Shelbourne Senior Living Limited

Gracewell of Sway

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 20 and 21 February 2018.

Gracewell of Sway is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Gracewell of Sway provides accommodation and personal care for up to 68 older people some of whom may be living with dementia. There were 54 people living at the home at the time of this inspection. Accommodation at the home is provided over three floors. There are large gardens and patio area's which provide a safe and secure private leisure area for people living at the home.

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 and associated Regulations about how the service is run.

People felt safe living at Gracewell of Sway they were very much at the heart of the service. We received consistent positive feedback from people's families and health professionals. People's families felt the service went above and beyond and were extremely experienced at looking after people living with dementia. People received excellent care that was based around their individual needs and that ensured care was personalised and responsive.

Staff enjoyed working at the home and understood the needs of people using the service and supported people in a personalised way. Staff knew people well and we saw that care was provided respectfully and sensitively, taking into account people's different needs.

Relevant recruitment checks were conducted before staff started working to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

The home allowed people to bring their pets and people and their families gained great comfort from interacting with their pets at the home.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices. Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. There were appropriate management arrangements in place. Regular audits of the service were carried out to assess and monitor the quality of the service.

The home developed and promoted community involvement within the home. People, their families and staff took part in the local carnival procession.

The registered manager maintained a high level of communication with people through a range of newsletters and meetings. 'Residents meetings' and surveys allowed people and their families to provide feedback, which was used to improve the service. People felt listened to and a complaints procedure was in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good.

Is the service effective?

Outstanding ☆

The service is now rated outstanding.

Staff had the specialist knowledge and skills required to meet people's needs living with dementia. Specialist dementia care training was provided so staff could interact with people and fully understand and respond to their needs.

The service worked very effectively with other health professionals to ensure people's health and well-being were maintained.

People were encouraged to bring their pets which created a calming environment to live in.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service remained well led.

Gracewell of Sway

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 20 and 21 February 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this kind of service.

Before this inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people who used the service and six visitors and relatives. We also spoke with the registered manager, the provider's operation manager, deputy manager, two team leaders, chef, maintenance manager, and four care staff. We looked at a range of records which included the care records for six people, medicines records and recruitment records for five care staff. We looked at a range of records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection we also received feedback from two external healthcare professionals.

We last inspected the home in August 2015 where no concerns were found. The home was rated as good in all domains.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Quite safe. I have a nice room to myself. I can go in there and turn my thoughts over. I don't have to stay in there; I come down and have tea anytime". Another person said, "Yes. They look after you well. There's always someone about". A third person told us, "Oh yes. I trust them, it's well run by the people who run it". A family member said, "She's safe, warm and very well cared for. My [other relative] is also here. He's made friends; they're off having a pre-lunch drink now". A visitor said, "Priority is making sure residents safe and supported as well. Great support to me as well. I have no doubt same experience as for everyone else".

People were supported to receive their medicines safely. Care plans included specific information to direct care staff as to how people should be supported with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Where people had been prescribed medicines to be given 'when required' (PRN) some care records required more information to support staff on when these were required. We spoke with the registered manager who agreed to work with staff and add more information to people's records.

Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records held which meant all medicines were accounted for. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

The home was holding medicines that required stricter controls called controlled drugs. A check of these drugs showed the medicines corresponded with the controlled drugs register which two staff had signed when medicines had been given in line with current legislation. For people going into hospital or another care setting the provider completed a record to go with the person as well as a copy of their MAR chart. This helped to ensure a smooth transition and handover of the person's medicines.

There were sufficient staff to meet people's care needs. People and their families told us there were enough staff. One person told us, "There always seems to be. There's always someone to speak to". Another person said, "You push the button (emergency call bell), they come quickly. There's always someone to answer your call". Staff rotas were planned in advance and reflected the target staffing ratio we observed during the inspection. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs.

Robust recruitment processes were followed which meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two

written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service.

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "I've had safeguarding training and would go to my team leader or the manager if I had any concerns". A safeguarding policy was in place and support staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. One person told us, "[Staff] keep my room clean and always plenty of clean sheets and towels". Other comments included, "Absolutely. It's spotless". As well as, "They keep it beautifully clean". Staff followed a daily cleaning schedule and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. We visited the laundry area which had a separate area for clean and dirty laundry. This area was kept clean and well maintained.

