police had been contacted and changes had been made to procedures in the home, to improve further the security of people living there and staff.

We looked at three people's care records and saw that the manager had completed a pre-admission assessment with each person and their family before they moved into the home. As part of this process a wide range of possible risks to each person's wellbeing had been considered and assessed, for example the risk of falls or malnutrition. Each person's care record detailed the action taken to prevent any identified risks. For example, we saw that some people had been assessed as being at risk of developing pressure sores. Specialist advice had been obtained and a programme had been put in place to ensure that each person was supported to change position every two hours to prevent the risk. Again, to highlight particularly important information, a colour coded 'traffic light' system was used in the care records. For example, a red dot in one person's care record reminded staff that a hoist must always be used when supporting that person to stand up. Staff demonstrated they were aware of the assessed risks and management plans within people's care records and used them to guide them in their daily work. One member of staff told us, "The care plans help me understand the risks involved in supporting the people I work with."

Staff said that they were committed to maintaining people's independence whilst at the same time protecting them from harm. We saw that one person who was living with dementia liked to spend time cleaning the work surfaces in the kitchen. Staff had identified that it was important that the person had the opportunity to undertake this task, to help maintain their self-esteem and independence. Staff had completed a full risk assessment of the activity and, as a result, the person was supported to clean the kitchen in the evening when the ovens were switched off. The home also used an electronic system which alerted staff when people accessed the grounds. This helped some people to retain their independence in moving around the garden without staff support, whilst ensuring they remained safe.

Staff told us, and records showed, that when accidents and incidents had occurred they had been analysed so that action could be taken to help prevent them from happening again. For example, in response to a recent incident involving one of the people living in the home the care team had met together to discuss what had happened. As a result, changes had been made to the way certain information was recorded to try to prevent something similar happening in the future.

Throughout our inspection visit we saw that staff had time to meet people's needs and to interact with them individually, without rushing. For example, we saw a member of staff had noticed that one person was having difficulty with their drink and was becoming frustrated. The staff member took the time to sit beside the person and calm their anxiety by chatting to them and helping them enjoy their drink. One staff member told us, "We have always got time to help people and to chat to them. If someone needs more support, they get it. You can't rush an elderly person." One person told us, "There is always plenty of help." The manager told us that she reviewed staffing

Good

Is the service safe?

requirements regularly to take account of people's changing needs. One of the ways she did this was by working frequently on both day and night shifts in the home, to check that staffing was sufficient to provide people with the person-centred care she expected them to receive. The manager said that earlier in the year, in response to feedback from people and families, she had introduced a specialist activities team. The aim of this significant change was to improve further the provision of activities in the home and to ensure staff had sufficient time to support people to maintain their personal interests and hobbies.

We saw the provider had safe recruitment processes in place. We examined two staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the home.

We reviewed the arrangements for the storage, administration and disposal of medicines and saw that these were in line with good practice and national guidance. Some people had been prescribed medicine that was to be taken 'as required'. We saw that, on occasion, some people had exercised their right not to take to take this medicine and that this decision had been accepted and recorded correctly by staff. People's medicines were reviewed on a regular basis, in consulation with their GP, and we saw that changes had sometimes been made as a result. We reviewed recent audits of medicines management which had been conducted internally and saw that action had been taken to address the recommendations made.

Outstanding ☆

Is the service effective?

Our findings

Without exception, the people we spoke with told us that the staff were skilled in meeting people's needs. A family member said, "I've nothing but praise. I've seen a transformation [in my relative] since they have been here." One person told us, "The staff are all very capable – ever so good. It's like being at home."

Staff demonstrated a detailed understanding of people's individual needs and were confident that they had the knowledge and skills to meet them. Each person had a 'This Is Me' poster in their bedroom which provided information on, for example, the person's life history, their food preferences and important relationships. Staff told us they found these were a good prompt for conversation with people, particularly if they were new to the home. The manager also told us that visiting healthcare professionals, including the chiropodist and optician, had told her how useful they were in assisting them to get to know people as individuals.

