

# Methodist Homes Starr Hills

## 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?

Good 

# Summary of findings

## Overall summary

The inspection visit took place on 02 November 2016 and was unannounced.

Starr Hills is owned by Methodist Homes and offers personal care to older people. Set on two floors all bedrooms are single with en suite facilities. A passenger lift is in place and ramps are situated at exit and entry points. An enclosed garden area is at the front of the home. Registered for 36 People. There were 36 people living at Starr Hills at the time of the inspection visit.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are The inspection visit took place on 02 November 2016 and was unannounced.

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

At the last inspection on 18 September 2014 we found the provider was meeting the requirements of the regulations inspected.

We found many examples of how activities and ratios of staff allowed one to one support for people who lived at Starr Hills to follow their hobbies. We found this had a hugely positive impact on their lives. Comments from people who lived at the home and relatives were very positive. Comments included, "The activities are outstanding what they did for my [relative] was unbelievable."

We observed staff demonstrated an exceptionally caring, compassionate and kind attitude towards people who lived at the home. People told us staff were very respectful and spent quality time with people. There were many examples of how caring attitudes of staff had a very positive impact on people's lives. One person who lived at the home said, "They are so kind and what I like is the time and patience they spend with me." A relative said, "They are brilliant so caring and know just how to treat [relative]. They have given [relative] a new lease of life because of how much attention she has been given."

Health professionals we spoke with told us how they felt the service provided outstanding care. They were impressed with the knowledge of staff with their attention to end of life care.

At this inspection we found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff had received safeguarding adults training and understood their responsibilities to report any unsafe care.

We found recruitment checks were carried out to ensure suitable staff were employed to work at the home and there were sufficient staff to meet people's needs. This was confirmed by talking with staff members and looking at records of staff recruitment.

We found sufficient staffing levels were in place to provide support people required. This included staff supporting people with one to one support and to attend hospital appointments. We saw staff members could undertake tasks without feeling rushed when supporting people. Staff also told us they had time to spend with people and that was promoted by the registered manager.

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We noted responsible staff dispensed medicines, without interruption and at the correct times they should be administered. Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

Care records we looked at held detailed nutritional risk assessments to protect people from the risk of malnutrition. We observed lunch was organised and a relaxed experience. Comments were positive about the quality of food. They included from people who lived at the home, "We are lucky to have good cooks." Also, "Lots of choice and of a high quality."

Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. We observed they had positive relationships with people who lived at the home to support them to have as much freedom as possible.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns if they had any.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were more than satisfied with the service they received. Comments from people who returned surveys included, 'No place is ever going to be like your own home, but this is the next best thing.' Also, 'I don't think it could be any better.'

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good 

### Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Good 

### Is the service caring?

The service was exceptionally caring.

Without exception, people and their relatives spoke extremely

Outstanding 

highly of staff and their experiences of care. We found staff were passionate about providing a non-discriminatory service.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and very attentive staff who showed so much patience and compassion, to the people in their care.

The registered manager worked with other healthcare services to provide relatives with dignified end of life care. Care planning was highly personalised and held details about the person's preferences and how they wished to be supported.

### **Is the service responsive?**

The service was extremely responsive.

People participated in a wide range of activities which kept them entertained and enabled them to follow their hobbies.

Staff showed innovative ways to ensure people reached their aspirations and followed their chosen hobbies.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

Staff had a very good understanding of people's needs and preferences.

People told us they knew their comments and complaints would be listened to and acted upon.

**Outstanding** 

### **Is the service well-led?**

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

**Good** 

# Starr Hills

## Detailed findings

### Background to this inspection

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

This inspection took place on 02 November 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection on 02 November 2016 we reviewed the information we held on the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included seven people who lived at the home 10 staff members, four relatives, the registered manager and two visiting health professionals. We also spent time observing staff interactions with people who lived at the home and looked at records. This helped us to gain a balanced overview of what people experienced living at Starr Hills.

