Abholly (2008) Limited

Hartley Park Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection took place on 22 and 23 February 2017. The first day of the inspection was unannounced. Hartley Park Care Home provides residential and nursing care for people who may have mental health needs and living with dementia. Hartley Park Care home provides care and accommodation for up to 66 people. On the day of the inspection 66 people lived in the home. The service is owned by Abholly (2008) Ltd.

At the last inspection on 6 August 2014, the service was rated Outstanding in Effective and Well-Led. During this inspection, following feedback from staff and the inspection, the provider was making further improvements to the induction to ensure all staff felt supported and prepared to work at Hartley Park Care. We also inspected the service during a special, Chinese lunchtime meal which meant the mealtime experience was less planned and organised than our last inspection. These affected the rating previously obtained in this area. At this inspection we found the service was Outstanding in Caring, Responsive and Well-Led.

Why the service is rated outstanding:

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

People, relatives and professionals told us all aspects of the service were excellent. People and relatives consistently told us they felt cared for, valued, and listened to and that their views mattered. There was a strong commitment to developing respectful, trusting relationships. Staff all demonstrated compassion and empathy. People's care was based upon best practice and constantly reviewed. Care was planned around people and their preferences including their religious or cultural wishes. People were at the heart of care.

People receiving end of life care were treated compassionately, as were relatives.

Relatives advised us they could visit at any time and felt a part of a family. They described the service and support they received in exceptional terms.

The kitchen staff were passionate about their role to ensure people ate well to maintain and improve their health. People repeatedly commented on the "amazing, home cooked" food. Mealtimes were a positive, social experience. People told us meals were of excellent quality and quantity and there were always alternatives on offer for them to choose from. People were involved in planning the menus and their feedback on the food was sought.

People had their healthcare needs met. Staff quickly noticed when people's health changed and were

thoughtful, proactive and reflective as to why this might be, considering people's physical health and social needs. People were supported to see a range of health and social care professionals including social workers, chiropodists, district nurses and doctors. Feedback from professionals was outstanding.

The atmosphere in the home was calm and we observed people taking part in the activities. There was a special Chinese food day during the inspection with people enjoying trying a spring roll and using chopsticks. Activities were plentiful and meaningful enabling people to live as full a life as possible. A range of group and one to one opportunities were available for those who liked to participate. People and relatives appreciated the activities co-ordinator.

There was a positive culture within the service. The management team had a clear vision about how they wished the service to be provided. Values were shared by the whole staff team. Staff talked about 'personalised care' and 'respecting people's choices' and had a clear aim about improving people's lives and opportunities.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post that had overall responsibility for the service. They were supported by the providers, unit managers and other senior staff who had designated management responsibilities. People told us they knew who to speak to in the office and any changes or concerns were dealt with swiftly and efficiently.

Feedback received by the service and outcomes from audits were used to aid learning and drive improvement across the service. The registered manager and staff monitored the quality of the service by regularly undertaking a range of audits and speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were fantastic, approachable and included them in discussions about their care and the running of the service. Hartley Park was described by many relatives as "A five star home".

People told us they felt confident, safe and secure using the service. People were comfortable approaching staff. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

People were kept safe by suitable staffing levels which were adjusted when required, to meet people's needs. Relatives told us there were enough staff on duty and we observed unhurried interactions between people and staff. This meant that people's needs were met in a timely manner. Recruitment practices were safe. Checks were carried out prior to staff commencing their employment to ensure they had the correct characteristics and values to work with vulnerable people.

People's medicines were given safely. Staff were patient and encouraging as they supported people to take their medicines. Robust checks were in place to ensure people had the right medicine at the right time.

Staff had received an induction when they commenced work training relevant to their role. There was a thorough system in place to continue to enhance staff skills and knowledge to support quality care. Staff received excellent support and supervision in their roles to help ensure the values and expectations of care delivery were understood.

People received support from staff who had an in depth knowledge of them and went the extra mile to get to know them. Research based initiatives such as all staff spending five minutes a day with people built

upon this. People, relatives and healthcare professionals spoke very highly of the staff and the support provided.
The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA).
Staff were knowledgeable about the Mental Capacity Act and how this applied to their role. Where people lacked the capacity to make decisions for themselves, processes ensured that their rights were protected. Where people's liberty was restricted in their best interests, the correct legal procedures had been followed. People were involved in planning their care and staff sought their consent prior to providing them with assistance. Staff advocated for people to ensure they received the best possible outcomes.

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 remained good.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

People were cared for in a clean environment.

Is the service effective?

Good

The service was effective.

People received support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were well supported, trained and motivated to deliver high quality care.
Induction processes were being improved to ensure new staff had the skills and support they needed.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and sought consent whenever possible.

People received a healthy, varied diet. Maintaining and improving people's nutritional status was important.

Is the service caring?

Outstanding

The service was exceptionally caring and this area had improved to outstanding.

People were looked after by dedicated staff that treated them with compassion and respect. People and visitors spoke highly of staff. People felt special by thoughtful acts of kindness from staff.

People felt in control of their care, involved and staff listened to

them. People's and relative opinions were valued.

Staff went above and beyond to ensure that people were treated with kindness and knew they mattered. Staff spoke about the people they were looking after with fondness.

People's end of life care was personalised, dignified and pain free. People's wishes for their last days made possible by exceptionally caring staff that went above and beyond. Relatives were also cared for with tenderness both during and following a person's death.

Care was centred on people's individual needs. Staff maintained people's dignity and used creative ways to enhance their well-being.

Is the service responsive?

Outstanding ☆

The service was responsive, exceptionally personalised and this area had improved to outstanding.

People received empathic, individual care and support, which was responsive to their changing needs. People's outcomes were improved due to individualised care.

Activities were creative, varied, abundant and very much enjoyed by people. People regularly went out into the local community and the local community were invited to participate in life at the home. Social isolation was reduced by meaningful engagement in hobbies they enjoyed.

People were at the heart of planning their care and their views and wishes were listened to and acted on. Innovative ideas were used to seek people's choices.

Changes in people's needs were quickly recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

Is the service well-led?

Outstanding ☆

The service remained outstanding.

The leadership and management of the service were described in exceptional terms.

The leadership team promoted strong values and a person centred culture.

Staff were motivated and proud to work for the service and shared the values of the leadership team. These were owned by all and underpinned practice.