New members of staff received induction training and shadowed existing members of staff before they started work as a full member of the team. One new member of staff told us, "The induction prepared me well. And if there is anything I am still not sure about, I just ask." The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff and a number of newly recruited staff had been enrolled and were completing the programme. The manager maintained a detailed record of the training that was required by each member of staff and worked with a wide range of local colleges and specialist organisations to ensure staff were up to date on best practice in areas including dementia care, stroke care, person centred care and diabetes. The manager had completed a degree in dementia care and several other staff had gained, or were working towards, nationally recognised qualifications. For example, a senior member of staff told us that the provider had supported them to study for nationally accredited management qualifications which improved her effectiveness in her role. One staff member told us, "We get a lot of training which is good, as things change and you need regular refreshers. We have a lot of outside experts coming in to train us." Many staff had joined the national 'Dementia Champions' scheme which exists to promote greater understanding of the needs of people living with dementia.

We saw that staff training had been effective. For instance, the work of the dementia group in establishing the token economy and shop reflected research the manager had undertaken as part of her degree. We talked with another member of staff who had taken up an opportunity to move from the care team to the activities team. Reflecting the training they had received to prepare them for their new role, the staff member told us of the importance of music in stimulating memory in people living with dementia. The provider reviewed the training programme regularly to make sure it met the changing needs of staff and the service. For example, the manager told us that, "I don't like online 'e-learning'. It's not effective." As a result, she had revised the training delivery to make sure it was delivered face-to-face, on the job or in a classroom environment, which staff told us they found much more beneficial.

Staff had been trained in, and showed an excellent understanding of, the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This is the legal framework that exists to ensure that people who may lack mental capacity are supported to make decisions for themselves wherever possible. Throughout our inspection visit we saw examples of staff members seeking to establish proper consent before providing any care or support. One staff member told us, "Even if someone has lost capacity to make major decisions, I always encourage them to make smaller, day-to-day decisions such as what to eat or drink, or what perfume or jewellery to wear. To maximise their choice and control." Another member of staff, who had recently received the training the provider had organised in this subject, told us how they put their training into practice, "We provide person centred care here. We ask, we don't tell and we always explain what we are doing. Even if the person has lost capacity there are still things that people can do for themselves."

At the time of our inspection, the manager had sought a DoLS authorisation for two people living in the home to ensure that their rights were protected and they could continue to receive the care and support they needed. We also saw that, where people had lost capacity to make significant decisions for themselves, the manager arranged meeting of relatives and relevant professionals to discuss and agree what was in the person's best interests.

From talking to staff and reviewing records, we could see that staff were supported to undertake their role and were

Is the service effective?

provided with regular supervision and annual appraisal from the manager. One staff member said, "I find my supervision sessions very helpful. I can talk through any problems and the manager will do something about it." Detailed daily sheets for each person, a staff communications board and shift handover meetings were used to ensure staff kept up to date with changes in people's care needs and any important events. To reinforce the importance of good written communication in supporting effective care, we saw a notice had been put up on the staff communication board which read, "If you didn't document it, you didn't do it."

As part of our inspection we observed a staff handover meeting. The manager was present and told us that she sat in on the handover meeting whenever she was in the home. Staff demonstrated a detailed knowledge about the health and emotional needs of the people living in the home and ensured any issues were followed up promptly. For example, a member of staff explained that they had been worried about one person's health and had called the local surgery and arranged for the person's GP to come out that afternoon. Staff also discussed strategies to support another person who had become slightly anxious following an unexpected event.

Staff made sure people had the support of local healthcare services whenever necessary. From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses, speech and language therapists, a Parkinson's nurse and community psychiatric nurses. One visting healthcare professional who had a great deal of contact with the home told us, "This home is fantastic – the kind of place you would want your parents to live. The staff are really on the ball and very responsive. They go over and above what is required." We saw that another healthcare professional had left a note in the home's 'comments book' which read, "I couldn't believe how good your paperwork is. We don't get that in any other care home."

People enjoyed the food and drink provided in the home. One person told us, "It's good food. The cook's very good." A visiting family member said, "It looks like proper meals should be, nicely presented. At teatime they use a cake stand so people can choose what cake they want." We spent time in the kitchen and observed people eating lunch and snacks and saw that people were served food and drink of high quality. There was a rolling four week menu which changed seasonally and provided two hot lunch choices, seven days a week. A range of hot and cold options were provided at tea time along with a selection of homemade cakes and puddings. The chef told us that, for breakfast, people could have, "Exactly what they wanted." Food was sourced locally and cooked on the premises. People told us that the chef delivered their breakfast to them in the morning and took this opportunity to check what they wanted for lunch. The chef told us that, "People change their minds quite often but that's not a problem, it's whatever they want." On the day of our inspection we saw that someone decided they no longer wanted the lunchtime pudding option they had chosen earlier in the day and that they were immediately offered a choice of two alternatives.

