Maria Mallaband 13 Limited

Chaucer House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection took place on 19 and 21 September 2016 and was unannounced. This was the first inspection of the service since it was registered with us in September 2015.

Chaucer House provides accommodation with personal and nursing care for up to 60 adults. The service is divided into two separate units for people with nursing needs and people living with dementia. There were 28 people living at the service at the time of the inspection. In each unit people had access to a number of seating areas and a dining room. There is a separate hairdressing room, shop, cinema room, family room and a bar on the top floor. There is a garden to the rear of the home.

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

People's care needs and the staffing levels available were regularly reviewed to assess if there were sufficient staff on duty at all times. Some people said there were enough staff and others that staff did not always have time to talk to them. During the inspection staff took time to talk to people, support them when they required and did so in an individual manner.

Relatives said their family member was cared for in a safe place. Staff knew how to recognise any potential sign of abuse and report them in order to help keep people safe.

Assessments of risks to people's safety and welfare had been carried out and action taken to minimise their occurrence, to help keep people safe. Health and safety checks were effective in ensuring that the environment was safe and that equipment was in good working order. Accidents and incidents were monitored and had been used as learning events to improve the standard of the service.

Medicines were stored safely and administered by qualified nurses. A clear record was kept of the medicines given to each person to ensure they received their medicines as prescribed by their GP.

A schedule of cleaning was in place to ensure the service was clean and a lead nurse was responsible for ensuring practices minimised the spread of any infection.

People's health care was effectively monitored and professional advice was sought as appropriate. The service understood the importance of ensuring people were offered regular drinks and snacks and a hostess had been employed to facilitate this. Mealtimes were important social occasions. People were offered a choice, support was provided and people were not rushed.

New staff received an induction which included shadowing new staff and spending time with people. Staff

were provided with training in the areas necessary for their role, and this was refreshed on a regular basis. This included specialist training in supporting people living with dementia and end of life care. All staff had received training in the Mental Capacity Act 2005 and staff understood the principles of the Act and how to apply them. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. DoLS applications had been made for people who lived in the home to ensure that people were not deprived of their liberty unlawfully. .

The environment had been adapted for people living with dementia and a disability. There was specialist equipment to aid people with mobility needs and visual aids to help direct people to where they wanted to go.

Staff were consistently kind, caring and compassionate, and treated people with dignity and respect. Care was personalised and had been adapted to meet the individual needs of people. Staff had positive relationships with people and their family members who they knew well. People were actively involved in making decisions that affected their daily lives and their wishes were respected when receiving end of life care.

People's care, treatment and support needs were assessed and a plan of care was developed jointly with the person which included their individual choses and preferences. Guidance was in place for staff to follow to meet people's needs. Staff knew people well which enabled them to support people in a personalised way.

The service prioritised ensuring people were provided with stimulating and meaningful activities. Activities reflected people's interests and abilities and included group and one to one activities to ensure that each person was reached.

Information was given to people about how to raise any concerns they may have. Relatives said that when they had raised a concern, they had been listened to and the issue resolved to their satisfaction.

The views of people and their relatives about the quality of care provided at the service were regularly sought and acted on. People and relatives felt able to approach the registered manager and said they would recommend the service to others. The service had received a number of compliments.

The registered manager was a visible presence in the service and led a staff team who were clear about the aims and values of the service in providing personalised care.

Effective quality assurance systems were in place to ensure the service continuously improved for the benefit of people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were safe systems in place for the storage, administration and disposal of medicines.

Checks were carried out on staff before they started to work at the service and staffing levels regularly assessed, to ensure there were sufficient numbers available to meet people's needs.

Risks to people's safety were assessed and effectively monitored. Staff knew how to recognise any potential abuse and so help keep people safe.

The service was clean and procedures were in place to minimise any infection.

Is the service effective?

Good

The service was effective.

People's health care needs were assessed and monitored and they had access to healthcare professionals when needed.