We looked at care records of two people, two staff recruitment records and records relating to the management of the home. We looked at staffing levels to make sure sufficient staff were on duty. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Before our inspection visit we contacted the commissioning department at the local authority and Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced living at Starr Hills.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe living at Starr Hills. For example one person who lived at the home said, "Of course I do feel safe and sound here. I am helped by wonderful people." A relative said, "We always feel [relative] is safe and secure when we leave here."

We had a walk around the premises and found call bells were positioned in rooms close to hand. This was so people were able to summon help when they needed. We tested the system and staff responded in a timely manner. One person who lived at the home said, "They are busy but always check when I call them quite quickly." Other people who lived at the home confirmed staff responded quickly when they pressed the call bells to summon help.

We looked at documentation to see how staff recorded and responded to accidents and incidents that happened at Starr Hills. Documents included an outline of how accidents occurred, what actions were undertaken and how they planned to reduce the risk of similar events. In addition interventions and lessons learnt from incidents were also recorded. The management team additionally completed a regular accident/incident audit. The purpose of this was to monitor for any themes, check associated recordkeeping and assess actions taken. The registered manager had put systems in place to analyse and minimise the risks to people of receiving unsafe care.

We looked at how the registered manager staffed the home and confirmed this by talking with staff and looking at staffing rotas. We found staffing levels were suitable with an appropriate skill mix to support people. For example the service employed a management team, care and domestic staff and cooks. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and sensitive way. We found staff had time to spend with people on an individual basis. This was confirmed by our observations and talking with staff members. One staff member said, "[Registered manager] encourages us to sit and chat with residents as part of our job." A relative we spoke with said, "I visit a lot and always feel there is plenty of staff around that respond to people and keep them safe." A staff member said, "We have plenty of staff that is why residents are afforded time. It is great they put residents first always."

The registered manager had a policy on safeguarding adults and whistleblowing, they contained details of procedures to follow. Staff we spoke with knew about the procedures and what to do if they witnessed any abusive practices. Comments from staff included, "Training is very good around abuse issues." Another said, "I know the drill and process to follow and would not hesitate to do so."

We looked at two care records of people who lived at the home. We found individualised risk assessments were completed and evaluated to meet people's needs. Risks to people's wellbeing were assessed. In addition risk reduction methods were used to ensure people's safety was important whilst encouraging people to be as independent as possible. For example risk assessments provided clear instructions for staff members when delivering their support. We also saw the registered manager had undertaken risk assessments of the environment. Where potential risks had been identified the action taken by the

management team had been recorded.

We had a walk around the building and found it was clean and maintained. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons when required. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff on duty. This demonstrated staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

We found people had personal evacuation plans in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures that needed to be followed in the event of people needing to be evacuated from the building. They were able to describe what assistance each individual required. This meant people could be assured they would be evacuated in a safe and timely manner during an emergency.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. Records we looked at confirmed this. Staff kept a record of water temperatures. We checked a sample of water temperatures and found these delivered water at a safe temperature. This showed the management team ensured people were kept safe by maintaining the premises regularly.

We found the registered manager followed safe procedures to ensure suitable staff were recruited. Records we looked at of recent staff recruited contained previous employer references and criminal record checks obtained from the Disclosure and Barring Service (DBS). Staff we spoke with confirmed the registered manager had obtained their DBS and references before they started to work at Starr Hills. Comments from staff included, "I have not worked in care before so needed the induction and support from the manager and staff. I have to say it was excellent. They would not let me alone until I was ready." Another said, "All checks had to done before I went to work here."

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for people following the lunchtime medication round. In addition we observed a staff member administering medication. They ensured people took their medicine when they should. They also were patient and stayed with the person talking with them until they had taken their tablets. This meant people had received their medication as prescribed and at the right time. A person who lived at the home said, "As far as I know I always get my tablets when I should do they are strict on that."