People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed every month. These included environmental risks and any risks due to health and the support needs of the person. Risk assessments were also available for moving and handling, use of equipment, medicines, and falls. For one person this was to ensure their walking stick was readily available which we saw this was with them at all times. A health professional told us, "No concerns in respect of managing risk".

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had Personal Emergency Evacuation Plans (PEEP) in place to provide information on how people would need to be supported in the event of an emergency in the home. A colour coded system displayed outside bedroom doors was used to help staff and emergency personnel identify the level of support a person would need in the event of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. Agreements were in place with the local church hall to be used as a place of safety as an interim measure should an evacuation be necessary.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Outstanding ☆

Is the service effective?

Our findings

People who lived in the home, family members and health care professional's we spoke with consistently praised the skills of the staff working at the home and were extremely positive about the care and support they received. Staff had exceptional skills at communicating and working with people living with dementia. One person told us, "Some of the staff are more experienced than others. If they aren't so experienced, they go to the others for advice". Another person said, "They have lots of training sessions". A family member told us, "Right from the start been exceptional. Understand how to turn things around, where staff understand her". A health professional told us, "The care workers appear to have the appropriate skills and qualities to deliver effective care and manage risks safely and effectively". Another health professional told us, "One of the most important factors over the past eighteen years of attending care homes is that of staff stability and retention and training. This allows for continuity between patients, carers and clinicians. Gracewell currently appear to have the right balance".

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. For example, through supervisions (one to one meetings) with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. In addition, a high proportion of staff had completed or were undertaking vocational qualifications in Health and Social Care. One staff member told us, "Training good, every year update moving and handling and e-learning".

New staff to Gracewell of Sway completed an induction programme. Arrangements were in place for staff who were new to care to complete The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "Induction very thorough I completed The Care Certificate as well as eighteen e-learning training, fire training and moving and handling very thorough".

The home had thought of creative and productive ways to develop their staff to deliver exceptional dementia care. For example, dementia friends have now been incorporated into the new dementia training. A dementia friend learns a little bit more about what it is like to live with dementia and sharing information with others to help and support people living with dementia. The registered manager told us they had a member of staff who had become a dementia friend's champion. They also hold a local dementia friends café here once a month for people living at the home and the local community.

The registered manager told us how they had introduced dementia care pathways to add more training on dementia to improve the quality of care for people living with dementia. They told us about a member of

staff who had attended the dementia care training pathway training and had become a 'memory care champion'. As a result they had carried out a 'memory care dining project' and have cascaded this training to all staff. This included promoting an enhanced meal time experience for people living with dementia. This resulted in a change to meal times and an additional member of staff was provided from the kitchen to assist with serving the food so care staff can focus on people's meal time experience rather than serving the food. This included sitting with people and dining with them encouraging people to mirror them and improving food intake at mealtimes. Records showed that improvements have been made in weight loss for people living at the home. Staff agreed that meal times had improved and it was a positive experience. One staff member said, "It also simulates a regular dining experience with friends rather than a chore that is being asked of them".

People received varied and nutritious meals including a choice of fresh food and drinks. One person told us, "On the whole it's quite good. One or two of the things I could do without. There's lots of residents to deal with, I understand that". A family member told us, "Food excellent I've eaten here twice very balanced and the presentation is very good". Another family member said, "Sometimes there's things on the menu she can't eat and immediately they say, 'Would you like an omelette?' they make a beautiful omelette".

During the morning we observed staff chatting to people in the communal areas and offering them a range of hot and cold drinks. We observed the lunch time meal being served in the main restaurant and the restaurant on the top floor. The room was attractive and the tables were covered with contrasting table cloths. People had their chosen condiments and drinks set on their tables. Most people in the main dining room were able to eat independently. One person who needed assistance with cutting her food was assisted by a member of staff who sat with her throughout the meal providing help when needed and chatting quietly with her and the other person at the table.

Staff were all aware of people's dietary needs and preferences. They said they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans and the chef had detailed eating plans available to staff in the kitchen. The chef was aware that some people could change their mind or forget what they ordered and this was taken into account when preparing the food. A family member told us, "I am impressed by the way they offer choice. They bring out plates of food and he points to what he likes. I mentioned what he doesn't like and they are good at avoiding those ingredients". Another family member said, "Mum loves ice cream and they know that".