Staff had the training they required to support the individual needs of people in their care to ensure their best interests were always promoted.

Meal times were managed effectively to make sure that people had an enjoyable experience.

The design and layout of the service took into consideration the needs of people with a disability and people living with dementia.

Is the service caring?

Outstanding

The service was exceptionally caring.

People were at the centre of the service which had been adapted to meet their individual needs.

Staff knew people well, were kind, caring and compassionate and had developed genuine positive relationships with people and their family members.

The care provided was sensitive and staff understood the importance of meeting people's emotional needs in addition to their physical care needs.

Staff communicated with people in a way that valued people's individual contributions and abilities.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People were fully involved in planning their care, treatment and support, which reflected their choices and preferences.

Staff knew how to respond to people's individual physical and emotional needs.

A programme of meaningful, varied and stimulating activities were available which had been designed through consultation with people.

People and relatives knew how to raise a concern or complaint and felt listened to.

Is the service well-led?

Good

The service was well-led.

The registered manager was clear about the vision and values of the service, which they effectively communicated to the staff team.

Staff, people and their visitors were provided with forums where they could share their views and concerns and be involved in developing the service.

Quality assurance and monitoring systems were effective in identifying shortfalls in the service so action taken to address them to continuously improve the service.

Chaucer House

Detailed findings

Background to this inspection

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

This inspection took place on 19 and 21 September 2016 and was unannounced. The inspection was carried out by two inspectors and specialist nurse advisor who was a dementia care specialist.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to eight people who lived at the service, ten relatives, a visitor and a GP. We observed how staff interacted with people and joined some people for lunch. We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to the registered manager, head of care, two nurses, three care staff, the administrator, housekeeper, cleaner, hostess and activity coordinator. We received feedback from a palliative care nurse, care home nurse specialist, chiropodist, two dementia care trainers, hairdresser and a volunteer.

During the inspection we viewed a number of records including twelve people's care notes. We also looked at a number of other records including the recruitment records of the last five staff employed at the service; the staff training programme; administration and storage of medicines, complaints and compliments log, service user meetings, health and safety and quality audits, activity programme, menu and the safeguarding and medicines polices.

Good

Is the service safe?

Our findings

People and their relatives said they had confidence and trust in the staff team. One person told us, "I am safe and comfortable here". A relative said, "They treat my relative like they are caring for their own family. I enjoy visiting and I don't worry when I leave because I know my relative is getting good care." During our inspection there was a calm atmosphere at the service, people were not rushed and people's body language demonstrated they were at ease in the staff's presence. One person told us, "There are always staff around I can call. I push the bell and staff come to help me". A relative told us, "You never have to wait. The people who live here are staff's priority. However, one person told us "Staff do not always have time to sit and talk with me" and another person said, "I don't always feel safe when staff are busy". These people explained they were finding it difficult to adjust to life away from their own home and later one of them, commented, "Actually, there is nothing wrong with the place".

People's staffing needs were assessed when they moved to the service. A specialist tool was used which took into consideration the support people needed with daily tasks, their understanding of risks and communication needs. Staffing levels were reviewed each month to assess if they were sufficient to meet people's needs. The registered manager also made observations and took into consideration any incidents or accidents. As a result staffing levels had been increased with an additional staff member being employed flexibly between both floors. Each floor had one nurse and there were two care staff to support people living with dementia and three to support people with nursing needs. Care was delivered in a person-centred, unhurried and respectful way during the inspection. Staff gave explanations to people when they became confused and took time to support people with their personal care needs. People received individual attention from a member of staff whose responsibility it was for providing people with food and snacks. They visited each person several times throughout the day and engaged people in conversation in addition to providing them with regular snacks and drinks. An activity co-ordinator was employed during the week and provided a daily activity on each floor and one-to-one activities for people.

