

Willow Tree Lodge Limited

Willow Tree Lodge

Inspection report

74 Kiln Road
Fareham
Hampshire
PO16 7UJ

Tel: 01329237681

Website: www.willowtreelodgecarehome.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 16 November 2016. The inspection was unannounced and carried out by two inspectors.

We last visited the service on 18 December 2013 where we found the provider was meeting all the regulations we inspected against.

Willow Tree Lodge is a purpose built care home for older people, some of whom have a dementia related condition. There were 27 people living at the home on the day of our inspection.

There was a registered manager in place. 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. The registered manager was supported by the general manager.

We found that staff were exceptionally caring. We observed kind, caring and thoughtful interactions between staff and people. Staff were highly motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. People, relatives and staff were able to give numerous examples about how staff went "above and beyond" to meet people's needs.

The service had a strong, visible, person centred culture which was evident through the actions of the provider, manager and staff.

People told us that they felt safe at the service. There were no ongoing safeguarding concerns. Medicines were administered safely.

Checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining written references and a Disclosure and Barring Service check [DBS]. There were sufficient staff deployed. Staff carried out their duties in a calm unhurried manner.

Staff told us, and records confirmed that training was available. There was an appraisal and supervision system in place.

Staff followed the principles of the Mental Capacity Act 2005. People's nutritional needs were met and they had access to a range of healthcare services.

An activities programme was in place to help meet people's social needs.

There was a complaints procedure in place. No complaints had been received in the last 12 months. None of

the people or relatives with whom we spoke raised any complaints about the service.

Audits and checks were carried out to monitor the service. Our observations and findings on the day of our inspection confirmed that the provider had an effective quality monitoring system in place.

Staff were very positive about working for the provider. They said they felt valued and enjoyed working at the home. We observed that this positivity was reflected in the care and support which staff provided.

The provider had submitted notifications to CQC in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service.

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.

There were safeguarding procedures in place.

Medicines were managed safely.

The premises were clean. Checks and tests had been carried out to ensure that equipment and the premises were safe.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff told us, and records confirmed that training was available. There was an appraisal and supervision system in place.

Staff followed the principles of the Mental Capacity Act 2005 in their work.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People and relatives told us that staff were extremely caring. We saw kind, caring and thoughtful interactions between people and staff.

Staff were highly motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did.

The service had a strong, visible, person centred culture which was evident through the actions of the provider, manager and staff.

People and relatives told us and our own observations confirmed that staff promoted people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place which detailed the individual care and support to be provided for people.

An activities programme was in place and people's social needs were met.

There was a complaints procedure in place.

Is the service well-led?

Good ●

The service was well led.

Audits and checks were carried out to monitor all the service. Our observations and findings on the day of our inspection confirmed that the provider had an effective quality monitoring system in place.

Staff told us that morale was good and they enjoyed working at the service.

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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 16 November 2016. The inspection was unannounced and carried out by two inspectors.

Prior to the inspection, we checked all the information which we had received about the service, including any notifications which the provider had sent us. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service.

We contacted the local authority's safeguarding adults team and contracts and commissioning team. We also contacted the local Healthwatch. None of whom responded to our requests for information.

The provider completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We spoke with the nominated individual, registered manager, deputy manager, a team leader, three care staff, the chef, two members of staff from the housekeeping team and the administrator. We spoke with 10 people and five relatives on the day of the inspection. We contacted five relatives by phone following our inspection and managed to speak with two of these relatives.

We looked at four care plans, 13 people's medicines administration records, information relating to staff training, five staff recruitment files and audits and checks relating to the management of the service and the premises.

On the day of the inspection, we spoke with a GP and district nurse. Following our inspection we contacted a

chiropodist, a GP, a pharmacy manager, an independent best interests assessor, a member of staff from the local hospice and a member of staff from an external charitable organisation. We also spoke with a hairdresser who visited the home.

Is the service safe?

Our findings

People told us that they felt safe and this was confirmed by all relatives with whom we spoke. Comments included, "She is totally safe here," "We don't worry when she is here," "I feel absolutely safe here," "She is as safe as she can be, I have no qualms about her safety or any of the staff there," "I'm very pleased. The place seems quite safe and secure," "I have complete confidence in them. We've all seen those dreadful television programmes, but I can honestly say that the care that is given to mum is no different when I am not there," "There is nothing that concerns me whatsoever," "We have had the conversation where I have said, 'We have done our best mum to get you the best care home, but please tell us if there are any problems' and she would do if there were, but there hasn't been" and "I come in two, three, four times a week and I have never seen anything to give me any concern regarding mum or the other residents."