The provider sought feedback from people on the food and drink provided and made changes accordingly. For example, the chef told us that he was about to move on to the winter menu which would include "more homemade pies" as this is what people had told him they wanted. The chef also said that he always served fish on a Friday as, "Lots of the people who live here remember this tradition."

Records kept in the kitchen and in people's care files showed that risks such as malnutrition and choking had been assessed and that preventive actions and regular monitoring had been put in place where required. For example, the chef knew who needed to have their food pureed to reduce the risk of choking and hot and cold drinks were offered throughout the day to combat the risk of dehydration. Detailed daily records were kept of how much each person ate and drank and these were reviewed by the manager every week to ensure any issues were picked up quickly. The chef told us that he was a member of the nutrition group which, as part of its work, was looking at ways to promote healthy eating, including encouraging people to eat more fresh fruit.

Outstanding ☆

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring. One person said, "They are all very obliging and help me mix with others." Another person told us, "They're a super lot!"

Throughout our inspection we saw staff interact with people in a kind and considerate way. For example, one person who was asleep in the lounge was woken gently by a staff member at lunchtime. The member of staff sat beside the person and supported them to eat their lunch, chatting and encouraging them throughout. This person had been assessed as being at risk of malnutrition and the patient support and caring approach of the staff member enabled them to enjoy a full meal. During the staff handover meeting, another member of staff described how one person had become dizzy after helping to make apple pie for lunch. The staff member had helped the person to sit down and remove their jumper to cool down which had helped them make a full recovery.

People who visited the service were also very complimentary of the care received by their loved ones. One relative said, "I can't fault it. It just gets better and better. The staff are lovely, they know the residents so well." Another relative had commented, "I was really impressed by the happiness in the home. The staff all try to make this a home from home for the residents." Staff also provided support to people's friends and relatives. We chatted with one person who was visiting a friend who lived in the home and who told us that, whenever they visited, they were always offered a drink and something to eat, free of charge. We saw a comment from a relative which read, "I was overwhelmed by the kindness and professionalism shown by all the staff to residents and visitors. Well done – a pleasure to witness." People were supported to maintain their diverse spirtual needs and a local vicar visited the service regularly to minister to people with a Christian faith.

There was a warm, cosy atmosphere within the home and it was clear that a lot of thought had been given to creating as homely an atmosphere as possible. Framed photographs of people were displayed in the main lounge and there was a sign in the entrance hall which read, "Welcome to our home." Just before lunchtime we saw staff administering medicines to several people. Reflecting good practice, the staff member wore a bright tabard to alert others not to interrupt them during this important activity. We noticed that the tabard had a light-hearted description on it, in place of the more usual 'Do Not Disturb' wording. The member of staff said this had been chosen because the staff team thought the standard wording was, "Too abrupt and unfriendly towards the residents." At the time of our visit, reflecting the time of year, staff had supported people to put up Halloween decorations in the lounge and other communal areas. Staff told us that preparations for Christmas were also well in hand and that they had encouraged people to reminisce about Christmas in years gone by. Staff said they would be using these memories in planning this year's celebrations.

There was a very strong person-centred culture and staff understood that people were at the heart of the home. The manager told us that she expected every member of staff to treat people as they would expect their own family members to be treated and this approach had clearly been taken on board by staff. One staff member told us, "We work in their home, they don't live in our workplace." Another member of staff said, "We have time to spend with people individually. No one is left to vegetate." Staff reflected this person-centred approach in the way they supported people to make choices about their care. For example, the chef told us that, "We are not one of these homes that has everyone up around the table at 8am. Some days I am still delivering breakfasts at 11.20am. It's their home – they get breakfast when they want it." One person told us, "The staff are all very friendly. I get lots of choices." Another person said, "The staff are brilliant. I can get up when I want and stay up late."

Throughout our inspection we saw evidence of the provider's commitment to giving people as much choice and control as possible. For example, in the lounge we saw a member of staff asking the people present whether they would prefer to watch TV or listen to music, in the half an hour or so before lunch. When people indicated they wanted to listen to music, the staff member then took time to establish which kind of music the group preferred to listen to. We also saw that the member of staff administering lunchtime medicines had a detailed understanding of each person's individual preferences. For example, it was recorded in one person's medication record that they liked their lunchtime medicine on a spoon. We saw that the member of staff offered this person their medicine on a spoon, in accordance with their expressed wish.