The service had a comprehensive safeguarding policy which set out the definitions of different types of abuse, staff's responsibilities and how to report any concerns. Staff received training in safeguarding and understood how to follow the policy to ensure people's safety. Staff knew how to "blow the whistle" which is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. They felt confident if they raised a concern they would be listened by the management team. However, if their concerns were not taken seriously, they said they would contact the regional director of the service or the Care Quality Commission.

Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as their risk of falling, when moving around the service, of developing pressure areas, allergies,

nutrition and continence. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. For people who were at risk of falling, the staff support and/or equipment they needed to remain safe, was identified. This included the use of a walking frame, hoist and sling, or pressure alert pad, to inform staff when people were mobile at night time. Staff walked with some people when mobilising and kept a close eye on other people to ensure they were safe. For people at risk of developing pressure ulcers the specialist equipment they required, including airflow mattresses and cushions had been provided. These were regularly checked to ensure they were at the correct pressure to provide effective relief. Wounds were photographed and measured and a written record made to evaluate any changes. The appropriate treatment, such as applying a dressing, was applied to each wound. These actions helped to keep people's skin healthy.

Staff reported any accidents or incidents on a data base which made it easy to track how each event had occurred and the action taken as a result to keep people safe. If an accident had occurred a clear record was made of any observed injuries at the time of the event, then after four hours and twelve hours. The person's assessment of risk was updated and their next of kin informed. The registered manager reviewed any incidents to see if there were any patterns or trends and the provider checked this audit at their monthly visits. A professional told us that the service had used reflective practice to discuss an incident that had taken place, in relation to what they could have done better. They said the service had learnt lessons from this reflection which had resulted in improvements to the service. A business continuity plan was in place which set out how the service would continue to support people in the event of an unexpected event or disaster, such as a gas leak or flood.

Environmental assessments of potential risks had been undertaken and were reviewed on a regular basis to make sure the service was safe for people and staff. A maintenance person was employed to oversee the safety of the service and undertook necessary repairs. There were procedures in place to make sure that equipment such as fire-fighting equipment, beds and mattresses, gas and electricity supply, and hoists and slings were checked and regularly maintained. Each person had a personal emergency evacuation plan (PEEP). These identified the individual support and/or equipment people needed to be evacuated in the event of a fire. There was a programme in place to make sure staff regularly took part in fire drills to ensure they were competent to evacuate people safely.

There were safe systems in place for the storage, administration and disposal of medicines. Appropriate arrangements were in place for ensuring medicines were kept at the right temperature and not used past their expiry date. Medicines were kept in locked cabinets in people's bedrooms which reduced the risk of medicines being given to the wrong person. Medicines which were at higher risk of misuse and therefore need closer monitoring were stored securely. The service regularly undertook audits of medicines including those at higher risk of misuse. Medicines were administered by nursing staff that had been assessed as competent to do so safely. People's administration charts were fully completed on an electronic system, including the reasons if people refused their medicines. Protocols were in place for people who were prescribed their medicines to be given 'as required' (PRN) and these were followed by staff. Staff recorded when patches for pain relief were applied to people and when they were rotated to ensure they were regularly moved to maintain people's skin.

A nurse had been nominated as the infection control lead and was responsible for overseeing infection control practices at the service. They carried out infection control audits which identified any areas where improvement was required. Cleaning staff were given specific tasks to carry out each day to make sure the home was clean. Staff understood the areas of the service which required extra attention to alleviate any unpleasant odours. Personal protective equipment and hand-washing facilities were available for all staff. The laundry room had been specifically designed to ensure there was a flow of laundry from a designated

dirty to clean area. A sluice was available and staff knew how to deal with soiled laundry to minimise the spread of any infection.

Good

Is the service effective?