There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse were suspected. The health and social care assessor stated, "I have questioned staff about their knowledge on their safeguarding and whistleblowing procedures and policies and they all seem very aware on how to disclose about any abuse that they may witness or if they suspect it is happening. This knowledge is required for their diplomas. I have never seen anything I would consider to be a safeguarding concern either from the people who I am supporting or others at the home." This meant that there were systems in place to help protect people from the risk of abuse. There were no ongoing safeguarding concerns.

We checked staffing levels at the service. People and relatives told us that there were sufficient staff deployed to meet people's needs. One relative said, "There always seem enough staff; they seemed to be well staffed. Always seem to be staff available." We observed that staff carried out their duties in a calm unhurried manner and had time to provide emotional support to people. This meant staffing was maintained at a level to ensure that people's needs were able to be met.

We spent time checking the premises and equipment. People and relatives were complimentary about the premises. One person said, "I'm lucky to have the penthouse." A relative commented, "It smells nice – it is bright, modern, fresh, friendly. This is what I want for mum." The home was spread over three floors and a passenger lift was available which accessed all areas of the home. Each room was equipped with under floor heating and bedrooms had en-suite toilets. There were hairdressing facilities, a conservatory, outside terrace and balcony overlooking the garden. There were freshly cut flowers around the home. People and relatives told us that they appreciated these. One relative said, "Aren't they beautiful, it's just little touches like that which makes such a difference."

A full time maintenance man was employed who carried out daily and weekly checks and tests on the premises and equipment to ensure they were safe. Gas, fire safety, electrical tests and 'Lifting Operations and Lifting Equipment Regulations' (LOLER) checks on moving and handling equipment had been undertaken. Fire safety checks were also carried out. The fire-detection system had smoke and heat sensors with isolated sprinkler technology which allowed staff to identify the exact site of the fire and enabled the quick and safe evacuation of people. Personal emergency evacuation plans were in place which detailed

how people should be supported to leave the building in the event of an emergency.

Each bedroom was equipped with thermostatically-controlled underfloor heating which enabled the exact control of the room temperature. An intelligent lighting system had been installed which was activated by movement along the corridors and stairs. This system ensured there was sufficient lighting for people to move around the home safely.

There was a call bell system in place. The manager told us that response times could be downloaded if there were any concerns about delays or non-attendance. People told us that staff answered their requests for assistance "immediately." One person told us, "If I ring for them, they are here within seconds."

The provider used an external health and safety company to advise on health and safety. Consultants from this company carried out site visits and completed evaluation reports and reviews to ensure that all aspects of health and safety law were adhered to.

A digital accident book was maintained. Accidents and incidents were analysed. No trends or themes had been identified. This meant that there was a system in place to monitor and record accidents and incidents and take action should any concerns be identified.

We examined the management of medicines. People told us that they received their medicines as prescribed. The health and social care assessor stated, "I have observed two staff giving medication and they always follow safe administering techniques. I especially like the trolley they use that locks when it is shut rather than having to use a key to lock it but which needs a key to unlock it." Care plans gave information on how people took their medicines. We read one person's care plan which stated, "Once an individual tablet is in her mouth, [name] will give herself a drink from a cup with a straw and let staff know when she is ready for a subsequent tablet." We spoke with the manager of the pharmacy who supplied people's medicines. He told us that he had no concerns with medicines management at the home and staff worked well with their pharmacy team to ensure that people received their medicines as prescribed. We considered that there was a safe system in place for the receipt, storage, administration and disposal of medicines.

Staff told us, and records confirmed that the correct recruitment procedures were carried out before they started work. We saw that Disclosure and Barring Service [DBS] checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received. This demonstrated the provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and of suitable character to do their jobs. The provider used an external employment advice company for all human resources issues.

A number of digital research based risk tools were in place such as falls and pressure ulcer risk assessments. These had been identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction, such as maintaining independence and avoiding the risk of falls. There was a movement detector sensor outside one person's room because of their identified risk of falling. This had been assessed in line with the Mental Capacity Act 2005 and in agreement with the person's representatives.

Is the service effective?