There were controlled drugs being dispensed at the time of our visit. This medication was locked in a separate facility. We checked the controlled drugs register and correct procedures had been followed.

## Is the service effective?

### Our findings

People and relatives we spoke with said they felt staff were meeting their needs. It was our observation that people received effective care because they were supported by a staff team that were well trained. Most staff had been at Starr Hills for a number of years and were experienced. We found by talking with staff they had a good understanding of people's individual needs. For example comments included, "You will find most of the staff have been working here for a number of years which helps us get to know everyone better." Another said, "We are so well trained that it can only benefit people to have the knowledge of how to provide good care for people." A relative said, "I am so impressed with the staff and management here they are excellent when it comes to supporting the residents. They know what they are doing without exception."

We discussed training opportunities with staff. All the staff we spoke with told us access to training was good. The registered manager provided training that was regularly updated for example, safeguarding adults, and infection control and fire safety. We confirmed this by looking at the training records of individuals who worked at Starr Hills. In addition the registered manager encouraged staff to undertake professional qualifications to develop their skills. Comments from staff about training included, "Very good access to training events." Also, "I have never worked in care before and the training and induction courses have been a great help. All supported by the management." Staff told us the quality of training courses provided were very good. For example one staff member said, "A challenging behaviour course we attended really helped me understand people who had alcoholic problems. I feel better informed following the training."

Discussion with staff and staff records looked at confirmed they received regular supervision and appraisals. Staff told us these sessions took place on a regular basis. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and any issues they may have. They told us they were also given feedback about their performance. One staff member said, "I find them very useful meetings."

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 application 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 registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application

should be made and how to submit one. At the time of the inspections no applications had been made. Staff also had received training as part of their individual training schedule. We did not observe people being restricted or deprived of their liberty during our inspection.

Starr Hills had been awarded a five-star rating following their last inspection by the Food Standards Agency. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We found people received a quality, nutritionally balanced meal, appropriate to their needs and preference. People told us they were encouraged to have a healthy lifestyle by receiving good information about different food produce. Dietary needs for example diabetic or gluten free were documented in people's care plans.

We observed lunch was well organised and people were relaxed. Staff and the management team promoted a social occasion at meal times. Staff supported people who required assistance with their meal in a sensitive, private and caring approach. We saw staff did everything they could to maintain people's independence and encourage people to be self-sufficient at meal times. One person who lived at the home said, "Meal times are pleasant and not rushed. The staff see to that." Another person who lived at the home said, "I do enjoy meal times." All comments about the quality of food were positive, they included, "We are lucky to have good cooks." Also, "Lots of choice and of a high quality."

Care records of people who lived at the home contained nutritional risk assessments and support requirements to protect people from the risk of malnutrition. In addition records included fluid and food charts and any special diet requirements. This showed the management team made sure people were monitored so that any risks would be acted upon to keep people healthy.

During the day we observed regular drinks and snacks being given to people who lived at the home. The home also had a 'snack bar' developed by people who lived at the home, staff and relatives. This was a meeting place for people to sit and chat or read a book and have a coffee. One relative said, "It is a great idea and a lovely room." A person who lived at the home said, "The residents put a lot of work into it and the room is great."

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointment or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments.

## Is the service caring?

### Our findings

People who lived at the home and relatives we spoke with told us they experienced exceptionally high standards of care. People told us staff and the management team had a consistent and extremely kind attitude and approach to support people. For example comments from people who lived at the home included, "The care here is truly fantastic. In addition people who lived gave instances of the kindness of staff. For example one person wanted information about a certain topic. They told a staff member who found out about this when they were off duty and provided them with information they required on returning to work. The person who lived at the home said, "They did not need to help me so quickly that is what I mean they are all so very kind." Other comments from people who lived at the home included. "The staff are so caring, patient and kind. "Also, "It is such a lovely home. The staff are so wonderful." A relative said, "We moved [relative] here from another home. It turned out to be the best move for her. She is no longer with us but the care and kindness showed to her was amazing." Another relative said, "They are so caring and do anything to accommodate [relative]. The amount of time spent by staff with people without question has impacted on [relative] life. [Relative] is more chatty joins in with people as before [relative] preferred to sit and do nothing. "