Our findings

People told us the service was effective as staff knew them well. They said the food was of a high standard and some people described it as of "Hotel quality". People said they were given a number of meal options each day and if they did not like a meal provided, they let staff know and an alternative was given immediately. One person told us, "I can choose what I like to eat; we have different things all the time. Today I didn't like the choices so I am having an omelette." People told us that staff ensured their health needs were monitored and met. One person explained that staff were responsible for making sure they took their medicines as otherwise they would forgot to take them. They said that the member of staff stayed with them until they had taken their medicines, to ensure they took them. Relatives were highly complementary about the knowledge and skills of the staff team. One relative told us, "There is a lot of staff training and staff all know what they are doing". They said they were kept up to date with any changes in their relative's health.

Health care professionals said effective and professional relationships had been developed with the service. They said the service contacted them for support in a timely and appropriate manner and any advice they gave was always welcomed and followed through for the benefit of the person concerned. One health care professional described the health care support given to people as, "Very attentive". Another professional described the transition of one person from hospital to the service. They said staff had taken all the necessary steps to ensure the move went as smoothly as possible for the person concerned.

People's day to day health needs were managed by the staff team with support from a range of health care professionals. The service sought advice and made referrals to other professionals such as the person's GP or the dietician when required. Nursing staff undertook regular observations and checks of people to monitor their health and well-being. They were knowledgeable about people's health needs and medical history, which were recorded in people's plans of care. Care staff understood their responsibilities in reporting any changes a person's condition to a nursing member of staff. These changes in a person's needs or treatment were recorded to ensure guidance about their care was kept up to date.

The service understood the important of ensuring people were offered food and drink throughout the day. People's need in relation to food and fluids were assessed and the support they required was detailed in their plan of care. People's weights were taken monthly to monitor any changes. When there had been concerns about people losing weight, the service had quickly and appropriately responded. A staff member talked to people daily about their food and drink choices and offered people drinks and snacks throughout the day. They regularly provided people with fresh water, fruit and biscuits. They understood the importance of encouraging people to maintain their fluid levels. They offered people drinks they liked such as a hot drink or a smoothie and in a period of hot weather they offered drinks on a more regular basis.

The chef was passionate about their role and gaining feedback from people about the quality of food provided. They served the meal at lunchtime in each of the two dining rooms so they could gain direct feedback from people. They knew people's likes, dislikes, allergies and if people required a soft, liquidised, diabetic diet or if additional calories needed to be added for a person who was at risk of losing weight. The chef described situations where some people had not wanted to eat. They had spoken to the person and

their family members to discover what foods the person specifically enjoyed and provided these foods. The menu was based around the seasonal availability of foods and at lunchtime people were offered a choice of two starters, three main courses and two puddings. People could have cereal or a cooked breakfast and were offered a cold or hot option at tea time. People who were independent were able to telephone the kitchen directly to make their food choices known. The chef understood the important of presenting food to people in an attractive manner and this was successfully achieved on the days of our inspection.

Mealtimes were presented as important social occasions where people came together to socialise and staff ensured that it was a special occasion. A relative told us, "The food is brilliant. I can eat with my partner if I like. There is always lots to eat and lots of choice." At lunchtime the table was beautifully presented in a restaurant style and people who wished to, enjoyed in a glass of wine with their meal. There was a relaxed atmosphere and people laughed and joked with each other and members of staff. People who required staff to support them to eat were given assistance. One person who was living with dementia required encouragement to sit down and focus on the task of eating. A small bowl of finger food was placed on the table so they could eat independently and a member of staff sat with them for a period to encourage them to remain at the table. People were asked if they still wanted to meal option they had chosen earlier and if they did not they were given an alternative.

All new staff, including care and non-care staff, completed an in-house induction which included reading policies and procedures, shadowing more senior staff, learning about the ethos of the home, spending time talking to people and undertaking training in essential areas. Staff competencies in these areas were checked by the registered manager during induction and annually. Care staff also completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Staff said they were offered the support they needed during their induction for them to be confident in carrying out their roles. A member of staff told us, "It's a really good induction. Everyone is welcoming and helps you to settle in".