Our findings

People, relatives and health and social care professionals were complimentary about the effectiveness of staff. Comments included, "They are on the ball. When I was visiting, a lady with dementia couldn't understand why she was there and was getting angry. The staff were so patient and calm, they helped her to her room and when she came back she was much calmer, I told them '10 out of 10, you did very well there,'" "They are absolutely well trained – they know a lot better than us how to look after people" and "I am certain staff know what they are doing, they are so good."

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. Comments included, "Training is really good, they are really on the ball," "I do a lot of courses. Working here has taught me a lot," "I have completed a diploma in housekeeping, it took a year. We had a few tests and homework, it was very in-depth" and "The training is good here, we have training with the paramedics and the nurses."

The manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who used the service, such as dementia care. Staff were eager to tell us about the virtual dementia care tour that they had recently completed. The virtual dementia care tour was a multi-sensory experience used to give those with a healthy brain an experience of what living with dementia might be like. The manager told us, "It puts you in the shoes of someone with dementia." One staff member said, "It was excellent, it really made you think."

The manager was working with a member of staff from the local hospice to implement the Namaste care program for people who had a dementia related condition. 'Namaste' is the Indian greeting meaning 'To honour the spirit within.' The care programme was developed to meet the needs of people with advanced dementia for human contact, sensory stimulation and meaningful activity. This meant that the provider was looking to ensure that people were cared for staff who had distinctive skills in this aspect of care.

Induction training was completed to make sure that staff had achieved acceptable levels of competence in their job role.

The manager had encouraged staff to be responsible for various disciplines such as moving and handling, continence management, induction support, activity encouragement, weights management and infection control. The manager told us that introducing these lead roles made staff feel valued and involved and helped ensure that care was delivered as planned.

We spoke with the moving and handling trainer. She told us, "I do the induction. I did the five day [moving and handling] course over six months. I think by me doing the training, it's a lot more person centred because I know the residents and can advise staff. I make the training very practical, I put Cellotape over glasses so staff can feel what it's like to have cataracts and I put pin holes in sunglasses for tunnel vision." We spoke with another member of staff who told us, "[Name of staff member] is the moving and handling lead and does the training. I prefer it this way. [Name of staff member] knows the staff and the residents. I

brought up a concern I had and [name of staff member] knew straight away what to do." We considered that the provider had sought to ensure that staff had the right competencies, knowledge, skills, experience, attitudes and behaviours to meet people's needs effectively.

All staff told us that they felt supported in their roles. Staff told us they had regular supervision. There was an appraisal system in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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. The manager had assessed whether people's plan of care amounted to a deprivation and had submitted DoLS applications to the local authority in line with legal requirements.

A computer software programme was used to manage the care planning process. This programme flagged up whether a mental capacity assessment and best interests decision was required. Mental capacity assessments and best interests decision records had been completed for areas of care such as the use of sensor alarms. We read that a mental capacity assessment and best interests decision had been completed with regards to one person's hospital appointment.

We found that staff were knowledgeable about the MCA and their responsibilities under the Act. We read the minutes of a staff meeting which had been held in September 2016. This stated, "Mental capacity – should all be aware of this. Just because someone has dementia does not mean they cannot make their own decisions. Always assume capacity. As a reminder all staff were given the hand out of the five principles of Mental Capacity."

We checked how people's dietary needs were met. People and relatives were complimentary about the meals. Comments included, "I have sampled the food and it is lovely. They have roast dinners and at tea time they really spoil them. They have lovely sandwiches with the crusts cut off and every afternoon there is a prepared fruit platter to tempt them," "I'm happy with the food. Mum talks about nice lunches. There seem to be lots of roasts," "Food is very good. I can't fault it. Both [names of chefs] are very good cooks. I've never had to send anything back," "I'm a domestic science teacher so I know the food is good. Nothing is reheated and we have sufficient fruit and vegetables" and "I always have drinks available and if my water is low, they notice and get me some more immediately."

We spoke with the chef who was knowledgeable about people's dietary and nutritional needs. He told us, "As soon as they come in I will talk to them and find out about their likes and dislikes and speak with their relatives" and "[Names of people] like finger food as they can hold it while they walk. [Name] has a rubber handed spoon, we also have coloured plates and bowls – colour for people with dementia is very important...I know people's weights and who needs to be kept an eye on." This meant there was good communication between care staff and kitchen staff to ensure that people received a suitable diet which met their needs.