Hartley Park Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 22 and 23 February 2017 and was unannounced on the first day.

The inspection was carried out by two inspectors and a specialist nurse advisor.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 also reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with seven people, 11 relatives, four health care professionals, the commissioner of the service and the local authority.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records the home held including audits, reports, the dementia quality mark (DQM) evidence (this is an award in quality dementia care), end of life evidence and information related to the governance of the service. We also spoke with 10 members of staff including the registered manager and the owners. Other records we reviewed included a range of questionnaires to people who live at the service, minutes of nurse, staff and resident meetings and policies and procedures.
Whilst carrying out our inspection we left 'Tell us about your care' forms at the reception desk of the home. 4 relatives contacted us after the inspection, a further two healthcare professionals and another two staff who worked at Hartley Park Care Home.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people.

People were relaxed with staff across all the units. The atmosphere throughout the inspection was calm and organised. People smiled, laughed and interacted warmly with staff. People told us staff were kind and they felt safe living at Hartley Park, "I find it quite safe"; one person commented, and others added, "Without a doubt" and "Oh yes – staff make me feel very safe here, any worries I'd talk to them." Comments from relatives included "I feel very happy that my mother is in Hartley Park where she is safe, comfortable and monitored at all times"; "Anything which might compromise my wife's safety, I am informed immediately. The beds are alarmed so the minute they step out, staff are there. I've set it off several times and they all come running, really, really brilliant." A health professional remarked, "The staff are very adept in providing a safe and secure yet homely environment for all the residents."

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff completed safeguarding training regularly and staff accurately talked us through the action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Staff told us safeguarding issues and possible signs of abuse were discussed and reflected upon regularly within the team to ensure everyone understood the different forms of harm and abuse. Policies and notices related to safeguarding and the local contact telephone numbers were visible to people, relatives and staff. Staff gave us examples of how they had protected people when allegations had been made whilst investigations occurred.

People's needs were considered in the event of an emergency situation such as a fire. Evacuation plans were in place and emergency numbers available to staff. Staff at the home had participated in the fire training and there were regular fire drills.

Regular health and safety checks had been undertaken within the home including the servicing of equipment such as the hoists and lifts and tests of the water thermostat control to ensure the temperature of the water remained within the recommended range. The service had contracts with external agencies to help ensure any equipment was safe and fit for purpose. Most routine maintenance was carried out by the maintenance man. Staff recorded broken items and faults promptly and these were quickly repaired. Regular checks were undertaken on the windows and restrictors in place to ensure these remained fit for purpose. Staff were alert as they walked around the home and in people's rooms; this helped to ensure the environment safe. We observed staff moving obstacles people had dropped or thrown which might be a potential trip hazard.

People were supported to take everyday risks to enhance their independence and enable them to feel in control where possible. Staff were thoughtful regarding people who liked to be mobile but were at risk of falling. Staff were observant and vigilant in case people required assistance as they walked around areas of the service. We heard staff saying to people, "Here's your frame, I'm with you." A relative explained, ""The

sensor alarms make me feel Mum is safe living here."

Staff were innovative and had an enabling attitude to people's safety. Staff explained how they had supported one person to maintain their independence whilst ensuring their safety. One person liked to go into the local town but a fall had made them anxious and they could sometimes get lost. A device had been purchased which enabled the staff at the home to monitor the person's whereabouts (with their consent) and the person was also able to text or call the home and press a button if assistance was required. A relative stated, "They are allowed freedom, freedom and flexibility".

The PIR detailed the proactive, person-centred approach the service took to keeping people as safe as possible, balancing people's risks with their right to independence "Our residents have complex needs and our aim is to empower them to have the freedom to live the life they want to lead."

Falls and other incidents were analysed for trends and themes. Staff told us they made sure people had the equipment they needed around them such as their call bells and mobility aids to encourage their use. Staff knew people well and were aware of people who might try to walk unaided. Staff told us they checked rooms to ensure they were uncluttered and made sure people had footwear to reduce the likelihood of falls. Staff were aware of those people whose mobility had changed over time and had updated people's risk assessments and care plans accordingly. Relatives advised if there were any accidents they were always called promptly. A relative said, "I know if she has a fall, staff are there very, very quickly, you can't fault them."

Risk assessments highlighted individual risks related to people's diet, skin care, and behaviour. Those who were at risk of developing sore skin had special equipment in place to reduce the likelihood of their skin breaking down, for example cushions to sit on and special mattresses. Personal care plans highlighted checking people's skin vigilantly; using prescribed skin creams when needed and helping people maintain their mobility.

Staff were skilled at approaching people in a way which was safe because they knew them well. We observed staff quickly diffuse situations in a simple way, for example when one person took another's drink, another person became angry about this on their behalf. Staff resolved this instantly pouring another drink and giving it to the person who had theirs taken. The PIR advised and staff confirmed during the inspection, "We know people well, the emphasis is placed on the importance of knowing people's life histories, current triggers and using distraction techniques to minimise the risk of harm to people and others" and "You recognise the individual triggers, this may be clenched fists, a nudge – there are always signs." Incidents were analysed for triggers to prevent a reoccurrence. A health care professional commented; "They do not rely on a chemical cosh and will readily try other approaches like distraction and de-escalation before resorting to medication."

People were kept safe by a clean environment. Relatives told us "The home is always clean – always perfect." All areas we visited smelled fresh and looked hygienic. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection and hand gel was visible in the communal areas for people and staff to use. Staff were able to explain the action they would take to protect people in the event of an infection control outbreak such as a sickness bug.

Safe recruitment practices were in place and appropriate checks undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The PIR and registered manager detailed how important good, robust recruitment processes were to the service, "Our staff are the key to the success of the service. Staffing levels are reviewed regularly and

additional one to one staff were requested and arranged promptly when required as a resident's condition fluctuates."

Staff, people and relatives told us there were sufficient numbers of staff on duty to keep people safe. Staff were visible throughout our inspection and conducted their work in an unhurried manner. People told us staff were there when they needed them. Staff worked flexibly dependent upon people's needs across the three units. In the event of sickness staff worked as a united team to provide continuity of care for people.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine administration records were accurate and fully completed. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People where able, were asked to consent to staff administering their medicine. People had been asked whether they preferred liquid or tablet medication, for example if they had swallowing difficulties. Allergies were recorded and known. Those people who were on particular medicines which interacted with certain foods were known to staff and this information was clearly recorded in their medicine records and their care plans. Explanations were given to encourage people to take their medicines and understand what they were for example, "This is to help keep you walking, for those sore legs."