From our observations and discussions with people who lived at the home, staff and the registered manager confirmed the standards laid out in end of life framework had benefitted people. An example of the impact of this, we found a person had been admitted as end of life with no mobility and extremely ill. Since commencing on the end of life programme the person had shown massive improvement, a remarkable recovery to the point of communicating with others and sitting up in bed. A staff member said, "It is unbelievable [person] is doing well at the moment." A relative said, "It is entirely down to the staff and their attitude and care they give."

The service demonstrated an extremely compassionate awareness and understanding to end of life care. For example they had developed an 'end of life box'. This box contained a prayer book (if appropriate), music disc (CD) player with relaxing music, massage oil, scented candles and a book of comforting phrases. A relative commented the music and candles helped soothe and comfort them at a difficult time. In addition for relatives that liked to remain with their loved ones the service offered a bed for the night. This was also supported by a night time 'snack menu' available 24 hours for relatives. This was provided free and included such items as, fresh sandwiches, egg on toast, homemade cakes and drinks. One relative said, "They were so caring and compassionate at a very difficult time for our family. The extra touches were wonderful and showed the caring attitude of all the staff and managers."

Relatives and people who lived at the home told us the registered manager and staff were loved and admired. They told us they were very supportive and dedicated to high standards of care. We were able to confirm this during our observations throughout our inspection visit. For example staff sat with residents talking and with arms around each other joining in with conversations and laughter. One person who lived at the home said, "They are so kind and what I like is the time and patience they spend with me." The registered manager had a 'hands on' approach and demonstrated a deep understanding of people's needs. For example we discussed care of some of the people at the home. The registered manager was able to

discuss in detail their care needs and personality of the person we discussed. Comments included from a relative, "We just love the manager and staff they know the residents and provide excellent care." A person who lived at the home said, "They are so patient and kind people."

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. The information provided helped us gain a balanced overview of what people experienced accessing the service. Health professionals we spoke with told us how they felt the service provided outstanding care. For example they were impressed with the knowledge of staff with their attention to end of life care. They also told us the attention to detail in care planning and time spent with people was exceptional.

We observed staff were patient, respectful and highly skilled at developing strong relationships with individuals who lived at the home. For example one to one support allowed staff more time to spend with people and build relationships. One staff member said, "We are never rushed and we have that much time to spend with people it is wonderful." One person who lived at the home said, "I like the fact that people will sit and spend time with you without feeling they have to rush off." A relative added, "The atmosphere every time I come is relaxed with people in conversation with staff sitting around it is great." Another relative said, "Relationship with staff and [relative] has grown and grown. They feel part of [relative family]."

Staff had a deep understanding about the principles of dignity in care. We observed many examples during the inspection visit of staff talking with people as equals, discussing the day and talking at eye level. One example we observed a person looked upset and agitated. A staff member sat with them and gently held their hand and spoke with them. They led them to a more private area and spent a long period of time sat holding hands and chatting. We later saw the person smiling and walking back to a group of people and joined in with conversation. We spoke with a staff member who said, "We know when someone is upset. It does not matter how long you spend with the person you know the manager is very supportive and there is no pressure to rush things. The resident is always the centre and most important person at Starr Hills."

Starr Hills achieved an award in February 2016 for being in the top 20 care homes in the north west on an internet website. This meant people had written complimentary remarks about the care and support provided by the staff at Starr Hills. They received a score of 10 which was the maximum score they could receive. This was calculated from reviews received by people who lived at the home. One person who lived at the home said, "I am not surprised this place is so caring and the staff are fantastic."