The chef explained that there was an emphasis on home baking. He said, "I make my own ice cream, it's two

parts cream" and "I make my own mayonnaise and tartare sauce." We checked the kitchen and saw that it was well stocked and there was evidence of home-made produce such as shortbread biscuits and apple pie. The chef also said, "Everything is fresh, our butchers down the road and the grocers. We get fresh vegetables every day. I always do a fresh fruit platter and make sure I cut the grapes in half for choking reasons." This was confirmed by people and relatives and one of the entertainers who said, "They bring people around pieces of fruit."

We observed the lunch and tea time meals and saw that staff were attentive to people's needs. Vegetables and sauces were served separately so people could choose what they wanted. We heard staff ask people, "Would you like a hand to cut your meat up?" and "What drink would you like?" One person enjoyed a beer and the staff member said, "Are you pouring or am I?" This person told us, "I always have a bottle [of beer] it's in my paperwork that they complete." Another person had a sherry.

One of the entertainers with whom we spoke said, "I have been in the hotel and leisure business and what they are doing here is brilliant – look at the way they are serving the meal and Classic FM playing." The health and social care assessor stated, "Meal times at Willow Tree Lodge are especially pleasant for the service users who use the dining room and have their food served to them in serving dishes so that they can dish up what they want to eat. There is always plenty of appetising fresh food available. Service users are supported to eat if they require it and they sit where they want to eat their food."

People's weight was monitored and action was taken if any concerns were identified. This meant that systems were in place to monitor people's dietary needs and ensure they received a suitable nutritious diet.

People and relatives told us that staff contacted health and social care professionals to meet their needs. We saw evidence that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, district nurses, dietitians, the chiropodist and dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Is the service caring?

Our findings

All people and relatives with whom we spoke rated the care as outstanding or "better than good." One person said, "It's outstanding, it's like home." A relative said, "I would say outstanding without any hesitation, it is everything you would hope a care home would be and caring is at the forefront of that. They are so lovely." Another relative said, "To find somewhere this good is a huge relief. It would have to be outstanding." The hairdresser told us, "I love going there. I would rate it as high as I could – outstanding." A third said, "I cannot fault them – the caring is just outstanding. They go out of their way to help them."

A member of staff from the external charitable organisation said, "On one occasion we invited a group from Willow Tree Lodge to join us at a seaside premises we hired for the day. Willow Tree Lodge staff took every care to ensure their residents enjoyed their day at the seaside in the sunshine – bringing back so many memories and we together managed to enable one resident to have a paddle. I was impressed with the staff and their care of the residents. It seems like a genuinely lovely place to be."

We looked at the reviews on a national care homes review website and noted that 26 out of 27 reviews posted in 2016 rated the care as excellent. One rated the care as good. We read one review from a relative which stated, "What makes this care home so special is the staff. The managers, the caring staff, the catering and the housekeeping staff are just wonderful. They are kind, warm, respectful, patient, compassionate and even on difficult days they work as a team for the best interest of the residents. They are amazing people who deserve all the praise they get. They look after my mum like she was their mum. That is the best recommendation I can give and I am so grateful for that. Well done Willow Tree and thank you. At times when I have found things difficult they have supported me as well so bless you." We spoke with this relative who confirmed her recommendation and review.

Health and social care professionals were also complimentary about the caring nature of staff, "I would be happy to have my family here" and "I found it really client centred. The care is really individualised, the care plans are personalised and the relatives are glowing with praise," "It's all very compassionate care" and "They really do care about their patients."

Staff were extremely motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments from staff included, "I would say hand on heart, everyone is very caring here. We adapt to people's needs and make sure they are happy and comfortable," "You treat everyone as you would like to be treated yourself," "I personally feel they are our family," "I'm always happy and I love having time and finding out about their past and what makes them happy," "I enjoy supporting the residents. Every day is different" and "It's more like an extended family, you get to know everyone."