Outstanding ☆

Is the service caring?

We saw that the staff team supported people in ways that took account of their individual needs and helped maintained their dignity. For example, staff told us of one person who had become incontinent of urine and was extremely self-concious about it. They had sought specialist advice and made changes to the way they supported the person to ensure their dignity was protected and their self-confidence restored. At lunchtime we saw that the mugs used in the home were brightly decorated in a range of styles to promote individuality. People were also provided with napkins to help them protect their clothing discreetly, if this was required. We saw that staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One member of staff told us, "I always take care to ensure people are covered at all times. I wouldn't want people looking at me when I was getting washed and dressed in the morning." The provider was aware of the need to maintain confidentiality in relation to people's personal information. We saw that personal files were stored securely and that computer documents were password protected when necessary. The provider was also in the process of creating a new room for staff handover meetings, to improve further confidentiality in this area.

The manager told us that she was aware of local advocacy services and had made use of them in the past. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The manager told us it had been particularly helpful to have an independent advocate involved when there were disagreements within families as to what was best for their relative.

Outstanding ☆

Is the service responsive?

Our findings

Before people moved to The Old Hall they and their families participated in a detailed assessment of their needs to ensure the home was suitable for them. The manager told us that she went personally to each person's home to complete a pre-service assessment so she could, "Establish their daily life." The manager said that, on occasion following this assessment, she had declined to offer a person a place, even when the home had vacancies, as she had felt the person was still able to benefit from living independently at home and did not yet need to move into a care home.

Wherever possible, the manager encouraged people to come in for a trial visit to help them decide if the home was the right place for them. Once a person had decided to move in, staff prepared a full care plan, the aim of which the manager told us was, "To enable each person to live the life they want to live." We saw that care plans were written in the first person and captured each person's needs and preferences to a very high level of detail. For example, we saw that one person liked to have a particular brand of hot drink before retiring for the night, just as they did before they moved in. For another person, it was important that they shaved themselves in the morning, as part of retaining their independence and self-esteem.

Everyone living in the home was provided with a keyworker who had a particular responsibility to get to know the person. Each person had a picture of their keyworker in their room and the manager told us that she took great care with the matching process, to ensure each person had the right keyworker for them. Each person's care plan was reviewed every month by the keyworker, involving the person and the family wherever possible. One person told us, "I feel well-informed about my care. It's a brilliant place." Another person said, "They keep me in touch with what's happening." A family member told us, "They keep me well-informed."

Staff used the detailed information in each person's care plan to ensure they received indivdidualised care and support that met their particular needs, and which made them feel valued. One way in which staff did this was by offering people individual '30 second activities' in ways which were special to them. For example, helping one person to brush their hair or giving someone else a cheery wave or a hug. One member of staff told us, "Sometimes it's the little things that mean the most." Another staff member said, "In other homes people are left on their own in their rooms. Here we engage with people all the time."

People were encouraged to personalise their room and we could see that people had their own furniture, photographs and other souvenirs on display in their bedroom. Some people had fresh flowers reflecting their wishes. The manager told us that she asked relatives to bring in familiar items to help people feel at home. The manager said, "Moving in can be very scary for people with dementia. But if they can see their chair, their wardrobe it helps them think 'this must be my home' and helps them settle in." We saw that this approach was effective in helping people retain, or even recover, their memories. For example, we met one person who had items of craftwork framed on their bedroom wall. They were able to tell us that they had made them. The manager told us of another person who had begun to recognise themselves again in family photographs on their wall – something they had been unable to do when they first moved to the home.

The manager told us that, reflecting research from her degree and feedback from people and relatives, she had made changes to the way activities in the home were organised to reflect best practice in the care of older people, including people living with dementia. She had introduced a specialist activities team which now worked seven days a week, alongside the core care staff team. Staff with an interest and aptitude in this area of work had been given the chance to move across to the activities team and had received training to support them in their new role.