The use of homely remedies was monitored and GP advice sought if necessary. Regular audits were undertaken to ensure the ongoing safety of medicine storage and administration. Another health care professional told us prescriptions were always requested quickly when needed and people prompted and encouraged to take their medicines.

People's needs with regards to administration of medicines had been met in line with the MCA. The MCA states that if a person lacks the capacity to make a particular decision, then whoever is making that decision must do so in their best interests. For example, some people were unable to consent to their medicine. People's doctors had been involved in these decisions. This showed the correct legal process had been followed. Staff told us they had strategies in place for those who might refuse their medicines; staff would try at a later time when people might be more agreeable. We observed during the medicine round some people initially refusing their medicine and being aggressive towards staff. Staff managed this calmly, returning later to try again.

Good

Is the service effective?

Our findings

At the previous inspection in August 2015, the service was rated as outstanding. At this inspection we found, the service provided good, effective care.

People felt supported by knowledgeable, skilled staff who effectively met their needs. They told us "Yes, staff are well-trained." Professionals spoken with felt staff had good training, "Staff are very well trained, and they make life easy for me."

Prior to the inspection we received information from an ex-employee who had been new to care. They told us they felt the three day induction had not met their needs. During the inspection visit, another staff member also shared this view. The registered manager advised during the recruitment process, the management team did their best to explain to new staff the complexities and challenges people might present with at Hartley Park. This was to prepare staff joining the team to understand the role was tough at times. The management team made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. A buddy was allocated to new staff to meet with new staff weekly to support them in their roles. In addition, supervision was in place for new starters but not always within the first week. We spoke with the registered manager about the induction as staff turnover had also been high in the previous year. They were keen to look at ways to further enhance, develop and support new starters and make the induction individualised to staff needs. During the inspection period the registered manager informed us they would now check with all new staff at the end of the three days whether they required additional induction time and support before working alone.

The Care Certificate induction was in place and used for new staff. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care.

Staff had undertaken the provider's training for their roles and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. Training was ongoing in areas such as first aid, dementia care, moving and handling, skin care, diet and nutrition and food hygiene. All staff were encouraged to develop themselves and undertake additional health and social care qualifications to support their work. Some staff had particular interests in certain areas such as end of life care and dementia care. These staff shared their knowledge and skills with other staff in staff meetings. Staff told us "We're always doing training." Staff felt encouraged to improve their knowledge and skills by the unit managers and registered manager and appreciated this opportunity. Comments included, "Very well supported with development and training"; "As a mental health nurse I've had a lot of training on the physical side of things and reading, I also always have the general nurses to call upon". One unit manager was undertaking a training session on "Courage", one of the 6 C's (The 6Cs are a set of values that underpin Compassion in practice). This training would be aiming to ensure all staff had the courage to speak out about people's care if they had any concerns. They told us "We'll reflect on previous safeguarding, we'll ensure all staff know we are here for our residents, this is their home and we are working in it."

Senior staff advised they had found smaller training groups were more successful; staff gained more from these and felt better able to contribute to discussions. Other staff said, "With the staffing group more stable, we are looking again at "champions" in key areas such as infection control; going back to basics, observing and helping with practice." The deputy manager said "We are looking at continence leads, tissue viability leads, staff interested in catheter care, diabetes; a lead for mattress care - a train the trainer approach to maintain current knowledge and evidence based knowledge."

The registered manager had observed that staff with good values being promoted to senior care position did not always have confident leadership skills. This reflection resulted in the "Trainee Senior Carer Programme" being developed. The service invested in their staff to develop their skills.

Staff felt supported by a regular system of informal and formal supervision which considered their role, training and future development. Comments included "Yes, we have regular one to ones"; In addition to formal one to one meetings staff also felt they could approach the registered manager, unit managers and senior care staff informally to discuss any issues at any time. They told us the management team understood staff could feel challenged by people's behaviour so ensured staff were moved across the units to reduce the likelihood of burnout. Senior staff advised "We will look at whether staff are having regular annual leave, want to reduce their hours, discuss residents and whether additional training is required. For example at present we are really working to help staff understand frontal lobe dementia, offering time out from residents who have this and reflecting on what we can do differently".

Staff competency was informally observed in areas such as handwashing, moving and transferring people and communication. If any issues were identified additional training was provided for staff. Staff found the management team supportive "Doors always open, the registered manager is approachable and helpful." The unit managers and senior care staff regularly worked alongside staff to encourage and maintain good practice and undertook spot checks on the care people were receiving day and night. The registered manager confirmed they also felt supported by the provider.

Staff communicated effectively within the team and shared information through regular verbal and written handovers. This supported staff to have the relevant information they required to support people's needs. Healthcare professionals confirmed communication was good within the team. A doctor we spoke with said, "The home is always well organised when I visit, problems have been highlighted and staff know who I need to see."

Staff were able to adapt their communication styles dependent on people's needs. For example if people were resistant to personal care during the morning, different approaches were used to support the person to wash, for example trying at different times of day when the person was in a different mood and more receptive to care. If people were confused or disorientated staff knew to speak calmly, clearly, repeat information and alter their approach so they were understood. Staff were alert to signs of urine infections which may cause confusion. A health care professional we spoke with confirmed advice was sought promptly and appropriately by staff, "The staff are especially skilled at managing the more complex and challenging aspects of someone with a dementing process". Staff told us about one person whose mood had worsened following the move to the service, loss of their dog and significant health needs. Liaison with the GP, physiotherapists, a review of the health and social needs had resulted in both improved mood and physical health.

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's capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to drink or wear and what they wanted for lunch. We heard staff talking to people over lunch "Would you like to come up to the table for lunch, where would you like to sit" and "Can I offer you some sauces, where would you like your sauce?" However, when it came to more complex decisions the relevant professionals were involved. This process helped to ensure actions were carried out in line with legislation and in the person's best interests. Staff understood this law and provided care in people's best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff gave an example of one person who did not have capacity and a DoLS had been requested. They required skin care but were very resistive. Staff knew the person well so were able to time their personal care interventions, a best interests meeting had been help with the relevant professionals to dress their wounds.