The service had a strong, visible, person centred culture which was evident through the actions of the provider, manager and all staff. We observed kind, caring and thoughtful interactions between people throughout our inspection. We heard one person tell a care worker, "Love you," the care worker replied "Love you too." We saw positive interactions not only between care staff, but other members of the staff

team such as the chef, administrator and housekeeping staff. This was confirmed by people and relatives. One relative said, "It's not just the carers who are caring, the chef, the housekeeping staff, everyone is so caring." At lunch time the chef came around and spoke with people and shook their hands. He asked how they were and whether they had enjoyed their meal. One person told the chef, "You're a beautiful man." The chef replied "and you're beautiful too." The person then said, "All power to you" and they 'high fived' each other. Later on in the day, we heard a person, who had a dementia related condition, tell the chef, "I was going to leave you know, but after speaking to you, I've decided to stay." "That's great - I'm glad" the chef replied. We saw the housekeeping staff interacting with people throughout the day. One member of the housekeeping team said, "[Name of person] doesn't like [name of toy] on her bed, she likes them on her chair - it's little things like that you remember. Another person likes me to get her perfume out before lunch and she has a little spray." One relative said, "I think caring is in their nature. They are a close knit team and the other day when I became distressed over mum's behaviour one of the housekeeping staff came over and gave me a cuddle and said that I was doing the best I could for mum."

People and relatives told us about the caring nature of both the provider and manager. Comments included, "[Name of nominated individual] came and sat beside mum and a couple of the ladies and had dinner with them," "Nothing is too much trouble for [provider]. [Name of nominated individual] is hands on; he knows all the people and relatives by name," "[Name of manager] is like a long lost friend," "When I took mum on holiday, I took a photo of her having a lovely time and sent it to [name of manager]. When we got back on the Saturday morning, [name of manager] had printed off the photograph and written, 'Welcome back, hope you like the picture, see you on Monday' which was very thoughtful of her. We have put the picture up on her wall." We read a card that the relative sent staff at the home following her mother's holiday. This stated, "When mum said she was pleased to be home after her holiday – I can't tell you what a wonderful feeling this was."

People, relatives and staff were able to give numerous examples of how they went "above and beyond" to meet people's needs. Comments from relatives included, "They redecorate their rooms before anyone moves in. They were so good, they even made a little shelf for mum's ornaments because she was worried they would get knocked off and broken." Another relative said, "[Name of care worker] will come in and watch Emmerdale and have a bag of crisps with mum." We spoke with this care worker who said, "We have a little seven o'clock meeting and we have half a bag of quavers and watch Emmerdale together...I love spending time with people." A third relative said, "[Name of staff member], when she was on holiday sent mum a post card. They are just all so kind." This was confirmed by the staff member who said she knew the person would appreciate the post card.

We spoke with a relative who told us, "My younger son got married in June and the logistics of getting mum there were proving to be difficult. [Name of manager] offered to bring mum by car and wait until after the service and bring her home, it was beyond the call of duty and made everything so much more relaxed."

An emphasis was placed on people's birthdays. People received a birthday cake and a hand-made birthday card. The manager told us about one person's recent birthday. She said, "[Name] loves Andre Rieu [musician] and Budweiser and it was his birthday. We have someone who makes hand-made cards for them and look; [name] has put all his birthday cards in his bottom drawer but has left his card from us in the bathroom." This was a beautifully embossed card on which were pictures of Andre Rieu and a bottle of Budweiser. All the staff had signed his card. The manager said, "This is done for everyone's birthday...We always relate the birthday cards to what they like."

An entertainer who visited the home twice a month came especially to speak with us on the day of our inspection to tell us how wonderful he thought the home was. He said, "I've come 15 miles, because I think it

is important to tell you what I think... So many places I go I am disappointed, I'm left on my own – not here." He told us, "If they have someone who's new, they will come in and sit with them and hold their hand and be caring, because they understand. They know that that person will have lost some of their confidence coming into the home." He finished by telling us, "This place is awesome. They really do care."

Staff gave examples of how they promoted people's independence. One member of staff said, "[Name] locks her door and because of her [name of sight condition] we raised the lock to eye level to support her independence and got her a bigger key." Staff told us that this person also managed their own medicines. They explained how they had supported her to do this, saying, "She was struggling with the measuring pots [for her medicine]. So we got big ones with black lines on to help – it's all to promote independence." We spoke with the individual who confirmed that staff had supported them with these actions. Another member of staff said, "One person likes to bring their dishes into the kitchen and put them in the sink. Some staff were worried by this [because of infection control] but [name of chef] said, 'Let her bring them in.' It's so important because that's what she would have done at home."

Staff encouraged people to help them with the tea trolley. We spoke with one member of staff who told us, "It's [independence] is so important. [Name of person] likes to help us with the jugs [juice], she will also help us with our trolley and helps us close the curtains, fold towels, anything to make her feel involved." One relative told us, "[Name of manager] said to mum 'Do you want to do a little dusting with me? Mum said, 'No I don't' but at least she tried." This meant that people were encouraged and supported to be as independent as possible to promote a sense of wellbeing.

