

Mr & Mrs A W Carroll

The Mill House Care Home

Inspection report

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Date of inspection visit:

10 January 2017

11 January 2017

Date of publication:

19 April 2017

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 10 and 11 January 2017 and was unannounced. The Mill House Care Home offers accommodation for up to 31 people with dementia and physical health care needs. There were 31 people living at the home at the time of our inspection. People had their own rooms and the use of a number of comfortable communal areas, dining areas and lounges, a sensory zone, nail bar and hairdressing salon and garden areas.

We had the opportunity to talk with four people who lived at the home on the day of the inspection. We spoke with 7 relatives and a friend of a person who lived at the home. Not everyone was able to communicate directly with us, so 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.

A manager was in post at the time of our inspection. They were in the process of applying to become a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and senior staff team supported care staff to provide safe and compassionate care. Risks to people's safety were recognised and staff took action so people were able to do things they enjoyed in a safe way. There were enough staff available to support people in the ways they wanted. Staff knew what actions to take, if they had any concerns for people's safety or well-being and were able to obtain advice from the manager, provider or external organisations if required. People were supported to take their medicines so they would remain well.

Staff had the skills required to support people so they would enjoy a good quality of life. People's right to make decisions and their freedom was protected and staff worked with other organisations to make this happen. Staff supported people to enjoy a range of food and drinks safely, so they would remain well. People were supported to see their preferred health professionals and staff promptly sought emergency health assistance when required.

People had developed strong relationships and bonds with staff, who supported people with compassion and respect. People enjoyed being with the staff who cared for them and were given reassurance by staff when wanted this. Staff knew how to support people so they were able to make choices about what daily care they wanted. People's need for independence and to maintain their preferred lifestyles were taken into account by staff when they cared for them.

People benefited from living in a home where staff understood their individual preferences and unique needs. The whole staff team were committed to making sure people received the right care for them as individuals. Staff recognised when people's needs changed and took action so people continued to enjoy

life and receive care in the best way for them. Where people were not able to decide on all aspects of their care themselves, staff worked with their relatives, so people wishes and preferences were embedded into the way their care was planned and reviewed. People and their relatives knew how to raise any complaints they had and were confident staff would take action if this happened.

There was clear and open communication between the provider, manager and staff, so staff knew what was expected of them. The provider, manager and senior staff based their approach to care on nationally recognised best practice. The manager and senior staff reflected on the care they provided, so they could be assured people received the care they needed and improvements were driven through. The manager and senior staff worked with the local community to promote people's understanding of the needs of people with dementia. Checks were undertaken on the quality of the care by the manager and senior staff and actions were taken where developments had been highlighted. The manager and senior staff made sure there was a focus on continuous development of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There was enough staff to keep people safe and meet their care and safety needs. People's individual risks were understood by staff and staff knew how to raise any concerns they had for people's well-being. There were checks in place to ensure people received the correct medicines.

Is the service effective?

Good ●

The service was effective.

People received care they had agreed to and staff encouraged people to make their own choices. Staff took action to promote people's rights and freedoms. People were supported to have enough to drink and eat. Staff made sure people had access to health services and took action when advice was given by health professionals so their well-being was maintained.

Is the service caring?

Good ●

The service was caring.

People had developed very caring relationships with staff, who showed they valued the people they cared for. People were encouraged to make their own day to day decisions and there were plans for people to be involved in deciding which potential staff would be appointed. Staff took action so people's rights to dignity and privacy were respected.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's unique lifestyle choices and care and support needs were recognised and responded to by staff who knew them well. People and their representatives were actively encouraged to decide with staff what care they wanted, and how they wanted this to be given. People and their relatives were confident action would be taken if they raised any concerns or complaints about the care they received and their views on their care were listened to.

and acted upon.

Is the service well-led?

The service was very well led.

People lived in a home where there was a culture of openness. Senior staff strove to share their knowledge with the community for the benefit of the people living at the home. Staff had clear direction from senior staff and care was based on best practice standards. The senior team sought input from people, their relatives and external health and social care professionals, so improvements to the service were driven through.

Outstanding 

The Mill House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 11 January 2017 and was carried out by one inspector. The inspection was unannounced.