People confirmed and records evidenced consent was sought through verbal and written means, for example the frequency people wished to be involved in their care planning and if they were happy for staff to administer their medicines. Staff ensured people were able to make an informed choice and understood what was being planned. Those who were unable to consent and those who did not have people with the legal authority to make decisions on their behalf had advocates involved in their care to support their decision making.

Ensuring good nutritional intake was important to the home. We received exceptional feedback regarding the variety of food on offer which was home cooked and nutritious. Comments from people and relatives included "The food is absolutely superb"; "The food is excellent and Mum eats everything they put in front of her"; "Delicious, especially Sunday, it's like you do it at home, it's beautiful" and "The food always looks lovely."

The kitchen manager took great pride in her role arranging a summer and winter menu with involvement of the residents and kitchen staff. Regular meetings were held and people were asked what they would like to eat that week and the menu was developed from people's preferences. People received three meals a day with choices available at each. People commented "It's good. Usually a few choices. If you don't want a cooked meal you can always have a sandwich" and "The breakfast selection includes different cereals and a cooked breakfast."

The kitchen manager advised people had different abilities and needs so they needed to be creative. They shared, "Finger foods require thinking about all the time – toad in the hole, small quiches, mash potato swirls". This helped to keep people's weight stable and supported them to maintain good health. Staff were conscious of those people with dementia who preferred snack foods or finger foods; we saw mini chocolate

bars and fruit in the lounges which people were enjoying. People were involved in decisions about what they would like to eat and drink. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet. For example some people had diabetes but liked sugary foods. Staff supported them to make an informed choice so they were aware of the potential risks of sweet foods. People were given choices about where they would like to eat. Many people preferred to have their breakfast in their rooms and then get ready for the day. Other's preferred to eat in the rest spots along the corridors and for people who no longer sat in one place for long, staff supported them as they walked up and down the units eating. The home supported people's wishes to do this.

We carried out a SOFI over lunch. This was an observation of the meal time experience. People across the three units were served their lunch at the same time from trolleys to keep the food hot. On the day of the inspection, a relative and the kitchen staff were creating a Chinese food experience. This meant the lunchtime experience was not as organised as it usually was. We found people were aware it was lunchtime and ready at the table however, some people waited for 15 minutes before being offered a drink, this was because staff were getting the lunches ready or supporting others. Some people fell asleep at the table; others' stared passively into space. We spoke to the registered manager about our observations as this was different from our previous inspections. They agreed the mealtime we observed was unusual because the kitchen staff and care staff did not know what was going to happen or be available until the morning. Usually, they told us, staff work across the three floors to support people who need support with their food, staff know what is for lunch and it works well. They told us, "It is constantly reviewed as people's needs change across the service, for example one of the units has many frail people at present who are nearing the end of their life so at the time of the inspection, this unit required more support; this day we agree was carnage!" Despite this meal being less organised than usual, people enjoyed a fantastic opportunity to experience authentic Chinese food.

During this meal, we observed staff were attentive and encouraging, "Are you going to have something to eat, you haven't eaten very much today…shall we give it a wee try. Tell me what you think …how is it?"; "How are you getting on with X..Try a bit of chicken"; "Don't forget your cup of tea"; "Would you like some crisps with your sandwiches, we have lots of different flavours"; and with one person who was trying the Chinese, "…see what tickles your taste buds." Staff sat next to people to encourage them to eat, particularly those who no longer recognised food. Another staff member told us of someone whose health had declined and it was hard to persuade her to eat and drink, "Little and often. She likes it when you sit and hold her hands and smile at her, she will usually take some sips then."

We asked staff why the table was not laid up with cutlery. We were advised this is dependent upon the people living at the home and changed according to who was residing at Hartley Park at any particular time. At the time of our inspection some people were a risk to others with cutlery so staff gave them utensils when they were there to supervise.

The staff and kitchen were aware of those who needed their food cut up and those on special diets and aware of those who liked smaller portions One staff member said, "X will chuck the plate at the window if there's too much!" Staff confirmed the kitchen staff were notified of any dietary needs as soon as people came to live at Hartley Park Care Home. Care records confirmed where people had nutritional needs.

People's care records highlighted where risks with eating and drinking had been identified. Staff were able to tell us how they would respond to any nutritional concerns they had for example one person had mental health needs and would stay in bed sleeping for several days and eating very little. When they were out of bed and more alert, staff worked hard to ensure sufficient calories were consumed to maintain their weight. Care records noted health conditions such as diabetes, if the person was of a low weight and choking risk

assessments were evident. Staff were mindful of those at risk of weight loss and monitored their food and fluid intake closely. Staff confirmed if they were concerned about weight loss / gain they would discuss people care with their GP. Health professionals confirmed they were pleased with how people's nutrition and diet were managed.

People had adapted drinking aids where this was indicated. This helped people maintain their independence and not spill drinks or burn themselves.

The environment was designed to support and orientate people who were living with dementia. The use of lighting and colour was considered to compensate for sensory impairment. Wide corridors, hand rails and clear signage helped people find their way, for example wooden arrows pointed to the direction of the lounge, toilets and bedrooms. Posters helped people identify the roles of different staff and a picture board explained who staff were. Rest stops with chairs and magazines were arranged along the corridors for people who walked a lot. Walls were covered in pictures of the past to stimulate memories and discussion. Some pictures had buttons to press which then played music. Touch and feel objects were visible in each unit, such as "twiddle cushions".

The garden was secure and had been further developed since the previous inspection with a shaded beach theme area, beach huts were painted on the walls and deck chairs available for people to sit. People had asked for buckets and spades and these were available. The Gardening Club had created areas which people enjoyed such as the herb and vegetable garden. We saw in one of the residents' meeting minutes that people had requested more sensory stimulation in the garden. As a result of this the garden now had a "fairy" area with gnomes, wind chimes, a fairy mural and windmills. Thought had been given to flowers which would stimulate people's sense of small for example sweet peas.

Outstanding ☆

Is the service caring?