Starr Hills employed a chaplain who spent time with people in the home. We found evidence the impact the chaplain had on individuals had been very positive. For example comments included, "The support given for [relative] was great and we know [relative] appreciated the many chats with the Chaplain." And, "No matter what religion or persuasion you may be the chaplain is there for you. What a difference he has made to my life and many others in here." Also we were told the chaplain has had a massive impact upon a person who lived at the home. The Chaplain visited the person from their church before they came into the setting, and since then had been a great friend and support to them. This was because they had unfortunately lost contact with their family. The person constantly praised the friendship with the chaplain and said they couldn't manage without him and that he's one of their best friends.

We spoke with the registered manager and management team about the culture at the home. They told us people who lived at the home were at the centre of everything they planned and did. During the day our observations and conversations with people who lived at Starr Hills, visiting health professionals and relatives confirmed this. The health professionals told us how respected Starr Hills was. Also how impressed the service was run entirely for the benefit of the people who lived there.

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness. The registered manager provided equality and diversity training for staff, which we confirmed by looking at training records. There was an extremely sensitive and caring approach, underpinned by awareness of the Equality Act 2010. Additionally, when we discussed this with staff we found they were passionate about providing a non-discriminatory service. One staff member said, "No matter what religion or beliefs people have we treat everyone as an individual."

The management team and staff told us they fully involved people and their families in their care planning. Records we looked at contained detailed evidence of them being engaged in the development of their care plan throughout the process. Care planning and other documentation had records about their preferences and how they wished to be cared for. Relatives told us staff were, "Extremely helpful and went through everything with us."

We found documentation in care records contained information about people's daily routines and any appointments for the day. These records were up to date and comprehensive. They described the daily support people received and activities they had been involved with. The records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. We found evidence care plans had been reviewed with the person where possible. For example care plans we looked at were signed by the person or a family member to agree to what had been discussed. One person who lived at the home confirmed this when we spoke with them.

Staff spoken with had a very good understanding and knowledge of people who lived at the home needs. For example we discussed one person and the staff member knew their health issues, where they came from, their hobbies and their past working life. The information was the same as described in this person's care plan. A staff member said, "We have the time and personnel on duty so we can get to know people well and spend time with them."

We observed staff treated individuals as friends or family members and showed examples of affection towards people. Staff had a good understanding of individual personalities, for example one staff member said to one person who lived at the home, "You have not given me a cuddle today." The person responded by embracing the staff member and gave out a big smile. This demonstrated compassion and an understanding of people's needs, as well as a very caring approach to communication. A relative said, "The attitude of staff is really good. I am so pleased [relative] is here."

People who lived at the home had the choice to sit and spend time on their own or had the freedom to move around the spacious premises. This meant people could spend time in private when they chose to. One person who lived at the home said, "I like at times to sit and read alone and I can do that there is a lot of areas for quite time."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred name. A person who lived at the home said, "They would not dream of walking into my room without knocking. All of the staff here are so polite and respectful towards me."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

People who lived at the home and relatives told us they felt care provided met their individual needs. All relatives and people who lived at the home we spoke with were overwhelmingly positive and praised the care given by staff. People also told us they were very good at responding to any changing needs that may happen. For example any changes in health or family issues. One relative said, "Absolutely excellent service. The staff know when [relative] is not herself. They inform me straight away and tell me what action they have done. It is amazing how well they know her." A person who lived at the home said, "Straight away they try and sort me out if I am not feeling well. They are so much on the ball. One word about the attention of staff and how they respond when I am not feeling well, fantastic." These examples demonstrated how well the service responded when someone was not feeling well or changes occurred in people's care.

People who lived at the home were encouraged to be part of their local community, where they could follow their chosen interest or hobbies. For example one person enjoyed walks out to garden areas and parks. Staff made this possible by providing one to one support and the person described how they were so much happier and enjoyed going out to local parks.