We looked at information we held about the provider and the service. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home. We spoke with four people who lived at the home. Not everyone was able to communicate directly with us, so 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. During the inspection we spoke with a person's relative and a person's friend. We spoke with six relatives by telephone. We talked with the provider's representative, the manager, one senior staff member, the training consultant and seven care staff. We also spoke with a member of the domestic staff and two catering staff.

We also spoke with two visiting health care professionals and a health and social care worker with responsibilities for promoting people's rights and freedoms.

We looked at a range of documents and written record. These included three people's care records, incident report forms and three staff recruitment files. We saw records of complaints and compliments, minutes of meetings with staff and the provider and records showing how staff managed people's medicines safely. We also looked at information about how the manager and senior staff monitored the quality of the service

provided and the actions they took to develop the home further. This included questionnaires completed by staff and visiting professionals.

Is the service safe?

Our findings

People told us staff helped to make them feel safe. One person explained how staff helped them to enjoy the lifestyle they preferred in ways which promoted their safety. Another person said, "I've always felt safe, here, and I have been here enough time to judge this." Another person told us staff understood their need to feel secure in their home, and had provided them with a key to their room, so they could lock this when they choose. Relatives were positive about the way their family members' safety needs were considered and the support they received to remain safe and well. One relative said, "I'm more than happy with safety arrangements." The relative explained how staff had made sure the right equipment was in place so their family member's safety needs would be met when they chose to move around the home.

Staff understood the types of abuse people were at risk of and explained how they would support people if they thought anyone was at risk of harm or abuse. Two staff members gave us examples of how they would identify possible abuse and support people who were not able to directly tell staff of their concerns. Both staff members explained because they knew people and their safety needs well they would see if they were more withdrawn than usual, or anxious. Another staff member explained how they would communicate information with the rest of the staff, if a person had any unexplained bruising, so plans would be made to promote people's safety. All the staff we spoke with were confident plans would be put in place by the manager to help to protect people if any concerns were identified. We found staff knew how to raise any concerns with external professionals with responsibilities for helping to keep people safe.

Relatives told us staff understood their family member's safety needs well. One relative told us how staff always encouraged their family member to take the time they needed. The relative said, "They [staff] always explain and chat to [person's name] about the hoist." Another relative highlighted how staff had involved them in plans made to promote their family member's safety, so they did not leave the building unaccompanied. The relative told us staff had adjusted how they supported their family member as their needs changed, so their family member was less anxious. A further relative we spoke with told us staff had worked with them to reduce risks to their family member's safety. The relative said this resulted in their family member experiencing less falls.

We saw staff took time to reassure people in the ways they preferred when people were anxious. We also saw staff took immediate action to assist people if they required help to move around the home.

Staff knew the safety needs of the people they cared for and gave us example of the actions they took so people's safety needs would be met. These included if people were anxious or needed extra help to move around the home temporarily, for example, if they were ill. A staff member highlighted the link between the training they had received and the skills they had developed to ensure risks to people were reduced, when they helped them to move safely. A further staff member explained how they checked people's rooms and communal areas for trip hazards, so people were less likely to experience falls.

The manager gave us examples of how they had worked with other organisations to obtain specialist advice. This included advice from professionals with responsibilities for helping to keep people safe and health

professionals, so risks to all of the people living at the home were reduced. The manager had also checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions. We also saw the manager had obtained references for staff, so they were assured new staff were suitable to work with people.

People said they did not have to wait a long time if they needed support from staff. Relatives told us there was enough staff to meet their family member's care and safety needs. Two relatives highlighted they visited the home at different times and had always found staffing levels supported their family members to live their lives in the way they preferred, safely. One relative said, "Staff have time for everyone. The number of staff and the quality of staff is fabulous." Another relative told us, "They do have enough staff available to meet [person's name] care needs. Someone is available all the time." A further relative explained their family member had needed support from two members of staff at one stage. The relative said, "[Person's name] had two staff when they needed them. There was no waiting."

Staff told us there were enough staff to care for people and to spend time chatting to them, so people did not feel isolated. A staff member highlighted agency staff were seldom used, as staff preferred to occasionally work additional hours as they already knew people and their care and safety needs well. We saw there was enough staff available to care for people and to chat to people about things which were important to them.

People were supported by staff to have the medicines they needed. A person we spoke with told us they were supported by staff to have the medicines they needed to remain well. The person said, "I get my medicines regularly, there's no problem there." Another person told us staff supported them to have pain relief medicines when they needed these.