Staff were aware of the risks of malnutrition and dehydration and these were effectively managed. People's weights were monitored regularly and records showed that professional advice was sought promptly in the event of sudden or unexplained weight loss. Staff were attentive to people, offering them additional portions and encouragement to eat. People on specialist diets were identified. One person told us, "I'm on a pureed diet. They do it to my specifications. It's very nice and tasty. It's superb. Sometimes they give me something ready prepared that they think I'd like and they're right. If they can do that, there's something good going on!" A family member said, "He's on nutrition drinks because he wasn't well and he needs building up. I think they make their own".

The registered manager told us, several members of staff have become champions for nutrition and hydration at the home. Champion staff had attended special training and then cascaded training down to staff. As a result a new fortification menu was introduced with the aim of reducing the number of prescription diet formulas which were often refused by people. The new fortified menu included homemade shakes, cheese and biscuits, nuts and high protein snacks, and cream and butter added to foods. A staff member gave us an example where one person lost a lot of weight during one month and after putting in a

plan of care to increase calorie intake the person had gained weight putting allowing them to follow a normal diet again.

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff showed an understanding of the MCA. Before providing care, they sought verbal consent from people and gave them time to respond.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Relevant applications for a DoLs had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLs. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

People's mental capacity had been assessed where this was appropriate and had been incorporated into their care plans. This gave clear information for staff on how to ensure they received consent from people before supporting them. For example, each care plan identified whether a person was able to participate in the decisions about an aspect of their care and how staff should support them with this. Where people were unable to provide this consent, staff had completed decision specific best interests' assessment involving relatives and representatives of the person as appropriate. A health professional told us, "I have no concerns in this regard and am regularly asked about issues relating to Capacity/Consent in relation to self-medicating/covert medicating, lasting power of attorney and DoLs".

Technology was used in the home to effectively support the safety and welfare of people. For example, pressure mats and alarm mats were in use in the home to reduce the risk of falls for people. People had consented to the use of this equipment or it was used in the best interests of people as staff had ensured families and health care professionals had been fully involved in a best interests' decision making about this. This was in line with the Mental Capacity Act 2005 to ensure the safety and welfare of the person.

People's health care needs were met. One person told us, "You can see the doctor when he comes. He comes regularly. You get an appointment to talk to him". Health care professionals were positive about the support people received and the service were always very good at communicating concerns or worries regarding people living at the home as well as seeking advice as to the best way forward with providing care for people. One health professional told us, "Staff
fax visit requests prior to arrival highlighting nature of concerns allowing notes to be reviewed prior to visit. A good level of understanding in relation to patient's wellbeing and potential for evolving ill health".

Care records showed people had access to a GP who visited the home regularly and specialist nurses and speech and language therapists when required. Clear records of all communications with health and social care professionals were kept and informed plans of care for people. Care plans were in place for health conditions for example we saw for one person who had Parkinson's and the added risks to their mobility and falls.

The home was a pet friendly home. The registered manager told us, "I'm happy to take in pets as long as they are well behaved". Families and visitors told us how being able for people to bring their pets had made a huge difference to the persons quality of life. A visitor told us, "[person's name] has a cat, which is her life. All she liked to do was nurse the cat. The cat is now with her as it was an indoor cat anyway". They also said, "Girls look after her cat as well, just works staff love that cat like they do [person's name]". A staff member told us about a person living at the home who brought his dog to live with him. They said, "[person's name] loves his dog, he adores his dog got a close bond. Nice to bring pets".

The environment had been decorated and accessorised to provide a positive and suitable environment for people who lived there. The top floor had been decorated and accessorised to provide a positive and suitable environment for people living with dementia. This followed the best practice guidance on providing environments which were both safe but also provided opportunities for people to explore and encouraged memories. The home was also suitable to meet the physical care needs of people with wide corridors and doorways and bedrooms large enough for the use of any specialist equipment required. Individual bedrooms had been personalised to meet the preferences of the person living there. People were able to bring in items of their own including furniture to make their rooms feel homely and familiar. The building was easy to navigate and good signage was used around the home. Good lighting levels, bright colour schemes and pictures placed at appropriate heights were used to create an environment suitable for people living with dementia. The ground level provided a coffee shop where people could help themselves to hot and cold drinks and snacks throughout the day. Residents were encouraged to socialise together and the design of the building supported this.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. All the people we spoke with told us staff were caring. One person told us, "They [staff] are excellent, really helpful. Always polite. I'm very pleased. They've come to my aid at times". Another person said, "They [staff] are very good. No one has ever been rude or unkind to me or anyone else". Other comments included, "I think of them as friends, they are like a friend to me". As well as, "Absolutely. Overall, there's a feeling of friendliness. The staff are friendly and you get to know them". A family member told us, "She's well cared for. They're all good, but one or two of them are brilliant. Very, very caring and conscientious". Another family member said, "They [staff] love him to bits. He's always shooting them with his stick, they fall down!" Other comments included, "All staff very friendly and very kind, loving as well. Tactile in an appropriate way". As well as, "Everyone, the carers, the cleaners and people who work in the restaurant, they all say 'hello' to [person's name] and call him by name".