Volunteers at Starr Hills had a big impact on people's lives and this was evidenced by our observations and talking with people. For example one volunteer who was an expert gardener created a gardening club. This followed discussions with people who lived at the home who showed an interest in gardening which they had previously done in the past. The volunteer held meetings with them and they chose what they wanted to grow and bought some flower beds and seeds. People who lived at the home took responsibility for planting, nurturing and watering the plants. One staff member said, "The impact was amazing." One person who lived at the home said, "I absolutely love it I feel so worthwhile looking after the garden it is what I used to do. I love seeing our results." Another person who lived at the home said, "I didn't think living in a care home was so good. They try and make it so you carry on as you did at home, truly fantastic."

The service employed a specific activities co-ordinator and volunteers to support with activities. Also to help people enjoy their chosen interests in a group or as a one to one support. A relative said, "This is where this home excels, they are absolutely fantastic with the residents. From a personal point of view what they have done to build [relative] confidence is amazing." A person who lived at the home said, "I enjoy going for little outings with one staff member, because they have enough staff I am able to do that. This has made me so much happier."

We found other fantastic examples of how activities and ratios of staff allowed one to one support for people to follow their chosen hobbies had a positive impact on their lives. For example one person admitted to staff they were upset at leaving friends where they lived. Staff suggested to the person to invite their friends for a coffee morning. Staff took invites for people from their community. Approximately ten people turned up. The person who lived at the home showed them around the building and they spent time sitting and chatting with each other. They still come to Starr Hills periodically. One staff said, "[Resident] was so happy to see them." This demonstrated how staff found innovative ways for people to maintain friendships and links with their community. A person who lived at the home said, "Great to see everyone."

Staff and people who lived at the home created a room with a snack bar and library. This was for the enjoyment of people who lived at the home and their relatives. A person who lived at the home said, "It is great and I love sitting and relaxing in there." People who lived at the home, staff and volunteers raised funds by events and contributions set up by people involved at Starr Hills. The monies raised helped stock the snack bar. One person who lived at the home who previously had catering businesses was asked to run the 'shop' for a time. Staff told us this gave the person something to focus on and to organise. A staff member said, "[Resident] loved it. This made her feel part of a team."

A volunteer who looks after the shop takes orders from people and would then go and buy the provisions. This had a massive impact on people because it promoted independence, choice and a link to the local community. People who lived at the home told us it meant they didn't have to rely on friends or relatives, for some things that were important to them. They told us they accompanied staff to local shops for provisions. One person who lived at the home said, "I can make my own choices and buy them if I want to without asking [relative]." Another person who lived at the home said, "They go the extra mile to try and make us feel important and bring joy to us. They are wonderful."

Other groups and events that had been influenced by people who lived at the home included an arts club, visits from masseurs and singers. One person who lived at the home started a 'men's club'. This was because he felt it at times the females had their own groups. They said, "We suggest reading books and talk about all sorts of things it is great."

Other ideas of how staff found innovative ways to enhance people's lives was staff and the registered manager had set up theme days. For example people who lived at the home chose the country Turkey. Staff then talked about all aspects of Turkey as a holiday destination, the culture of Turkey and Turkish food. Staff did a quiz about Turkey and the cooks prepared a Turkish meal for people. Comments from people who lived at the home about the day were extremely positive. They included, "The day was unbelievable, and I really enjoyed it." Also, I learnt so much about Turkey it was so interesting. Another person said, "The staff went over and above to make it a resounding success. I enjoyed every minute."

A Starr Hills initiative developed by the staff was a 'seize the day' programme. This was a programme aimed at people who lived at the home who would like to experience an activity that they had always wanted to do. This also included past interests they had done and would like to do again. One person who lived at the home and had taken part in the programme said, "Absolutely brilliant I never thought I would visit that place again." Other people had experienced for example, a visit to a horse farm. Also staff had arranged a meeting with long lost friends in a local café. A relative said, "The activities are outstanding what they did for my [relative] was unbelievable."