There was an on-going programme of training for care and nursing staff with specialist training being provided to staff based on the needs of the people. This included training in palliative care, Parkinson's, oral health, person- centred care and dementia. The service had linked with a specialist training provider in dementia care to ensure all non-care staff had completed level 2 Health and Social Care Certificate in Dementia Care which is part of the Qualification and Credit Framework. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard. Care staff had completed level 3, which includes specialised communication methods and the administration of medicines. Staff had completed and further training was planning in supporting people at the end of their lives. Two members of staff had completed the "Six steps to Success Programme", whose aim is to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. Additional staff were commencing the "Gold Standards Framework" (GSF). GSF is a systematic, evidence based approach to optimising care for all people approaching the end of life. Nurses had undertaken specialist training in venepuncture (a process in which a needle is used to pierce the skin to access a vein, usually to withdraw blood) and percutaneous endoscopic gastrostomy (PEG). PEG is a tube that feeds directly into a person's stomach.

Where people may present behaviour that challenges themselves or others, a plan of care was in place. This identified the nature of the behaviour, the potential triggers for the behaviour and guidance for staff on the appropriate action to take to minimise the occurrence. Staff were aware of how to support people if they become distressed or show behaviors which could challenge. The service prided itself on finding ways of managing people's distressed behaviours which involved minimal use of medicines. Staff explained how they minimised potential incidents by putting people at the center of their care. They said they knew

people's past history and so were able to engage them in conversation that was meaningful to them. Staff said they had the time to take things slowly with people, reassure and empower them in order to try and minimise their distress.

Staff felt well supported by their colleagues and the deputy and registered manager. They said there was good communication in the team and between staff with different roles. They said the housekeeping, nursing, kitchen and care staff all worked together and undertook parts of each other's roles where appropriate, to meet people's needs. For example, everyone was responsible for answering people's call bells including non-care staff. If the non- care staff was not able to assist they sought help from a member of the care staff team. Staff received regular feedback about their performance so they could develop their practice to improve care for people. This was achieved through supervision sessions, an annual appraisal and informal discussions. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. One staff member told us. "The management team are very supportive. They recognise what I am interested in and have supported me to have extra training in this area, which I love".

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 the best interests and as least restrictive as possible. Staff had been trained in the principles of MCA and could clearly explain how they applied this to the support they gave. They gained verbal consent from people before entering people's rooms and supporting people during the inspection. Written consent had been gained for care, treatment and the taking of photographs where people had the capacity to do so.

People's mental capacity had been assessed in relation to specific decisions. Best interest meetings were held with family members and relevant health care professionals when people had been assessed as not having the capacity to make a decision. Care plans reflected the outcomes of these discussions. People's wishes in relation to being resuscitated were regularly reviewed. One person had made an advance decisions about being resuscitated. This person's health had improved and a meeting had been held to ensure if this decision was in this person's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager and staff had a good understanding of DoLS, and applications had been made for those people who may be restricted.

The service was purpose built and took into consideration a range of recognised design features which benefitted people living with dementia. There was clear signage, memory aids and tactile features. Toilet seats were painted dark blue and en-suite doors painted red as visual aids. Bathrooms were fitted with equipment which enabled people with mobility needs to have a bath. There were a number of seating areas for people to choose which had a view of the garden.

Outstanding ☆

Is the service caring?

Our findings

Everyone spoke extremely highly of the staff team and described them as caring, kind and considerate. They said staff listened to them and knew their likes and dislikes. One person said, "They are like my second family; they spoil me." Another person said, "Staff are very caring and patient". When a member of staff member approached a person, the person responded, "I like your cuddles", indicating that appropriate touch was used to show affection for people. Relatives said that the care of the staff team went beyond the care of people and was extended to their family members. One relative told us, "The staff are everything you could wish for; they involve us as a family. We are always welcome and they care about how we are too." Professionals commented on the caring, welcoming and friendly atmosphere at the service. One professional told us, "I have found all of the staff to be very caring and thoughtful with all residents. I have only ever seen all residents treated with care, respect and genuine affection by all the staff I have come into contact with". Another professional described the care given to people as "Beautiful".