Our findings

We received consistent and very positive comments about the caring nature of the service. People and relatives told us staff often went the "extra mile for them"; everyone we spoke with praised the staff about the excellent care they received and how this care had a positive impact on people's lives. Comments included, "My Mother has been a resident at the above home since August 2016. Mum has made it clear to all that she does not want to be there but this has not deterred the staff offering constant care and attention. We know she is in the best possible place for her conditions"; "The staff have always been helpful and have gone out of their way to help us"; "From day one mum was settled, eating and sleeping well"; "The staff have been absolutely marvellous with mum"; "Mum always looks presentable and well cared for". "On my visits to my mother I have always found the staff welcoming, helpful and caring"; "Absolutely excellent, nothing is too much trouble"; "Mum's care is totally lovely, they are brilliant"; "I know the staff love them too, they are our friends as well"; "I feel they are outstanding. I can't praise the staff enough"; "It feels more of a hotel than a care home"; "Fabulous, he could not be in a better place."

It was clear people were fond of staff and had a trusting relationship with them. For example, people approached staff throughout the inspection to give them a hug and tell staff they loved them. People and relatives repeatedly told us they felt secure, valued and part of a family. Throughout the inspection, we observed that respect was a mutually shared value between people, relatives, professionals and staff. Staff noted when people changed and spent time working out what might be wrong. For example, one person had become incontinent at night which was affecting their dignity. Staff noticed that they were not moving when they went to bed when previously they had been getting up to go to the toilet. Gentle coaxing by staff found that they were not moving from the bed as the sensor was setting the alarm off and they "didn't want to disturb the girls". This person was at risk of falls, but the sensor was turned off to enable them to use the toilet freely without this worry and they are no longer incontinent (staff used other ways to keep them safe).

Staff worked hard to ensure people's experiences at the end of their life was as positive as possible for the person and supportive to the relatives involved. Where people have made advanced decisions these were respected, however staff shared that many people came into the home without these in place. Staff relied on getting to know people quickly and their friends and family for this important information. People had treatment escalation plans in place which detailed their resuscitation wishes and these were reviewed frequently as people's needs changed. Staff spent time with families explaining these processes so they were able to make decisions people would have wished for. Staff used their knowledge of people to advocate for people's last days to be peaceful and dignified. Staff had good relationships with medical staff and families to enable these important discussions. Staff gave several examples of going the extra mile when required to ensure people's death was as they would have wished. For example, staff ensured one person had their favourite music was playing, staff asked relative's to bring in their favourite book of poetry which staff read to them when their family weren't there. As the gentleman passed away his favourite Frank Sinatra song was playing. When another much loved person passed away, staff all stood in reception and played their favourite song. A healthcare professional said end of life care was excellent with the staff team working together, being proactive and ensuring everything was in place before it was needed.

Staff shared examples of meeting people's needs in terms of their disability, race and religion or beliefs being understood and enormous effort to make people's final days as they would have wished sometimes under complex and emotive circumstances. Staff shared how they paid particular attention to religious practices, in accordance with people's faith. Staff shared, "We are strong advocates for our residents and will work hard to meet the resident's wishes and support their families in people's final days and grieving period." Countless thank you cards from families and friends described how much this meant to people's families "We only have praise and gratitude for you" and "We can't think of a better, more caring place for X to have spent her days." An annual memorial balloon release was held each year for those who had passed away at Hartley Park.

Staff repeatedly told us how much they loved their jobs "It's not just a job"; "I love being able to feel I've made a difference"; "It's like an extended family here." Staff gave examples of supporting people to do things which mattered to them, for example one person's daughter was terminally unwell and in hospital. Staff told us they supported them to choose a lovely outfit and attend her wedding at the hospital before her daughter passed away.

People's independence was encouraged despite the risks people might present with. Staff told us this was an area they felt had improved since the previous inspection. They gave an example of one person who did want not to wear protective clothing when eating or want any support. This meant they, walls and floors were often covered in food. When staff tried to assist, the person would stop eating and become low in mood. The service therefore supported the person to eat independently and then encouraged a shower and clean clothes after meals. Another person moved across the floor on their bottom. Three previous placements had failed but at Hartley Park Care Home this person had space to manoeuvre in this way and staff on hand to ensure they were not an obstacle to others.

People's previous skills were valued and staff focused on these to encourage people to be independent. For example one person wanted to go home and be in their local area. The service supported their wishes and enabled this to happen by working closely with their family, supporting them to understand and manage their relative's mental health needs. This person achieved their goal with the support of Hartley Park staff.

Staff knew people's individual communication skills, abilities and preferences. They used this information to improve people's care and quality of life. Staff gave us examples of how they used different forms of communication to encourage people to make decisions for example pictures where appropriate (a train used to describe an outing) and two nonverbal people had white boards where they wrote down their thoughts and staff responded in writing.

Staff invested time trying to understand what people wanted. For example, one person kept telling staff they wanted fish and chips but this was given to them, they did not eat it. Staff then wrapped the fish and chips in newspaper. This made the person happy and they said "That's fish and chips". The management team shared, "Staff are excellent at recognising and responding to facial expressions and behaviours and these are shared in the "I Like forms". Examples are "……becomes hot and has a red face when they are in pain", "……rubs her tummy and says beep beep when she needs the loo".

Staff knew when to approach people with fluctuating moods to share good news. Staff grasped an opportunity with one person when their mood was calm and called their granddaughter so they could visit and share the news of a new baby. The person was delighted and the picture of the baby scan and due date of their great grandchild is now laminated in their room.

Those people who had relatives and significant others involved in their care were always kept up to date in a

timely way. Relatives commented, "We are updated on Mum's condition and anything that the staff think we should know every time we visit, without us seeking out the member of staff to ask for an update. If the staff feel a doctor is required, it is sorted, without waiting for a reply from me. I am also updated as soon as Mum has had a visit from the doctor and straight after mum has ever had a fall"; "I know exactly how my wife is all the time". A letter from one relative described how they had initially felt anxious about placing their relative in care, "I was very soon put at ease after seeing the level of professionalism. Dad's wellbeing and welfare always being paramount."

Visitors told us they were always made to feel welcome and could visit at any time. Numerous relatives shared one person's comments "They always find time for us as well". Countless examples of how staff had made people and relatives feel special were shared during our visit. People told us of 50th wedding anniversary parties, special birthday cakes and thoughtful gestures by staff. We spoke to the kitchen manager. During her holiday she had made a birthday cake for a person and taken it in especially in her own time. One relative shared "They decorated the training room beautifully, it was a wonderful day celebrating mums 97th birthday, we stayed there instead of going out!"