Staff told us they were not able to administer medicines until they had received training and their skills had been checked. Staff explained regular checks on medicines were made by senior staff, so the manager was assured people received their medicines in safe ways. We saw staff took time to explain to people what their medicines were for.

Staff understood what actions they needed to take if people chose not to take their medicines, and what actions to take in the event of an error with someone's medicines. Staff we spoke with knew how to obtain immediate advice if this happened and explained options such as re-training in medicines would be considered by senior staff.

Staff kept clear records of the medicines administered to people. We saw guidance was available for staff to follow if people had "when needed" medicines, and people's medicines were securely stored.

Is the service effective?

Our findings

Relatives were complimentary about the way staff used the skills they had developed to care for their family members. One relative gave us an example of how staff used their knowledge of people living at the home and the skills they had acquired to gently and calmly offer repeated reassurance to people when they needed this. Another relative said, "I believe they [staff] have the training they need, there's often training in process." A further relative said, "They [staff] seem to do a lot of training, and they refresh their training too." The relative told us this had resulted in a reduction in anxiety for their family member when staff assisted them to move round the home. The relative said, "[Person's name] now smiles when she is hoisted by staff."

All the staff we spoke with told us they felt supported to meet people's care needs through regular training. A staff member said, "Training here is the best I have ever had. They [senior staff] make sure I have the training and support [needed]." Another staff member said, "Training here is exceptionally good. It keeps you up to date, so people get the care they need." A member of the catering staff told us, "The training has been really helpful. It gives you an insight into how they [people] think and feel and helps us to communicate with them. It means you know how to help them." We saw staff used their knowledge and skills when caring for people. This included when staff gently encouraged and supported people so they would have the confidence to make their own day to day decisions. We also saw staff used their knowledge and skills when assisting people to maintain their health and preferred lifestyles.

A staff member told us they had requested training so they could begin to develop their knowledge of administering medicines. The staff member said their request had been listened to, and their training had been planned. The training consultant gave us examples of specific training which had been arranged to meet the needs of people living at the home. For example, training so staff knew how to support people with diabetes, so they would enjoy the best health possible.

Staff told us they felt supported through one to one meetings with their managers. A staff member said, "We have enough supervision and you can go in at any time. It's made clear from day one you can talk to any of the seniors [senior staff]." Staff we spoke with told us they had received the support they needed when they first came to care for people, including an induction which helped to prepare them to meet people's care needs. One staff member explained how they had worked alongside more experienced staff until all parties were confident they would be able to meet people's care needs.

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.

We checked whether the service was working within the principles of the MCA. Staff knew about the requirements of the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. A relative told us their family member sometimes declined the care offered to them,

and staff respected their wishes. Staff told us how specific decisions sometimes had to be made in people's best interests. Staff we spoke with knew who needed to be involved in making decisions in a person's best interests. A member of staff gave us an example of when this had happened, and explained how they had cared for the person, so their anxieties had been reduced and their health and well-being maintained. Two staff members explained about the checks they did to make sure people who were not able to directly communicate their wishes agreed to receive the care offered to them.

We saw people were encouraged to make their own day to day decisions where this was possible. We also saw people were confident to make their own decisions about where they wanted to be and what they wanted to do to maintain their preferred life styles. We saw where people needed reassurance from staff when making their own decisions reassurance was patiently given by staff.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found related assessments and decisions had been properly taken. The provider had consulted with people's relatives and representatives with the legal rights to make some decisions on behalf of people. The provider was following the requirements in the DoLS and had submitted applications to a 'Supervisory Body'. We saw the provider was acting upon the decisions made by the supervisory body and had processes in place to review these over time. Senior staff we spoke with knew where to check if a DoL had been authorised, and gave us examples of how they would support people so their rights would be respected and they would receive the care they needed. Staff told us they would be able to check if people had a DoL authorised through discussion with senior staff, or by checking people's care plans.

We had the opportunity to talk to a health and social care professional with responsibilities for promoting people's rights and freedoms. The health and social work professional gave us an example of the actions staff had taken to meet one person's needs. The health and social work professional explained this had been done in ways which took into account the person's well-being and rights, so people were cared for in the least restrictive way.