People's families told us the home was homely and they were always made to feel welcome. One family member told us, "This home felt right because the biggest thing for us is how often we can come in. Answer was as often as you like no limit". Another family member said, "Always welcomed and offered a tea or coffee". A third family member told us, "Staff have been so welcoming as not only given [person's name] support but me as well".

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their gender preference of who they would like to provide care for them. Staff would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One staff member told us, "Personal care always knock when I go in and shut the door. If washing make sure covered up".

A health professional told us, "The residents receive high quality care that helps maintain good health while receiving appropriate stimulation to help maintain mental capacity. It also maintains the residents need for dignity the carers always respect the need for informed consent before carrying out any tasks".

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. All the interactions we observed between people and staff were positive and friendly. For example, on the top floor this was well staffed with staff engaging with people in activities individually. Staff seemed to know the people well and spoke to them about their pasts and their family members, even when there was little response. There were constant good natured and affectionate interactions between staff and people.

When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received. One family member told us, "My brother and I have been involved. They are always very good at telling me if there are any issues. They phone us to say if she's a bit off or she's had a tumble". Another family member said, "I've been talking to [staff member]. I've

been involved".

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard.

Good

Is the service responsive?

Our findings

People received individualised care from staff who understood and met their needs. One person told us, "I play scrabble and do the gentle exercises, anything that grabs my eye. Once a week we have a mini bus to take us out for an outing". A family member said, "[person's name] is very sociable here goes out on the mini bus. Watches the pianist in the afternoon and sings her heart out". Other comments included, "Good activity programme and the puzzles are good. Mum enjoys puzzles". As well as, "Mum loves the pat dog that comes in". (A pat dog visits care homes for people to be able to appreciate being able to stoke a friendly animal). A health professional told us, "Impression visiting twice weekly and witnessing various activities especially music is that their efforts far exceed other local Residential Homes".

Activities were arranged over seven days. People were able to choose what activities they took part in and suggest other activities they would like to undertake. The home employed activities coordinators who were passionate about their roles and clearly enjoyed working with people. There was a range of activities provided throughout the day. There was a game of hangman where peoples guessed the letters making up the names of historical figures. This had the advantage of engaging those who were able to guess the person from details about them and those who were only able to suggest letters. Later there was indoor golf and then a pianist and karaoke. The wide range of activities meant that people with differing interests and abilities could take part.

Activities also took place in the local community. One person told us, "[Activities coordinator] does a good job taking us out in the mini bus". A family member said, "He plays the indoor golf and bowls. He's been a good golfer all his life. He's so amiable, that they say to him, 'Do you want to go out in the mini bus?' and off he goes". The home had its own mini bus and there were frequent trips out. Staff told us a lot of singing and entertainment took place on most days at the home, and that all the people living at the home got involved together. One staff member told us, "I love singing and the residents love singing so actually fun coming into work. Music brings everyone together". Another staff member said, "[Outside entertainer name] comes up once a week singing and the atmosphere is buzzing, music is such a good therapy".

People experienced care that was personalised and care plans contained detailed daily routines specific to each person. Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. These were now kept on line and staff had access to these electronically. A staff member told us, "Care plans are good. Can add anything to it and it gets updated straight away. You can also check to see if anything has happened when you haven't been here". Another staff member said, "New care plans really good gives us more time with the residents as quicker to use".

Records showed care plans were reviewed regularly. People and/or their relatives/representatives were involved in reviews according to each person's wishes or best interest's decision. A visitor told us, "I can say hand on heart she looks ten years younger. Support staff give as if their own family. Staff all make a fuss of

her all of the time, [person's name] morale has gone up, and is now accepting to have showers, nails and hair done. Wouldn't have done that before. Quality of life she has now is excellent, now she has something to live for and for me piece of mind".