Family visited throughout the inspection and were able to join people for lunch. Relatives told us if the service needed arrange a room for them to stay. Social media helped relatives who lived further afield stay abreast of activities their loved one's had participated in. Where consent had been given, pictures were shared on social media sites so family could see the outings their relatives had been on. Staff told us "We use messenger on facebook to chat with families. We use skype for families that are abroad or live far away as our residents are not always able to talk on the phone, we used this lot over Christmas with people in America and Australia. We have photos of their family that they recognise and will remind them that this is their daughter son etc if they don't immediately recognise the person on the screen."

Staff knew, understand and respond to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. For example staff told us of the care they had provided to a Muslim family at the end of their life. The person was no longer a devote Muslim and the service worked closely with the family to help them make decisions regarding their relatives end of life care. The family's local community were involved. The support given by staff to the family meant this person was surrounded by their family in their final hours.

Staff shared an example of how they continued to meet people's sexual needs when they came to live at Hartley Park, "The person was using inappropriate objects for sexual gratification, they had capacity. We sensitively discussed how these needs could be met more appropriately, the resident chose a vibrator online and now has in their bedroom".

People were listened to and their wishes respected, information about advocacy services was available to people and advocates used to support people's decision making when required. For example, staff worked closely with people when they wanted to return home when external agencies felt this may not be possible.

The "Everybody has five minutes" initiative developed following the 2009 Department of Health research "Living Well with Dementia". The service had noticed there were particular people who had more time spent with them and wanted to change this. The service also noticed staff not in care roles and in direct contact with people, did not always appreciate the impact of their role and wanted to foster these relationships. All staff at Hartley Park were now being asked to ensure everyone, particularly those who had been observed to isolate themselves and have less social contact, had meaningful time spent with them. Staff were being asked to consider "What do I need to do next and can I involve a resident?" Staff said this might be a simple conversation, activity or task they were undertaking. This was receiving good feedback from staff and all

people were receiving more meaningful contact every day.

Outstanding ☆

Is the service responsive?

Our findings

People's opportunities to engage in social activities were outstanding. The activities co coordinator was available Monday to Friday and passionate about her role. Feedback from people, relatives and our observations was excellent. She told us that the different needs of people across the three units made planning activities to meet people's abilities a challenge sometimes and required constant adaption and thought. They told us "I Prep and plan look for ideas and it is constantly evolving!"

In addition to a wide range of group and social activities such as musical events, arts and crafts, Easter Bonnet making, a Valentine's dance and donkey visits, people's individual hobbies were also catered for. For example, some people enjoyed gardening and there was a Gardening Club, people planted flowers and vegetables and reminisced about what they used to grow in their own gardens. They enjoyed the cycle of planting vegetables and them eating them. We were told that there were future plans for the garden to have some chickens so people could collect the eggs. Another person enjoyed flower arranging and had taken on the role of arranging all the flowers within the home, ensuring they remained fresh. Other people were responsible for the delivery of the newspapers and laying the table for meal times.

Each unit had wall art of interest which stimulated people's visual, tactile and sensory needs. There were items to pick up such as necklaces, tambourines and hats. Art work in the units had different textures, this meant people who liked to move about, were able touch the items displayed, for example a wall flower arrangement, carpet pieces and soft velvet. There were "twiddle cushions" with buttons and interesting items sewn on for people who liked to do something with their hands and there were "muffs" which people liked to touch. Twiddlemuffs were like hand mittens with items attached so that a patient with dementia can twiddle in their hands. These were enjoyed by people who could at times be restless, these helped people keep their hands occupied, warm and snug. Prams and baby dolls were available in the corridors and we observed several ladies cuddling these dolls. Music was wired into the units which people sat and listened to. The registered manager told us all of these items and ideas, alongside the other staff interventions, had helped reduce the number of distress reactions people experiencing dementia had.

A residents' social committee had been formed at the service. They had arranged an entire pub at Christmas so everyone was able to enjoy a meal away from the service. All-inclusive activities and positive risk taking was important to the home, weighing up the benefits people got from these events but having plans in place in case they were not successful.

The importance of one to one activity for those who did not like large groups, noise or required individual attention and support was recognised in the home. The PIR told us of one person who had a special role helping within the home; their cognitive ability had declined and they became low and their confidence undertaking this role was affected. Staff had a badge especially made for them to let them know how important the role they did was and improve their self-esteem. They now wore this with pride as they carried out their jobs within the home.

Staff said there was always time for a hand massage, reading or poetry and we saw this during the

inspection. The PIR informed us how staff had been creative in considering one person's needs. This person had begun to find holding a large newspaper too much but still enjoyed keeping up to date with the news. Staff discussed with the person reading the newspaper electronically. After discussion with the person they found a more compact paper which enabled the person to continue a pastime they loved.

Relative feedback was exceptionally positive regarding the activity provision. Relatives shared with us "Although X can never remember it, it seems X enjoys any events the home organises for the residents especially musical ones"; "The activities they arrange are fantastic and although Mum will not join in, they try to encourage her every dayA local doctor told us how much they enjoyed seeing people dance and sing when they visited, "Sometimes you just can't believe it!"

Staff shared how activities had positive outcomes for people. One of the unit mangers told us about how one person had enjoyed an outing to the garden centre. Following the trip they said the person ate and slept better and their body language indicated they were more relaxed. Staff brought in their puppy each week to encourage one person (who loved dogs), out into the garden for fresh air and exercise.

We spoke to the registered manger and activities coordinator as some relatives told us more activity at the week end would be great as they felt it was much quieter. Staff clearly explained their rationale for weekends being quieter enabling people to rest and recuperate as the weeks were busy. The "five minute" initiative was across the week, people were able to access the enclosed garden and staff also engaged people with one to one personalised activities if they desired. The registered manager told us they and the owners had many discussions about increased activity provision. As a result of people's feedback, more events had been held in the evening such as the Valentine's dance and a local choir. The management team were conscious however that people have "downtime and are not overstimulated." The management team frequently reviewed people's outcomes across the home and looked for indicators they may be bored or under-stimulated. Safeguarding, distress reactions, depression scores across the home were at an all-time low. They shared "Research is very clear that the social needs of residents are best met through simple conversation and where an activity is provided a work related activity is much more beneficial than the standard group musical, arts and crafts etc".