People told us they enjoyed their mealtime experiences. A relative said when they visited they were, "Always invited to eat with [person's name]." Another relative said, "They [staff] check on [person's name] drinks, and try to see if there is anything else [person's name] would like." The relative explained as a result of this hot chocolate had been provided by staff which had encouraged their family member to drink more. Staff members we spoke with knew people's food preferences and gave us examples of how they supported people to have enough to eat and drink, safely. A staff member told us, "Meals are a social thing. You assist them, [people] but you chat. It's nicer for them."

We saw people were encouraged to make their own food and drink choices and these were responded to by staff. We also saw people were confident to ask for alternative meals and additional treats. Where people required assistance from staff to eat and drink safely this was provided. We also saw mealtimes were not rushed, and staff took time to chat to people while they supported them.

All the relatives we spoke with were confident staff took action to promote their family members' health. One relative we spoke with told us their family member had not experienced any illness since moving to the home. The relative said that staff ensured their family member regularly saw their GP so they would remain well. Another relative gave us an example of the how promptly staff had sought medical attention for their family member when needed. The relative explained staff had ensured their family member was supported

through physiotherapist and occupational therapist visits so they would recover as soon as possible. A further relative explained how their family member had been encouraged to continue to see the chiropodist they knew well and preferred.

Both external health professionals we spoke with were very positive about the care people received to maintain their health. Staff gave us examples of the support they provided to people so they would remain well. One staff member told us about the result of the care they had provided to one person. The staff member said, "[Person's name] was on constant antibiotics before they came to live here. Their health has now much improved and they have less infections." Another staff member highlighted how well they were supported to provide good care to people through clear planning as people's health needs changed, so people would enjoy the best physical health and well-being possible.

We saw during our inspection staff contacted the emergency services without delay, when one person required their assistance, so the person would receive the care they needed promptly.

Is the service caring?

Our findings

People cared for at the home were living with dementia. Staff recognised people's dementia affected them in different ways and took people's current, individual needs into account when caring for them. As a result of the individual approach staff took when chatting to and supporting people strong, caring bonds had developed between people and the staff caring from them. In addition, people's well-being was promoted, as staff were pro-active in involving them in decisions about their care.

Every person we spoke with was positive about the staff who cared for them and the relationships they had built with them. One person told us, "I know staff are happy working here, because they are very kind to people." Another person described how considerate and thoughtful staff were to all of the people who lived at the home. The person told us, "Staff have so much patience with people." A further person said, "I think staff here are very kind, and I really like some of the other residents."

Relatives told us staff were considerate and supportive to their family members. One relative said, "Staff are brilliant, so caring." Another relative said, "Staff really seem to care. [Person's name] always tells me what nice [staff] they are. They are very patient and kind with them [people]." A further relative told us as a result of the care provided by staff, "[Person's name] definitely feels loved without a doubt. I know she feels cherished where she is, and she would not feel this if she did not like the staff." A relative told us, "[Person's name] loves all the carers." One relative told us, "Staff give [person's name] time, even when we are in with them. They still come and engage with [person's name]. Staff show us [person's name] is the most important person."

One of the visiting health professionals highlighted how caring staff were and told us staff made people feel valued by the way they engaged and communicated with them. The health professional highlighted staffs' empathy for people motivated staff to take all measures possible to prevent people from becoming ill. The visiting health and social care professional gave us an example of the sensitive way staff had supported one person to feel valued and to maintain their freedoms, whilst ensuring the needs of other people living at the home were met. Staff did this through using their insight into the person's history and sourcing appropriate technology to support this.

We saw every member of the staff team spent time chatting to people and people's smiles showed us they enjoyed being with staff. People were relaxed and confident to ask for assistance from staff when they wanted it. Staff used a range of skills to help people decide what care they wanted, where people were not able to communicate verbally with staff. For example, we saw staff offered objects to people to choose from. Staff were attentive to people and carefully sought people's physical response to different items. We saw one member of staff talk with a person about where they wanted to be. The person showed staff by their body language they were confused and unsure. The staff member saw this and took action to support the person by gently and patiently guiding them to different areas, so they could see the options available and the person's anxiety was reduced. By doing these things, staff could be sure people were deciding what care they wanted.

A staff member told us, "You have such a laugh with people, and they want to be here and to be included. You share a joke with them [people] and you develop that bond." Another staff member said, "You spend time with them, and make sure people feel wanted." A further staff member explained how one person at the home saw them as a family member. The staff member knew how the person liked to be reassured and said, "We often sit and have a cuddle." A staff member told us how important it was for staff to work together for the benefit of people living in the home. The staff member said, "Teamwork helps to ensure residents are shown we do love them." Another staff member explained how they supported people who did not have visitors to feel valued by celebrating their birthdays and special events. By doing this, staff told us people felt less isolated and knew they were valued.