We observed that staff promoted people's privacy and dignity. This was confirmed by people and relatives. One person said, "They are very good with privacy for which I am very thankful." Staff could give us examples of how they promoted dignity. Comments included, "I'm always aware of their privacy, if people are asleep, I wouldn't come in and Hoover, I would come back" and "We have one person who doesn't like to have a shower on the middle floor because it's busier on that corridor so we take her down to the lower ground bathroom."

The home used a special button system for identifying people's clothes. The manager said, "I don't like the idea of writing people's names in their clothing – it's like being at school. This is a much more dignified way, it's a little button with people's room number on...If they change room, then we can just change the number."

People and relatives told us and records confirmed that they were involved in people's care. Comments included, "[Name of team leader] always asks [about care] and we have a conference about it. My nephew also holds power of attorney so she also involves him." Comments from relatives included, "We all work together – they acknowledge that I know my mum better than anyone else and we work together to ensure that mum is comfortable and safe and has a good a quality of life as possible," "I always complete lots of reviews and relatives are kept well informed" and "I did the virtual reality dementia care training with staff... It's all about my mum, and joined up care. It's about working together. I put in the care plan that if they want to phone me if they are having difficulty with mum's behaviours, they can phone me any time even in the middle of the night. They haven't needed to, but it's all about joined up care working and doing the best for my mum." We read this person's care plan and noted that her care plan contained details of how to involve the person's family in her care.

There was no one receiving end of life care at the time of our report. The manager was working with a member of staff from the local hospice to implement the Namaste care program for people who had a dementia related condition and required end of life care. 'Namaste' is the Indian greeting meaning 'To

honour the spirit within.' The care programme was developed to meet the needs of people with advanced dementia for human contact, sensory stimulation and meaningful activity. This meant that the provider was looking to ensure that people were cared for staff who had distinctive skills in this aspect of care.

Is the service responsive?

Our findings

People and relatives were complimentary about the responsiveness of staff. Comments included, "I was depressed at first, but they kept on at me and made me better," "It's very good here, you have freedom and friends," "They bend over backwards for you," "I always feel that there is no issue for them that is too small to deal with" and "It's totally responsive."

Health and social care professionals were also complimentary about the responsiveness of staff. Comments included, "I love it here. The staff are so switched on," "They are switched on about the prevention of skin issues; which isn't a bad thing," "They always contact us appropriately, either by phone or by fax," "They are very good at following advice or recommendations," "They always come with us and stay with us, especially if it's a patient we have not met before. I can always find a member of staff," "Those who need extra support are given this respect and I have observed residents who are at risk of pressure sores have equipment to protect them and to prevent this and it is used properly" and "The residents are very well cared for with all their needs met quickly. The home provides a lovely environment for people in their latter years to be comfortable and safe; it's a joy to work there as they are very accommodating when I visit."

We read four people's care plans and noted that these were detailed and person-centred. This is when treatment or care takes into account people's individual needs and preferences. Each person had a care plan in place for each aspect of their lives. This meant that staff had information so that they could provide responsive care and support.

The service used the Alzheimer's Society's 'This is me' booklet. This is a tool that people or their representatives can use to provide information about their needs, preferences, likes, dislikes and interests. The Alzheimer's Society state, "It helps staff to see the person as an individual and helps them deliver person-centred care that is tailored specifically to the person's needs. It can therefore help to reduce distress for the person with dementia." We read that one person enjoyed music, knitting, colouring books and arts and crafts.

Staff gave examples of how they promoted people's independence. One member of staff said, "[Name] locks her door and because of her [name of sight condition] we raised the lock to eye level to support her independence and got her a bigger key." Staff told us that this person also managed their own medicines. They explained how they had supported her to do this, saying, "She was struggling with the measuring pots [for her medicine]. So we got big ones with black lines on to help – it's all to promote independence." We spoke with the individual who confirmed that staff had supported them with these actions. Another member of staff said, "One person likes to bring their dishes into the kitchen and put them in the sink. Some staff were worried by this [because of infection control] but [name of chef] said, 'Let her bring them in.' It's so important because that's what she would have done at home."