Community links and relationships were facilitated and encouraged to ensure that people did not become socially isolated. The activities co-ordinator had volunteers from the local college who came in to gain experience of older people living with dementia and delivered talks on dementia within the college to students. School children visited at Christmas and sang carols and visited the service at Harvest festival. In the warmer months garden fetes encouraged the local community to visit. The management team told us "One resident attends the Naval club, we make sure their uniform is ready, cuff links are in their pocket and shoes are polished"; "Residents attended Remembrance Sunday on the Hoe" (at their request); "The Scouts have been in and worked alongside the residents in the garden". In addition staff explained, "we access Dementia Friendly events at the Theatre, Museums etc. We have attended Reminiscence events and our residents are going to a 50's Dementia Friendly event at the museum this month. We also have students from Devonport High School who come to us for the Duke of Edinburgh awards."

People's care was planned proactively with them where possible. People's needs were assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Staff told us they felt a good assessment was fundamental to ensuring people's care needs could be met and was not reactive when they arrived. The needs and mix of people already living at Hartley Park were always considered to ensure the move would be a success. Staff told us keyworkers supported people's transition to the service, "Key workers go on assessments to meet the families and are there when they are admitted".

People had care plans that clearly explained how they would like to receive their care, treatment and support. A healthcare professional commented, "The registered nurses are skilled in formulating comprehensive care plans for the residents and direct the care well to the non-registered staff. All care plans are reviewed and evaluated in line with any changes to the residents physical and mental health needs in a prompt and timely manner."

Relatives told us they were invited to discuss people's care with senior staff. Developing care was a partnership between those involved, this meant people and relatives felt listened to and valued. A relative said "I cannot fault every single member of the staff, no matter what their role. They are certainly person centred and put the service user at the centre of everything they do." Staff told us "One resident when they will not eat and drink, responds better to a male, if there is not a male carer available, then we will get the maintenance man to sit with her and she will eat and drink."

Ongoing improvement based on best practice was important to staff. Since the previous inspection, the registered manager had undertaken a Masters in advanced healthcare practice. As a result of this of their research, group clinical supervision now supported staff facing challenging situations and was more person-centred. This supported staff to reflect and identify better ways to care for people. New approaches were documented in people's care plans. This, alongside improved activities since the previous inspection, had reduced distressed reactions within the service.

Hartley Park also cared for younger people with dementia. The service gave us examples of how they provided personalised care for this group to ensure their needs were met. The registered manager and team explained "The priority when the residents come to us is maintaining their relationships and their role as wife, mother etc, their identity and sense of self. Sadly our experience with the younger residents is that their cognitive decline has been extremely rapid and this has created a wealth of emotions for both them and their immediate family." They shared that for one person's family, it was the little things that impacted like making sure the person has their hair dyed and cut as they would have liked and that they wore their usual clothes and perfume."

People were involved in choosing the design on a new lounge on one unit. Auditory and sensory items, rummage boxes and pictures were used to help people decide between the three themes. People and relatives were also able to vote for which of the three designs they wanted in their new lounge. We saw how people and families had personalised people's rooms to their liking. One person showed us their special glittering Christmas tree they liked to have up all year and another person had brought their piano into their room. Pictures and wall art individualised people's rooms, those who had ground floor rooms and liked the wildlife had bird feeders visible from the windows.

There was a positive, open and transparent culture when dealing with concerns or complaints. The policy was clearly displayed in areas of the home. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. They told us "I'd speak to the boss lady" (referring to the registered manager). Relatives told us "I'd go to "X" (the registered manager) or any of the senior staff or the owner. I know they would look into things right away" and "The staff have been absolutely marvellous with mum and we know that they will let us know if there is ever a problem with her well-being and we do not hesitate to approach the staff if we have any concerns". Relatives told us they never felt discriminated against for raising any issue and any concern, however minor was listened to and taken seriously.

Hartley Park was responsive and constantly adapting to meet people's needs as they changed. The registered manager told us that since the last inspection they had noticed that people on one of the nursing units were more mobile than ever before so they had needed to respond and adapt to this change. They had

adjusted to people's needs increasing staffing and redecorating this unit so it was more stimulating for those people. The PIR informed told us "Our service is constantly evolving and striving to improve through reflective practice, research, consultation and objective reviews of events".

Outstanding ☆

Is the service well-led?

Our findings

Everyone described the service as person centred, well-led and "A home from home." People, relatives and health professionals had confidence in the leadership team and felt the values and ethos of the home were inclusive and empowering. Feedback about the registered manager and service was exceptional "X is just brilliant!"; "My brother and I have always found the home 5 star"; "I'm pleased with how the place is run"; "You often see them (the registered manager and owners) coming to have a chat with the residents, keeping them involved"; "It's like a holiday hotel" and "I think it is still outstanding." Staff commented, "X leads by example, manages the service well…very much so; She is always out on the floor helping"; "Yes, it is well-led; it is organised, staff know what they are doing, the unit managers are fabulous"; "We do everything we can to be outstanding; we care about the people and each other."

The PIR and registered manager informed us the goal of the service was to "Develop trusting relationships with residents and loved ones regardless of the barriers cognitive impairment and the grieving process families faced. We want to understand the residents' journey." Staff were united in working towards the same goal, to achieve the best care for residents. A health professional wrote to us following the inspection, "I have witnessed the staff providing amazing support and reassurance to the families of their residents especially during difficult times. I have received positive feedback about all aspects of the care given to their loved ones from all of the families I have spoken to."

The service had a culture which was positive, open and inclusive. The people who used the service were at the heart of everything the staff did from care staff to senior management. Despite the large size of the service it was clear throughout the inspection that the registered manager and all senior staff that worked at the service were passionate about delivering good, quality care. Quality of care was not compromised regardless of the amount of people that were being supported.

The registered manager and provider took an active role in the running of the home, they were visible, involved and had an in depth knowledge of the people and staff who lived and worked at Hartley Park. The providers were involved with the audits, attended the clinical governance meetings and staff meetings. Staff said of the registered manager "She guides us, encourages and pushes us to better ourselves"; "X knows everything – brilliant manager!"