Care plans were developed with people who lived at the home at the centre of their planning. Where relevant, family and health professionals were consulted. Care plans were comprehensive. For example they contained a lot of information on each individual's life histories. The management team and staff produced a document called 'My life story'. This document covered areas for example of people's work, family history and their childhood days. One staff member said, "It is fantastic help to get to know residents better and have a laugh about the old days." One person who lived at the home said, "I love talking to [staff member] she sits and chats and wants to know all about my youth days. I don't tell her everything, I need a few secrets." Other information in care plans we looked at included people's general health, leisure and activities and choices for end of life care.

Activities and trips out were offered seven days a week. The planned programme had been devised following 'resident and individual meetings' This was to make sure they catered for varying interests and

diverse talents of people. Some activities were geared towards reminiscence, while some are focused on the present. They offered an opportunity to learn new skills and knowledge for people. For example one person who lived at the home showed an interest in how dementia affected people. As part of an innovative approach the management team facilitated the person to attend a 'dementia awareness course', that staff were taking part in. The person really enjoyed the course and we spoke with them. They told us it was such a fantastic experience and said, "It really made me understand the behaviour of my neighbour."

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. The complaints procedure was displayed on the notice board in the reception of the home.

Contact details for external organisations including social services and the Care Quality Commission (CQC). These had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We spoke with people who lived at the home and relatives about the complaints process. People told us they knew how to make a complaint and who to speak to if they had any issues. One relative said, "No complaints whatsoever a fantastic home. I would speak with [registered manager] if I had any concerns."

## Is the service well-led?

### Our findings

We spoke with relatives, staff and people who lived at the home for their opinions on how they felt the home was managed. All comments we received were positive. One relative said, "[Registered manager] is wonderful nothing is too much trouble and I think she gets the respect of everyone the way she runs things." A person who lived at the home said, "All the managers are known by their first names and get along with everyone. This is because they are always involved with us the residents." Another person said, "Starr Hills is organised and well run for the benefit of the residents."

We spoke with relatives about their experiences of Starr Hills and how the management team kept them informed of their relatives care. One relative said, "The slightest thing and [registered manager] is on the phone." Another said, "Communication with the managers is very good. We do visit a lot and they always have time to talk about [relative] and discuss any issues."

Staff told us they felt Starr Hills was well run. They told us the registered manager was actively involved with the day to day running of the home and they found this supportive. We observed this during the day with interactions with people who lived at the home. Staff told us the management team's leadership was very good and they felt supported in their roles and responsibilities. Comments we received confirmed this. One staff member said, "[Registered manager] is approachable and joins in with us and always helps in a crisis." Another staff member said, "She leads from the front and is willing to listen and always has time to talk to not just staff but residents."

Staff and 'resident' meetings took place on a regular basis and minutes were available. People we spoke with found these meetings useful and a chance to discuss any issues. Staff explained these were an opportunity to discuss any issues or concerns they had. We looked at previous minutes of meetings and found they took place on a regular basis. We noted areas such as training, people's needs and annual leave were discussed with staff. This showed staff had opportunities to voice their opinions and discuss matters that might improve the home. People who lived at the home we spoke with about meetings commented, "They are good I like to attend them."

Staff spoken with demonstrated they had a very good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the management team worked with them and showed good leadership.

We found people who lived at the home and relatives were encouraged to comment about the quality of the service through satisfaction questionnaires (surveys). We reviewed completed forms from the last survey in 2015. All results were positive and included comments such as, 'No place is ever going to be like your own home, but this is the next best thing.' Also, 'I don't think it could be any better.' The management team analysed feedback from the questionnaires to assess if there were any themes or patterns. They would then if required implement an action plan as a way of improving Starr Hills.

The registered manager had auditing systems to assess quality assurance and the maintenance of people's

wellbeing. We found regular audits had been completed by the registered manager and provider. These included medication, care records, accidents and incidents and the environment. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.