People's needs were reviewed daily through a daily meeting held at 10am each day and chaired by management. These daily meetings were attended by heads of departments including housekeeping, administration, kitchen and care staff. Issues and concerns around particular people were discussed, such as GP visits as well as training, complaints and compliments, activities and any maintenance issues. In addition to the meeting there were handovers between staff throughout the day and night to make sure that important information about people's well-being and care needs were handed over to all the staff coming on duty.

Resident meetings were held every other month to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. One person told us, "I think they take a bit of it on board, not all of it by any means". Another person said, "People put forward ideas. They do take notice". The chef told us about food forums which were held every quarter to gather people's views on the quality of food and what people would like to see on the menu. They said, "Residents wanted pink salmon sandwiches so I added to the menu". The service also sought feedback from family members through the use of a quality assurance survey questionnaire which was sent out yearly.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people living at the home. They told us, "One resident is blind and doesn't read brail but has talking books and staff will read out resident's minutes for example".

People knew how to make comments about the service and the complaints procedure was prominently displayed. One person told us, "I'm not one to complain. I hate making a fuss, but if someone does something beyond the pale, I think they should be told. Perhaps it's their first day here, but they've got this thing about the place, that they should always be polite". One family member told us, "There's been no need for that. It's well run in my opinion". Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

People and their families thought the home was well run. One person told us, "I see her [registered manager]. She always greets us. Her door is always open, if you have to speak to her". Another person said, "It's very good. They think very carefully about the people here and think carefully about what people need". A family member told us, "If there's a problem she [registered manager] comes and talks about it. She never hesitates. She keeps an eye on things". Another family member said, "It's brilliant. We looked at lots of others before she moved in and this knocked spots off them".

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

Staff were positive about the support they received from the registered manager and management within the home. One staff member told us, "Management really supportive, really good managers. Always approachable can talk to them at any time". Another staff member said, "[Managers name] great always approachable and keeps in contact". Other comments included, "The leads are very good here really experienced and caring". As well as, "Good communication. Just a nice place hand on heart. As soon as you come in the front door feel good".

Staff meetings were held every month and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. A yearly questionnaire was send to all staff. One staff member told us, "I've been to two staff meetings. Notes are taken and the next day notes are up for everyone to read". Another staff member said, "I often make observations to management which are acted on".

The registered manager promoted the 'heart and soul award'. They told us, "Heart and soul award is where each week we identify a staff member who has gone above and beyond. Then count them up each month and recognise them in the team meeting". A staff member said, "I went to a staff meeting and got a reward for being helpful; and friendly, 'hearts and soul' that was nice". At the end of the year the staff member who received the most votes gets invited to an event to celebrate and be recognised for their hard work and commitment.

The registered manager told us about governance meetings held monthly. The purpose of these meetings were to review audits and discuss and share lessons learnt. These meetings involved reviewing, pressure areas, infections, safeguarding, medicines, accidents and incidents.
Quarterly health and safety meetings were also held at the home. We saw the minutes of the last meeting held in December 2017 which showed all moving and handling training for staff was up together.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included care plans, medicines, infection control, nutrition and weight loss, safeguarding, and health and safety. The registered manager told us that in addition to the audits they walk round the home daily.

Records showed this included looking at the staff on duty against the rota, checking that the home was clean and tidy, checking call bell response times and tasting and observing a meal time. The registered manager also carried out unannounced night visits regularly to check on the quality of care overnight within the home.
In addition to the audits, the area operations manager visited the home regularly to support the registered manager. Part of their role and support involved carrying out a site visit of the home during their time spent in the home. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes. They told us they also hold managers meetings at the home every quarter with the other managers from the provider's homes to share best practice.

The registered manager had made links with the local community. The registered manager told us they held various events held in the summer to raise money for the community including the church hall, local cricket club and friends of the local hospital. This benefited people living at the home as people at the home enjoyed activities at the local church hall and gave people the opportunity to socialise with the community as well as a couple of people attending the local bridge club.

The registered manager and staff had excellent links with the local community. In the summer people living at the home, friends and families and staff had been involved in the local carnival and came third in the carnival possession. The registered manager told us people were talking about it for days afterwards. The registered manager also told us about how they were involving the local children in the village and at Christmas they had visited the home and plans were in place for the summer to involve them in working with the people at the home to create a fruit and vegetable garden.

The provider had appropriate polices in place which were supplied by the provider as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm. The home produced a monthly resident newsletter which included stories about the services and peoples achievements.