We saw that this investment in a specialist approach was effective in enabling people to maintain personal hobbies and interests, inside and outside the home. One person knitted woollen squares on behalf of a charity that used them to make hospital blankets. This person had also taught some of the staff to knit. Other people were supported to attend local groups such as art classes and choirs that they had enjoyed being part of before they moved into the home. We met one person who had been out to bingo the night before our inspection. Staff told us that this had been something the person had enjoyed when they lived independently. Their family had assumed that this would have to stop when they moved into the home but the staff had helped them to realise that the person was, "still more than capable" of continuing with

Is the service responsive?

their interest. One member of staff told us, "It's so important to keep people linked to the things they did before they came here. This is their new home, not just a care home." We met one person who had been encouraged by staff to bring their pet dog to live with them in the home. We could see the dog was a great source of company and therapeutic benefit to the person. We also saw a member of staff support someone to go out to feed the ducks which we had seen in that person's care plan was something they particularly enjoyed doing. The manager told us that she expected activities staff to spend time with each person every day and, from reviewing the detailed activities log book maintained by the team, we could see that this was being achieved.

Reflecting research into modern approaches to caring for people living with dementia, the provider had introduced a 'token economy' to the home, working in close consultation with people and their relatives. Staff had drawn up a list of over 20 jobs that people were encouraged to undertake in return for tokens they could spend in 'Daisy's Shop' which had been designed and installed in a corner of the dining room, again with the direct involvement of the people living in the home. The jobs included laying tables in the dining room, making beds, helping in the shop, baking, picking up prescriptions from the local pharmacy and folding towels and flannels in the laundry. Relatives and keyworkers could earn tokens for people who were physically unable to take on jobs themselves. The manager explained that tokens were used to avoid the anxiety about dealing with real money that was experienced by many people living with dementia.

Everyone we spoke with told us about the positive therapeutic impact of this innovative approach, particularly for people living with dementia. One member of staff said, "We had quite a few people who were very introverted and didn't like getting involved. Now they are asking to do things around the home." A visiting healthcare professional told us, "They try so hard to engage with people and are getting great results [with people living with dementia]. For instance, one person has started to remember that they have a daughter and spoke to her on the telephone recently. This is probably the best residential care home I have been in."

These opportunities to get involved in the day-to-day running of the home clearly provided many people with a valued source of occupation and stimulation. One person told us, "We do baking and there's the shop and we have music a lot." Another person told us that they had their eye on a designer handbag in Daisy's Shop and were saving up tokens to buy it for their daughter for Christmas. On the day of our inspection we saw one person setting tables in the dining room and three other people in the kitchen helping to make an apple pie for lunch.

In addition to the support given to people to pursue individual interests and keep themselves busy through the token economy, there was also a daily programme of group activities for those who wanted to participate. On the day of our inspection we saw a member of the activities team lead a game of 'Play Your Cards Right' with a group of people in the lounge. The member of staff told us that this activity was beneficial to people as, "It gets people working as a group and encourages a lot of interaction." There was a great deal of laughter throughout the activity and staff were careful to make sure no-one was excluded, including those who had very limited capacity to participate independently.

The manager told us that she had initiated work in the local community on behalf of the people living in the home and to help improve attitudes towards people living with dementia more generally. For example, one member of staff had worked with staff in a local shop to help them develop a better understanding of the needs of the people living in the home. This staff member was now working with a nearby retail park that was a popular destination for older people and people with disabilities, not just the people who lived at The Old Hall. Another member of the team was working closely with the local school children who volunteered at the home, some of whom "could be a bit frightened" when they first met people living with dementia. The manager had also started outreach work with other local care homes to share The Old Hall's innovative practice and experience of providing person-centred care to people living with dementia.

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. One relative said, "If I have any worries, I can talk to anyone here. I know they'll call me straightaway if there were any problems." There was a complaints procedure available to people and their relatives although there had been no formal complaints notified to CQC in the previous 12 months. The manager said this was because she worked regularly on shift as part of the care team and encouraged people to

Outstanding ☆

Is the service responsive?

talk to her directly about any worries or problems. For example, one person had told her that they were unhappy with the approach of one member of staff but was worried about saying anything to the person directly. The manager had facilitated a meeting between the two people involved and everything had been resolved without the need for a formal complaint. The manager told us that she also encouraged relatives to, "pop in to her office" and talk to her directly about any issues or suggestions. For example, the manager said that that one person had mentioned that their relative liked a particular type of marmalade and that, "We went straight out and bought it for them."

Outstanding ☆

Is the service well-led?

Our findings

Throughout our inspection visit we saw there was an open and welcoming atmosphere. Everyone we spoke with us told us how highly they thought of The Old Hall and its manager. One visting relative told us, "My word, it's well run. Full marks! I wouldn't be frightened to book myself in here. It's got a good reputation in the village and I know people who are waiting to come and work here when there's a vacancy." Another family member said, "It's certainly well run, I'd stay!" We saw that the home had recently been rated on a care comparison website as one of the Top 20 care homes in the East Midlands, with an average customer satisfaction rating of 9.9/10. The manager told us that she encouraged people to use the website it to rate their experience of the Old Hall, whether this had been positive or negative.