People told us staff knew them well and talked to them about things which were important to them, such as their families. One relative said, "Staff know [person's name] well." Another relative said, "Staff asked me what [person's name] did and liked so that they could get to know them." A further relative told us how well their family member had built trust with staff. The relative said, "[Person's name] has a comfortable and contented relationship with the staff and it is reciprocated." A further relative said staff had found out about the objects which provided their family member with comfort. The relative said these had been put in place, "So when [person's name] went to live there, it looked like home."

A relative told us how supportive staff had been when their extended family visited their family member. The relative said, "We had a meal in one of the lounge areas for the whole family. It felt like [person's name] home and nothing was too much trouble for the staff." A staff member told us about the support provided to one person so they could regularly keep in touch with family members overseas. The manager told us about plans which were being developed to use technology to assist the person to maintain their relationship further. The manager explained this was particularly important as the person's sensory care needs had recently changed, and the person now required visual rather than telephone contact with their relatives, so their well-being would be enhanced and they would continue to feel fulfilled.

Staff knew about people's life histories and what interested them. A senior staff member told us about the information staff found out about people before they came to live at the home. The senior staff member said, "We use 'getting to know you forms'. Once you have rapport with people, more information comes out." A staff member explained how they used this knowledge when they chatted with people so people would feel fulfilled. Another staff member explained when new people came to live at the home they spent time chatting to them and their relatives. The staff member told us by doing this, they could find out the best way to care for people. One relative we spoke with explained they had chatted to staff about their family member's eating patterns when they first came to live at the home. The relative explained as a result of this, staff always took the time to encourage their family member to have enough to eat, so they would remain well.

A further relative told us because staff found out how their family member wanted to be cared for, "The transition was good. Staff came out to greet [person's name] and encouraged them to come in and have a cup of tea." The relative said because staff had got to know their family member quickly they settled well, and enjoyed living at the home.

We saw the provider showed a relative round the home. The provider used the time with the relative to chat about what interested the person and how they may like their care to be given.

People were confident when making their own day to day decisions, such as where they wanted to spend their time, and how they wanted to maintain their preferred lifestyles. A person smiled when they told us they had also been asked to be involved in staff recruitment decisions. One relative we spoke with told us

their family member made their own decisions about their day to day care, such as if they wanted the door to their room left open. The relative said staff respected their family member's decision.

Staff gave us examples of how they supported people to make their own day to day decisions about their care, such as assistance to decide where they wanted to be and how they wanted to spend their time. Night staff gave us examples of choices people made about the time they decided to get up. A night staff member said, "[Person's name] regularly gets up at 4.00 am. We have a chat and I get them something to drink and eat. They decide when they want to go back to bed." A further staff member outlined some of the day to day choices one person made and said, "It's [person's name] home, and their choice." Catering staff explained how they offered plated meal choices and alternatives to people, and explained they did not just rely on people's known preferences. One catering staff member said, "Although [person's name] enjoys peppermint tea, we always ask, as sometimes they prefer other things."

One relative we spoke with told us, "We have never had any issues here, with [person's name] dignity. They [staff] take this seriously." Another relative we spoke with told us staff had promptly provided the care their family member needed when they had recently been ill. The relative told us this had been done discreetly, so they had the privacy they needed. A further relative explained they were able to see their relative in private when they visited. A staff member we spoke with told us, "Everyone is entitled to privacy. It's about treating people as you would want to be treated." The staff member explained some of the actions they took when they assisted people with their personal care. The staff member said, "It's not timed, it's not a task. It's about making people comfortable, and having the least embarrassment possible."

We saw plans reflected people's dignity needs and found staff took positive action which promoted people's dignity and independence. For example, we saw as a result of the care staff had provided to a person they had regained their independence in a key area of their life and now enjoyed enhanced dignity and privacy. This was achieved by staff reflecting on the individual barriers to the person becoming independent again with their continence. We saw staff had worked with the person in a very specific way to address the barriers they faced. This included taking action so the person was no longer confused as a result of the type of equipment in place to support them. We saw the person had taken steps to independence with the support of staff. This had ultimately resulted in the person becoming once again fully independent in this area of their life, through the individualised approach used by staff.