A relative told us staff had gone the extra mile when their family member was admitted to hospital. They said the service had kept them up to date with their progress and given them the emotional support they needed. This person told us, "When my relative was in hospital the staff went over and above to reassure us and keep us informed. They explained everything." A relative told us that on one occasion their family member wanted to go for a walk around the garden. At the time care staff were otherwise engaged, so the receptionist helped them. The receptionist was able to offer support as they had received the necessary training to do so safely. Another relative had contacted us before the inspection, to tell us about the loving care their family member had received. They told us, "All I want to say about the home is that my family member's smile came back when they were there. Loving care was always delivered with dignity".

The service had consistently been complimented for its friendly atmosphere and genuine care for the staff team. Comments included, "The art of giving is a quality that belongs only to special people like you"; "Chaucer house is most impressive place and your staff were most welcoming, friendly and helpful"; and "Loving the fuss he is getting from all the staff".

The service had a strong, visible person-centred culture. An accredited dementia care mapping (DCM) had been employed to assist the service in providing individual care for people living with dementia. DCM is nationally recognised as an approach of improving the quality of life and embedding person-centred care for people living with dementia. The tool had been used to observe people and then make a number of direct changes to people's care which included changes to meal times and the way that food was served; team allocations and working patterns; activity and occupation opportunities; and the way that space was used within the service. The trainer told us, "The team have taken on board best practice principles regarding the creative use of space and environment to support people living with dementia. I have been very impressed and so excited to see the innovative ways that they are supporting people. From choosing the colours of doors, to door furniture, to place locators".

One person who was living with dementia was drawn to other people's rooms and found it difficult to find their own room as each door looked the same. This person enjoyed pictures and could see bright colours.

The person's name was written in five different colours on a laminated card. They picked up and read each card before putting it back down. However, they kept hold of the green card. This exercise was repeated three times and each time the person held onto the green card. As a result the person's door was painted green. Although they were still drawn to other people's rooms at times, they now spend much more time in their own room. The deputy and registered manager had receiving training in dementia care mapping so they could continue to use the tool to develop the service for the benefit of people who used it.

The service had developed one page profiles for staff, which included their likes, dislikes, hopes and dreams. These profiles were being used to match people's shared interests with staff. A non-care member of staff said they had been matched with a person due to their shared support of a specific football team. They were excited about their role of having time set aside each month to talk to this person about their shared interest.

Staff prioritised developing positive relationships with people and people valued these relationships. Information had been gained about people's life histories and staff knew about people's past employment, their families and where they had lived. Therefore, conversations took place about what interested people and what was important to them. People were treated as individuals and staff knew them well. They knew who enjoyed sharing a joke and there were lots of smiles and laughter. A friendship had developed between one person and a non-care member of staff. This person preferred to eat their meals in their room, but ate and socialised in the dining room if this member of staff accompanied them. Therefore, this member of staff joined the person for lunch when they were working at the service. This occurred during the inspection and the person benefitted and enjoyed the experience and friendship.

Staff showed concern for people's well-being in a caring and meaningful way and responded to people's needs. When speaking with people they used physical touch to reassure them. When one person became distressed at lunchtime, staff recognised that they were struggling with the noise and supported them to eat in them to eat in their room where it was quieter. Staff were caring and showed compassion towards people's family members. Non-care and care staff welcomed relatives and took time to speak with them to check on their well-being and if they could be of further assistance. Relatives told us they valued this support.