The provider conducted an annual customer satisfaction survey to ask people and their relatives to provide feedback on the service they received. This was also circulated to staff and to local healthcare professionals who had regular contact with the home. The provider maintained a comments book in the entrance hall of the home in which visting family members and professionals were encouraged record their feedback and suggestions. We saw that any suggestions or comments were reviewed and changes made in response.

People were at the heart of the service. The manager said that she used to organise formal meetings with the people who lived in the home, to seek their views and opinions. However she had found it more effective to organise meetings around a specific issue such as the summer fete or the plans to introduce the shop. One example of the provider's commitment to involving people in the running of the home was the approach taken to the installation of a new sign at the entrance to the home. The manager said this had been designed by the people in the home rather than a marketing company. The provider was now reprinting the home's headed paper and compliment slips to match the design of the new sign.

People also had the chance to get involved in a range of service development groups which had been set up to research best practice and introduce new approaches in areas such as dementia care, dignity, food and drink, community outreach and end of life care. Each group was led by a member of staff with a particular interest in that area. The group leader invited others, including people who lived in the home, to join the group and work together to plan and introduce new approaches to improve the effectiveness of the service provided to people. For example the introduction of the token economy and Daisy's Shop had been led by the dementia care development group.

The manager was clearly well known to, and respected by, everyone who lived in the home, relatives and staff. One person said, "The manager is very kind and would definitely help me if I needed anything." A visitor told us, "The manager has made a huge difference, people are queuing to get in." One member of staff said, "The manager is a really good boss – she makes this place. She has put the residents at the centre of everything." Another member of staff said, "The manager has made a huge difference. It gets better and better and better. I should have retired by now but I do still do a few shifts and I love it. I want to carry on as long as I can!"

Throughout our inspection the manager demonstrated an open management style and strong values-led leadership based on person-centred care and continuous service improvement. The manager's aims and values had clearly been absorbed and were put into action by staff. One member of staff told us, "It's just what they want. It's their home, not ours." We saw from staff supervision records that the manager used CQC's five key questions of care providers as a framework in staff supervision, to encourage staff to contribute ideas for further service improvement.

The provider was a member of the National Activity Providers' Association (NAPA) and the manager told us this was an excellent source of support and guidance in improving further the care provided to people in the home, in particular those people living with dementia. The manager had also used the learning from her degree in dementia care to research and implement innovative ideas to improve people's care. For example, the use of '30 second' activities made people feel special and valued, and the introduction of the token economy provided people with meaningful occupation and therapeutic stimulation. The manager told us that she was committed to further improvements and that the next project in discussion with people was the refurbishment of one of the corridors to recreate a traditional terraced street that would be familiar to many people who lived in the home.

Outstanding ☆

Is the service well-led?

We saw that staff worked together effectively and were well supported by the manager and provider. One staff member said, “We have a brilliant atmosphere in the staff team. I always recommend it to people who are looking for a new job.” Another staff member said, “I feel listened to. I made a suggestion to one of the seniors about a change I thought we should make to someone’s care plan and now it happens. In other places any suggestions are thrown out straight away.” Staff demonstrated a clear understanding of their roles and responsibilities within the team and also knew who to contact for advice outside the service. Staff knew about the provider’s whistle blowing procedure and said they would not hesitate to use it if they had any concerns about the running of the home. Staff told us that the owner of the home was a frequent visitor and that he was friendly and approachable. One staff member said, “He doesn’t just disappear upstairs to the office. He talks to everybody.”

The provider maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies. We saw that the manager reported and managed any issues correctly and took the opportunity to analyse them collectively as a staff team to identify any learning for the future.

The provider had well-managed systems in place to monitor the quality of the care provided. A range of audits was completed regularly in areas such as medicines management, food and fluid intake and activities provision. We saw that action had been taken to address any issues highlighted in these audits. For example, following a recent medicines audit, changes to the way staff signed the documents had been introduced and this had been reinforced with a training session for all staff involved in the administration of medicines. The provider had also embraced the new approach to the management of infection control introduced by the local authority and a member of staff had been identified as the infection control lead to champion best practice within the home.