Is the service responsive?

Our findings

People told us they decided what care they wanted and said they could rely on staff caring for them in the ways they preferred. One person told us about the support they received so they could enjoy an aspect of their lifestyle which was important to them. The person told us they had decided with staff the best way for this to be done. Another person explained how they had planned with staff where they wanted to spend their time, as quieter places helped them to feel more comfortable and less anxious. A further person told us catering staff had asked them what plans they wanted to be put in place so they would enjoy their meal time experiences.

The views of people's relatives were taken into account by staff, where people were not able to decide how they wanted all aspects of their care to be given. A relative told us, "We do the care plan in bits, as we go along. We chat it through and it's a bit like they're [staff] another part of the family, and that makes everything personalised for [person's name]." Another relative told us because of the way their family member's care had been planned and given, "[Person's name] is a different person, there's a lot more engagement and they're less agitated. [Person's name] is much happier. It's only since they have lived there that they have started to smile again." A further relative gave us an example of how staff used their knowledge of what was important to their family member in their day to day care. The relative said, "They use the information productively with purpose and insight, and I just think that's lovely."

One health professional highlighted the support staff provided to prevent people from becoming ill. The other health professional explained staff knew people's health needs well and said staff provided the care needed, so people recovered as quickly as possible if they became ill. One of the external health professionals said the care provided was so good they would be happy for their own family members to live at the home.

Staff members told us they checked people's care plans to find out how they liked their care to be given. One staff member explained how knowing people well helped them to provide the care one person needed, in the way they preferred when they were anxious. The staff member said, "[Person's name] likes a touch on his hand, likes the connection with staff." Another staff member told us Christmas presents for each person living at the home had been chosen, which reflected each individual person's interests and unique personalities. The staff member gave us an example of how one person had been greatly comforted by their gift. Staff knew if people had any particular dietary needs so they would remain well. A member of the catering staff said, "You adapt things, so they [people] have the same choices as others."

A staff member gave us an example of the way one person who regularly spent short periods of time at the home was supported by staff. The staff member said, "You hang up [person's name] dressing gown on the door before they come to stay, and you put out their photographs, so it feels homely. You treat their time with us as their holiday." Staff told us how they checked people's preferences over time, so they could be sure people were supported in the best way for them on a daily basis.

We found staff understood people's individual care preferences and needs. We saw staff used their

knowledge of people's individual needs when supporting them. Staff were also attentive to people's physical and emotional needs. Staff gave people the support they needed promptly, in the way they preferred, so people enjoyed the best quality of life possible.

Relatives told us they were consulted when changes were proposed to their family member's care. A relative said, "Staff asked me what I would think about putting measures in place. People do change, and they [staff] adapted, particularly about when [person's name] was anxious." The relative told us their views had been listened to by staff, and their family member's changing safety and well-being needs had been met.

Staff told us they had regular opportunities to communicate information with senior staff and other staff members as people's needs changed. A staff member gave us an example of changes which had been introduced to care for one person more when they experienced a bereavement, so the person would be supported through this difficult time. The staff member told us about the actions they had taken and said, "[Person's name] has started to smile again, squeeze my hand, and feel better."

People said they had opportunities to do things they enjoyed. These included regular chances to spend time in the local community. One person said how much they valued staff asking them if they wanted to go out for a drive, so they could see what was happening locally. Staff explained the senior team were keen for people to enjoy using local cafes and lunch clubs. One staff member explained this had been achieved by staff supporting local business proprietors and community organisers to understand how living with dementia affected people. The staff member told us as a result of this, people really enjoyed spending their time this way. The staff member said, "Some of the residents [people] really enjoy going out to [name of tea room], and the owners are very welcoming so they [people] feel really included."

A relative gave us an example of the way staff had developed links with a local business and used their knowledge of their family member's work history and interests. The relative told us staff had made arrangements for their family member to spend time preparing flowers at a local florist shop. The relative said their family member had really enjoyed spending time doing this with support from staff. The relative told us this had triggered many happy memories for their family member. A staff member we spoke with explained the flower arrangements made had been used to help the person mark another person's one hundredth birthday. The staff member said having the flowers prepared by the person living at the home made the celebration even more special for everyone.