Staff encouraged people to help them with the tea trolley. We spoke with one member of staff who told us, "It's [independence] is so important. [Name of person] likes to help us with the jugs [juice], she will also help us with our trolley and helps us close the curtains, fold towels, anything to make her feel involved." One

relative told us, "[Name of manager] said to mum 'Do you want to do a little dusting with me? Mum said, 'No I don't' but at least she tried." This meant that people were encouraged and supported to be as independent as possible to promote a sense of wellbeing.

People told us that they chose how they wanted to spend their day. One person who lived with her husband at the home told us that she and her husband had their tea together and continued to spend the rest of the evening together. Another person said, "It's not regimented." They explained that they could get up and go to bed when they liked. This was confirmed by all the people and staff with whom we spoke. One member of staff said, "It's always their choice, we would never say, 'You have to get up or go to bed.'" We considered that people received personalised care and support which met their individual needs and preferences.

We read the provider information return [PIR] which the manager had completed. This stated that one person felt low and thought their room was gloomy. The manager told us that she offered this person their largest and brightest room. We read an online review which the person had completed. This stated, "I have lived here happily for 14 months and am happy that this will be home for the rest of our lives, myself and my partner of 24 years. Very happy home with excellent food. I feel I'm in a penthouse and with very caring happy staff." This was confirmed by the individual when we spoke with them. This meant that staff were responsive to people's needs and action was taken when concerns were identified.

We checked how people's social needs were met. There was an activities programme in place. This included activities such as bingo, external entertainers, armchair exercises and a cookery programme. The health and social care assessor stated, "There always seems to be some form of entertainment available for the service users when I am at the home which the service users seem to enjoy." The member of staff from the charitable organisation said, "My driver has always returned saying what a very friendly crowd of people they are – both staff and residents. The residents take great pleasure in the outings – especially when it has involved lunch!"

A relative said, "There are entertainers and exercises to music." On the afternoon of our inspection, an entertainer visited to carry out a music and movement session.

People told us that they enjoyed and appreciated the entertainment. Another entertainer came especially to the home to inform us how good he considered the service to be at meeting people's social and emotional needs. He said, "They [staff] inspire – the staff are exceptional." Some people told us that they chose not to join in with the activities and entertainment and staff respected their wishes. One person said, "I don't like activities, I am content to potter around myself." A relative said, "Mum likes to keep herself to herself. The staff do try and say, 'There is such and such going on.'" A third relative stated that at times they felt that more activities could be provided.

One person told us that she enjoyed takeaways. A member of staff told us that staff also ordered a takeaway for themselves and sat with the individual to make it more of a social event. The deputy manager said, "Staff will do this in their own time after their shift and they have quite a party!" We spoke with the person who told us, "Yes, they do do this. It's nice because I'm not on my own, I have company."

The service used a charitable organisation to provide transport to enable them to access the local community. One relative said, "They go on outings, they've been to the beach for an ice cream and over to Wickham." Staff also supported people to go shopping. One staff member said, "If I am going shopping I will take [name] with me. It's part of my job." A relative said, "[Name of manager] will say, 'Do you fancy coming to Sainsbury's for some biscuits.'" This meant that people were encouraged to pursue their hobbies and interests and supported to access the local community.

There was a complaints procedure in place. No complaints had been received in the last 12 months. None of the people and relatives with whom we spoke with raised any complaints. There were various feedback mechanisms in place. Meetings and surveys were carried out. In addition, people had a communication diary in their rooms where people, staff and relatives could communicate with one another. We read one person's communication diary which stated that their voting forms had been sent off and new tights had been purchased. Their relative had written that they were going to be on holiday and back at the end of November. This meant that systems were in place to obtain the views of people and their representatives.

Is the service well-led?

Our findings

People and relatives were very complimentary about the home. Comments included, "Nothing is too much bother to them – it's a fantastic place. It exceeds my expectations," "If you are looking for a home for your loved one, you couldn't find better," "It's excellent in every way," "It's wonderful here," "I just wish for the sake of the Nation's elderly that they are all like this," "I'm very happy. I wouldn't want to be anywhere else," "I can't say enough about the home – they are wonderful" and "They provide a continually high service."

People, relatives and staff were also complimentary about the registered manager and the provider. One person said, "These things [positive things] come from the top and we have a good captain here. It's well managed and efficiently run." Comments from relatives included, "It is very well led. [Name of manager] came out to interview mum before she came here and I felt instantly reassured by her compassion and professionalism," "You see her doing whatever needs to be done. You see her down on her knees, getting involved, dealing with any pain, distress – it requires very special qualities and she has all of that," "[Name of manager] will give mum a shower, nothing is beneath her," "The management are very, very good" and "The owners are very proactive and work behind the scenes." Health and social care professionals were also complimentary about the management of the service. One health and social care professional told us, "[Name of manager] is fantastic." Another health and social care professional stated, "I've found the home to be run efficiently with the staff working well as a team."