Staff understood how to communicate with people with a different range of needs. They adjusted themselves so they were at the same level and maintained eye contact when speaking with people. They gave people time to express their wants and needs. Some people found it difficult to find the correct word for an object. Staff valued the person's contribution by using the same words, but using a different tone or emphasis and mirroring their facial expression. Staff also mirrored people's body language to communicate their understanding. A member of staff mirrored a person's gesture of shrugging their shoulders which resulted in the person giving the member of staff a beautiful smile. Another person used specialist equipment to communicate. Their care plan detailed how to support them with this communication devise so they felt in control of the conversation, rather than staff guessing what they were trying to say. We observed staff supporting this person in their preferred way. A relative told us, "Staff interact with my relative even if they doesn't respond. Staff use songs and music to engage them."

People were encouraged to do things for themselves where possible. One person told us, "I try to do as much as I can for myself and staff help me with this". Staff offered a gentle guiding hand when people were distracted when undertaking a task. At lunchtime some people living with dementia left the dining table. Staff gave them time and then encouraged them back to eat their meal. Staff showed patience and understanding for people who left the table on numerous occasions.

People were given information at the time they were required it and in a way they could understand. One person was concerned about their hospital appointment. Staff explained to them what the appointment was for and gave them reassurance. Another person told us, "The nurse came this morning to take my blood. They told me what it was for". Each person was given a Service User Guide which contained information about the service and its facilities and also about how to keep themselves safe. Guidance about advocacy services was also available.

People were treated with dignity and their privacy was respected. Staff knocked and waited to be invited into people's rooms. People who stayed in their rooms could choose whether to have to door open or closed. Where people needed support with using a bathroom this was done discreetly. Staff talked to people about what they were going to do and took time with people when supporting with health needs. Staff's knowledge and skills in supporting people in a way that respected their dignity and privacy was assessed by direct observation and any improvements were discussed in formal supervision sessions.

People were supported to celebrate special events and to maintain relationships with people that mattered to them. People's family and friends were welcome to visit at any time. Many visited on a regular basis and had good relationships with the whole staff team. One relative said "Everyone knows us even the chef and the maintenance man. I always feel welcome and part of my relative's life." A BBQ with a singer, pianist and pimms had been held to celebrate the service being open a year. Parties took place for birthdays or other celebrations and took place in the bar or one of the lounges.

People's preferences and choices for their end of life care were clearly recorded, communicated, kept under review and acted on. The service accessed support from specialist palliative care professionals. Anticipatory medicine was in place for people coming to the end of their life. This meant that medicine was available to manage the person's symptoms and pain at the time it was needed. Staff understood the importance of people ending their lives in the way they wanted. One person had their pet with them when they passed away as this was their wish. Staff described how they had reassured people who were anxious through offering hand massages, managing their pain and playing music the person liked. They also spoke about the importance of supporting the person's family and listening to their needs and emotions. One relative told us "As my wife's life drew to its close, the care she was given and the support given to me were beyond any expectation I may have had. I was given a room next to my wife and from there I was aware of the round-the-clock care and attention she was being given. There was so much love shown by all who attended her in her final 72 hours". Care for family members continued after a person's death. Flowers were sent to the family after 6 weeks and on the anniversary of the death, to let them know their relative was remembered. A staff member told us, "The relatives of some people who have passed away still visit and sometimes come for lunch, I think that is lovely."

Outstanding ☆

Is the service responsive?

Our findings

People and their relatives said that the service responded extremely well to their needs. People told us the staff knew what they liked, listened to them and responded to their needs. They said if they were unhappy with any aspect of their care they felt able to say so and changes were made after a discussion had taken place. A relative told us, "There were teething troubles initially but my family and I always found it easy to discuss problems with management who like us were eager to resolve them. There was always a willingness to find an amicable solution and, where appropriate, to offer a fulsome apology". Another relative described a complex issue with the care of a family member. They told us, "We have had a discussion with the home and are all trying to make sure my relative has the best quality of life".