There were clear lines of responsibility and accountability within the management structure. The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The registered manager had an "open door" policy, was approachable, down to earth, and visible and ensured all staff understood people came first. Feedback was always welcomed and reflective accounts written to support staff and the service's development. They gave numerous examples when this had involved challenging others in the care sector to ensure people had the best possible outcomes. Examples included people's last wishes being respected in difficult circumstances, supporting people's wishes to return home, and ensuring people were cared for in the least restrictive way.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted

when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The management team shared a sensitive example of their learning over the previous year. This had resulted in a new unit manager and improved leadership in one unit. Following medicine theft, stricter controls were now in place and some medicine cupboards had two locks and two keys held separately, requiring two staff to access these together to ensure additional security.

The registered manager was one of many long standing staff members. They were described as exceptional by everyone we spoke with. They told us, "I know my responsibilities and I am supported by the owners to fulfil them"; "We have developed an excellent reputation for the service we deliver". Health and social care professionals who had involvement in the service, confirmed to us communication was good and the service was well led. A healthcare professional commented "In my opinion Hartley Park offers the best service to the most vulnerable client base in the whole of Plymouth."

People, relatives and staff were involved in developing the service. Meetings were regularly held with people and their families and satisfaction surveys conducted which encouraged people to be involved and raise ideas that could be implemented into practice. Creative ways of engaging residents in conversation was used to encourage their feedback for example the use of white boards, rummage boxes and timing conversations dependent upon people's mood. The registered manager and unit managers conducted daily walk rounds and anything which was mentioned by people was noted and action taken. For example, staff stated that the residents didn't like to use the second toilet on each floor as it was slightly lower than the others and they thought that they might feel like they are falling. As a result the toilet seats were raised in all of the second toilets and now residents are happy to use them and dont become distressed.

Since the previous inspection in August 2015, The six C's (Care, Commitment, Competence, Communication, Courage and Commitment) had driven improvement in the service. Training and supervision were based upon these values and behaviours to ensure the service provided high quality care. Leadership skills were being constantly improved through the senior care leadership programme and unit managers undertaking their health and social care leadership and management qualifications. Improvements to the external space had brought many hours of enjoyment to the keen gardeners who lived at the service. Others liked relaxing in the new beach / seaside themed area. The new relatives meetings were providing valuable support, friendship and information to carers. The staff forum was enabling staff to find creative solutions and feel part of service improvement. New research initiatives were being implemented to further enhance people's care for example Daily Sparkle. All of these initiatives and improvements were contributing to the calm, peaceful environment, low level of incidents and since the previous inspection only 12% of people were now on an anti-psychotic (a mental health medication compared with 28% at the previous inspection and only two people out of 66 living at the service were on night sedation to help them sleep.

Maintaining and striving to improve was important to staff. The home had maintained the Dementia Quality Mark (DQM); this is a local award for good practice in dementia care. This was re awarded in September 2016. The six steps end of life programme had been completed and accreditation approved in October 2016. The "Investors in People" award had been achieved again in August 2016. The assessor wrote "This is a home with a clear and transparent vision and one that sets and achieves high standards"; "...a very impressive team…highly respected and appreciated registered manger and unit managers… the owners are highly regarded too." The report confirmed the sustained improvement of the service, excellent management, administration and control we found. Hartley Park had also won two awards for outstanding care and dementia care in 2016 from the local authority.

Staff felt unanimously the service had good leadership which inspired them to provide a quality service. Staff

were supported to develop special interests to enhance care. Staff meetings and a new staff forum supported staff to have their voice heard and be aware of developments in the service. Staff were involved in identifying areas for improvement and told us, "Through training, feedback, health and social care qualifications they were continually learning."

The manager told us staff created the agenda for the staff forum and the solutions. Staff had led change for the better, "The staff forum encourages staff to think creatively and to come up with their own solutions working together. Examples from this include, labelling linen bins to ensure the linen goes in the correct bin, changing the times staff bring the tea trolley down to the kitchen to support kitchen staff, the planned redecoration of Cotehele Lounge. Larger quantities of food are now left for residents who eat overnight". Staff felt empowered by the new forum and solutions were effective at resolving minor issues amongst the team. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I love my job"; "I've really enjoyed my time here." New staff told us they were thrilled they had the opportunity to work at the home. A staff "shout out" board in staff room was used by staff to share good team work. Staff could put stars on the board for colleagues who had gone that extra mile or lifted their spirits or even just made them smile on a hard day.

The registered manager felt supported by the providers who spent time a lot of time within the home. Over the years good relationships had been built and the registered manager's views and unit manager's views were listened to and respected. All staff shared this view. Equipment requested was purchased promptly when required, for example a larger bath for people with large pieces of equipment, and a laptop to support some of the unit managers' administration tasks. The providers were continually investing in the home following staff, people's and relatives ideas for example the new lounge on one of the units.

The provider and registered manager were always seeking new ways to develop care standards within the home, and be proactive in identifying issues and instilling best practice. The service prided itself on "thinking outside the box" for example one person who loved shopping but was no longer able to get out and about had been introduced to online shopping and was thoroughly enjoying their parcels being delivered. The experience of younger people living with dementia coming to the service had an impact upon staff and the registered manager told us "I would love to do some more work with young adults and their pre-conceived ideas about dementia in the future. We have had the scouts, colleges, local schools all visit and work alongside our residents in the garden, and on various activities, but the whole subject needs a massive national drive."

People benefited from staff that understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately. Staff training and supervision reiterated the importance of staff whistleblowing if needed.

There were effective quality assurance systems in place to drive continuous improvement of the service and ensured standards remained high. The management carried out regular reviews which assessed the home's standards against the CQC regulations and guidance. Information following investigations was used to aid learning and drive improvements across the service. Daily handovers, supervision, meetings and thorough audits in all areas were used to reflect on standard practice and challenge current procedures. Feedback from people and relatives was used to improve the service. The inspection was listened to and acted upon immediately for example, changing the induction system so it was led by new staff and not limited to three days. Information requested following the inspection was provided promptly.

Plans for the future included utilising nurse's revalidation as a tool for clinical governance within the service. With a stable staff team in place, plans were afoot to expand the keyworker role. The registered manager also wanted to further develop the formats used to provide information to people, for example the menus, daily activities, the website, places to visit information, and newsletters.