Staff were very positive about working for the provider. They said they felt valued and enjoyed working at the home. Comments included, "Everyone gels as a team," "I feel very supported, they are very nice people – very approachable, that makes me feel at ease. They are very easy going," "I wanted to work for employers that care, that listen and they do. [Name of nominated individual] is always around, he will even unblock toilets, nothing is beneath anyone," "I needed a specific sling costing £250 and I just went to speak with [name of nominated individual] and he said 'If it's for the residents just go to the office and order it,'" "This is my dream job. It's small, it's a family run business who care," "I just love working here. It's a vocation working here where people are cared for and want to be here" and "[Name of nominated individual] is a wonderful employer, he always asks after you and how you are – fabulous. You feel valued." One member of staff had written in a staff survey, "I love working here and proud to say I do so. I feel fully supported and everyone is approachable from owners to domestic staff. WE MAKE A GREAT TEAM" We spoke with the nominated individual about some of this feedback. He told us, "We really try to keep the staff happy."

We observed that this positivity was reflected in the care and support which staff provided throughout the day Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

Staff were involved in the running of the service. There was a staff suggestions box and meetings and surveys were carried out. One member of staff said, "If we have a problem, they fix it. We asked for a bench outside and we got them and fold up chairs and lockers." We read that one staff member had asked for a larger locker for her designer handbags, this request had unfortunately been declined!

People and their representatives were also involved in all aspects of the home. Meetings and surveys were carried out. We read that action was taken following any feedback received. One relative had suggested putting a large calendar in the lounge. The provider had written to the respondent to tell them that they considered that this was an "excellent idea." We saw that calendars were in place in the lounge areas. We read that a relative had also suggested a finger print sensor door entry system. We noted that the provider had written to the relative to explain that unfortunately this would not be possible due to fire regulations. We read the minutes from the most recent 'Resident/relatives' meeting which was held in September 2016. The manager had stated, "I have looked into getting a post box as some residents would like to post letters, cards etc. [Name of administrator] would then collect every day and post. All agreed this was a good idea."

We examined surveys from people, relatives and health and social care professionals and saw that responses were very positive describing the home as "top rate" and "10 out of 10." We noted that one relative had raised an issue that their family member's socks sometimes went missing. We read that the manager had discussed this further with the relative and laundry department. This meant that people and their representatives were regularly involved with the service in a meaningful way to help drive continuous improvement.

We checked two national care home review websites. The home was rated 4.9 out of 5 from 47 respondents on one of the websites and 9.9 out of 10 from 27 respondents on the second website. The home had been given the top food hygiene rating of 5 by the local authority's environmental health department. This meant that the provider sought to attain and maintain high standards to ensure that people received a quality service.

Since April 2015, adult social care providers have to comply with the Duty of Candour regulation. This regulation states that providers must be open and transparent with people and those acting lawfully on their behalf about their care and treatment, including when it goes wrong. Relatives and staff said that there was an emphasis on openness and transparency. One relative said, "Nothing is hidden from us."

Regular audits and checks were carried out to monitor all aspects of the service. These included health and safety, infection control, care plans and medicines management. The provider was registered with an external health and safety company who also monitored the service's compliance with health and safety. The provider had used an external company to carry out a 'mock CQC inspection.' We read the minutes of a staff meeting which stated, "[Name of company] have been to give us a mock inspection. We are waiting for the report to be sent to us, but feedback on the day was that the care being provided was very good."

A computer software programme was used to manage all areas of the service including the management of staff, the premises and the care planning process. This programme flagged up if checks and tests relating to the premises were needed and highlighted when care plan reviews were due or staff supervision. The health and social care assessor stated, "There are very good systems of recording. This is done on the computer which I have seen used in a private area. The staff member explained to me that this was done privately so that information is kept confidential."

The provider used an external health and social care advice, assessment and training company to help ensure that all regulations and policies were adhered to and up to date.

Our observations and findings on the day of our inspection confirmed that the provider had an effective quality monitoring system in place.

The provider had notified CQC of all notifiable events at the service. Notifications are changes, events or

incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service.