Relatives gave us other examples of the interesting things their family members were encouraged to do and the celebratory events they enjoyed attending. Two relatives told how much their family members valued the regular opportunities to enjoy going to church lunch clubs with support from staff. A staff member told us arrangements had been made with local church groups for multi-denominational services to be regularly held, so people's spiritual needs would be met, and their well-being enhanced. One relative told us, "I'm impressed by the way they organise activities and outside events. There was a singing event out in Evesham, yesterday, which [person's name] enjoyed. They [staff] always try to find events they can participate in."

One person told us about events which were put on at the home where local people and community groups were encouraged to find out about the home through open days. The person looked really pleased when they told us staff had asked them to meet and greet people at a recent open day at the home. A further person told us because of the fun and interesting things they now had the opportunity to do with staff and other people at the home they now felt less isolated and lonely.

Staff we spoke with described how everyday events were made enjoyable for people. A staff member said,

"You make an event of things with people, so they get the most enjoyment possible. One person now really enjoys a bath, they relax and have a glass of wine, too." We saw some people enjoyed spending time chatting to staff and other people who lived at the home and spontaneously singing with other people. We also saw some people smiling when they used sensory objects which had been made available for them. Several people had special items which gave them comfort. We saw staff understood how important these were to some people living at the home and promptly supported people to locate these.

None of the people or relatives we spoke with had needed to make any complaints about the care provided. People and their relatives said they were confident if they raised any concerns, or made any complaints these would be addressed. One relative said, "I have had no cause to complain." Another relative told us they were encouraged to raise any concerns with staff so these could be promptly addressed. The relatives said they had made one suggestion to improve the care their family member received and told us this had been listened to and promptly resolved. We saw the manager had processes in place to record people's and their relatives' concerns and any complaints which had been received. Systems were in place to follow up on any concerns or complaints, so any learning would be implemented.

Is the service well-led?

Our findings

A manager was in place at the time of our inspection who was in the process of applying to become the registered manager for the service. Since our inspection the manager's application to become the registered manager has been approved.

All the people we spoke with told us the home was run well. One person told us as a result of the way their care was managed, "It's excellent living here." Another person told us how approachable senior staff were. Relatives were very positive about the way the home was managed. A relative said, "Everyone needs to know how fabulous it is. It's a beacon care home, others could learn so much from them. Everybody deserves this type of care." Another relative said, "It is an extremely well run care home. I am impressed by the way they organise outside events." A further relative told us, "They (senior staff) want us to know we are cared for, too. They are so warm and so fantastic." One relative said because the way the home was managed, "You can go away knowing [person's name] is well looked after."

A staff member said, "I love being here, it's their home, not a care home. It isn't a business, you walk in, they [people] do what they want to do. It's their home." Another staff member said, "It's about the people living here, and the staff. Ultimately, it's the same goal." A further staff member told us, "The best thing about working here is the team work. It's about making sure they [people] are happy. [Manager's name] wants that, too."

The manager and senior team were committed to meeting the needs of people living with dementia. This included working the local community and external organisations. One staff member we spoke with explained this had positive benefits when they took people out to enjoy local community events and to use local services. The staff member told us as a result of people's needs being better understood they were more relaxed when using local services, and enjoyed an enhanced sense of well-being. The manager told us about the work senior staff had done over a number of years to share their knowledge with people living locally. The manager also told us about events which had been put on by senior staff to share their knowledge with other professionals such as solicitors and local church groups. A senior staff member explained an independent carer had also joined the support group, so they would benefit from gaining skills and understanding of the needs of people living with dementia.

Although most people living at the home had dementia we saw the ethos of the senior team was to adapt their practice so people's wider needs were met. For example, the senior team had introduced a braille version of the service user guide, in response to one person's sensory needs.

We saw records which showed us senior staff worked with the community to share their knowledge about the effects of dementia, and to promote greater understanding the effect of dementia on people.

We saw people were encouraged to be involved in the daily running of the home, such as laying tables. A person smiled when they told us how staff included them in running events at the home. A relative highlighted how supportive senior staff members were and told us about the support group. The support

group had been created by senior staff, so relatives could find out more about wider matters which affected their family members. This included how their relative's health and well-being might affect their daily lives, and what financial resources were available to assist their family members. A relative told us how this knowledge had helped them to understand how their family member's dementia affected them, and helped them to maintain their relationship with their family member, as their needs changed. Another relative told us they felt included in the running of the home, and there were regular opportunities for relatives to attend training with staff, so they could find out more about the care their family member needed.

The manager told us they kept their own knowledge up to date through training, access to regular professional mentoring and research. This included Department of Health dementia care best practice, so the manager could be sure people were receiving the best care possible. The manager explained their involvement with health initiatives and gave us an example of how this had benefited one person at the home. The manager said, "[Person's name] has perked up quite well, has put on weight and is now mobile with two carers." We saw the manager and senior staff had provided staff with guidance in key areas of best practice, which was displayed for staff to refer to. This included guidance in respect of dignity, health guidelines and to assist staff to meet people's safety needs.

All the relatives we spoke with said communication with the provider and senior staff was open, and they were encouraged to contact them if they wanted to discuss their family member's care. One relative told us, "[Provider's name] is brilliant and amazing, and the home is an expression of them." Another relative said, "I love the place. [Provider's name] is amazing, and this shows in their philosophy and attitude to caring for people." The manager told us their own and the provider's aim was for, "The home to be welcoming and homely and people in the area to know we make a difference to people living here. I think we do the care well and I am proud of this place. I want to keep the atmosphere going."

Staff told us the manager and senior staff provided clear direction for how they were to care for people. A staff member said, "People living here are paying my wages. If people are not looked after it would not be fair." We saw minutes of staff meetings which confirmed staff were guided to focus on the needs of the people they cared for. Staff members explained they were encouraged to let senior staff know if they had any concerns about people, or suggestions for developing people's care or the home further. A staff member explained in addition to discussing this at regular meetings, a suggestion box was available for staff to use, at any time.

Another staff member said they had made suggestions for improving the well-being of one person living at the home. The staff member said their suggestions had been listened to, and action taken to involve an external health professional. By doing this, the person continued to receive the care they needed, as their needs changed. A further staff member told us, "We are all family, we know we can go to the seniors and managers with anything." The manager told us, "Staff are good, if they notice anything they report it, so it can be addressed."

The manager gave us an example of a suggestion made by night staff to increase staffing levels. The manager told us the views of the night staff had been listened to, and staffing increased so staff would have more resources to care for people. The manager told us, "You involve staff in decisions, as they know residents well." The manager also gave us an example of suggestions day staff had made so one person would receive the care they needed in the environment they preferred. The manager told us action had been taken and as well as meeting the person's preferences, the person's safety when eating was also promoted.

Two staff members highlighted how staff were supported to provide good care to people as resources needed were put in place. One staff member said, "If you need it, you have it." A member of the catering staff

said, "We can buy whatever people want. I feel I have gone forward in my cooking, since working here. They [people] and staff make suggestions, and [senior staff and manager's name] tell us to give it a go." The manager said, "We keep staff because we support them and train them well. We tell them when they have done a good job. They need job satisfaction."

Staff told us about some of the checks senior staff did to assure themselves people were receiving the care they needed. A staff member told us, "[Senior staff member's name] come and discreetly does checks to make sure we are doing medicines correctly and also check how we are supporting people with personal care and manual handling." Another staff member told us the provider often came to the home. The staff member told us, "[Provider's name] pops in all the time, has a good walk round and makes sure everyone is alright."

We saw the manager had systems in place to check the quality of the care given by staff. These included spot checks undertaken by the senior staff, so they could be sure people were receiving the best care possible. Checks were also made regularly on the administration of medicines, staff training and supervision and to make sure people were enjoying good health and were as safe as possible. We also saw the manager considered risks to people's well-being and safety as part of the process for notifying CQC of significant events which affected people.

Relatives and visiting professionals had been encouraged to complete quality questionnaires. We saw the responses were positive. The manager explained how one suggestion made had been followed up, so people benefited from living in a home where improvements were driven through. We also saw many compliments had been received from relatives about the quality of care people living at the home enjoyed. This included positive feedback about the care people had received at the end of their life, the caring qualities shown by staff and the 'Family atmosphere, love, respect and expert care provided.'

The manager told us about plans they had to develop the home and people's care further. These included further development of the sensory area and plans for a sweet shop for people to enjoy volunteering in and using, with support from staff. The manager told us they were also planning to build further on the links they had developed with the local community, for the benefit of people living at the home. In addition, one person living at the home had expressed a wish to be involved in the recruitment of staff, and plans had been put in place for this to be undertaken.