People were given information about how to make a verbal or written complaint about the service. The policy stated that the service would endeavour to deal with the concern immediately or if this was not possible, it would be responded to within two days. People spoke to staff about their worries and concerns during the inspection and staff listened and responded appropriately through explanations or reassurance. People were asked if they had any concerns or issues they wished to raise at resident meetings. The registered manager also held a weekly open door surgery which was advertised in the house newsletter. People were made aware of their right to direct their concerns to the Ombudsman if they were not satisfied with the way the service had handled their complaint or to contact the local authority directly if it related to a safeguarding concern. A record was kept of each complaint and the action taken to resolve it which included arranging a meeting with the people involved to discuss their concerns. An audit was undertaken each month to review what the complaint was about and the action taken to resolve it to assess if the process was effective.

People told us an activity coordinator was employed and there were a range of activities on offer which they could choose to attend or not as they chose. One person told us "I had a one to one chat with the activity coordinator. I think she is wonderful". Another person told us, "We talk about things such as bees and milk. Do you remember when milk came with a silver top? I find it fascinating. The activity coordinator won an award you know". This was an award presented by the provider at a national event, for the quality of activities provided at the service. A professional told us, "The activity coordinator is excellent in creating person-centred, engaging and creative activities that are beyond the traditional norm to stimulate those living with dementia to live their life the best they can; an ethos that is shared by all the staff". The service had received a compliment about the activities on offer. "I must say that impressive is the range of activities and meals that your team has organised for this month".

The activity coordinator devised a weekly activity timetable which was extremely responsive as it was based on how people said they wanted to spend their time. The timetable varied each week and was flexible, so if something was planned and people wanted to do something else, the activity was changed. Activities included walk and talk, gardening, baking, news of the day, arts and crafts, exercises, music and cinema. Special events were regularly provided. This had included a rock and roll party, charity coffee morning, ladies pamper evening, valentines dinner, Chinese day and Mexican day. The Mexican day involved Mexican

crafts, dancing, music, themed activities, Mexican food and dressing up. People's achievements were values and photographs were taken of the events to give people visual aids to discuss the occasion at future times.

There was a regular calendar of up and coming events which included external providers. The previous day a traveling zoo had visited the service and people had been given the opportunity, or not, to touch a range of animals including a rabbit and a snake. The service had invited an external provider to engage with people living with dementia in a range of meaningful activities. Their aim was to celebrate the here and now through creative group activities, enabling people living with dementia and those affected by it to thrive.

A range of facilities were available which were responsive to people's needs. There was a sweetshop where people could buy sweets they remembered from their childhood, a shop where people could buy essential items, a cinema room and a bar. The bar had been used to celebrate a special event the evening before our inspection. In the part of the service for people living with dementia there was a basket full of socks so people could easily engage in an activity. There was also a family room with children's toys, to encourage people's children to visit them at the service. Visitors benefitted from a staff reception during the day.

Family members were very much involved in the activities of the home. They were asked to join their relative for special events. The activity coordinator told us about a dinosaur day when they had looked at fossils and made dinosaurs out of clay. They said that one person left the activity, but their family member was still making a dinosaur and were encouraged to continue with the activity as they clearly found it engaging. One person's relative had spent time at the home. They offered their services in performing a programme of words and music on the theme of 'love' for Valentine's Day. They told us that as people had enjoyed this event, they had returned to perform pieces on ''Animals' and 'Family Matters' with 'That's Life' planned for later in the month.

In addition to providing two group activities each day, the activity coordinator undertook one to one time with people. Some people had limited communication and therefore greatly benefitted from this individual attention. The activity coordinator described how they communicated with people through touch, body language and music. They explained how one person got their words confused. They said they sat with the person, held their hand and played music and this enabled the person to sing and dance and to chat for a short time about their family. Another person said they wanted to go on a bus. The activity person took them into the garden so they could see the road and the traffic going by. This resulted in the person watching the traffic and engaging in conversation about cars and people. Another person spoke few words verbally responded to music. In musical bingo they could name all the songs and sing along to the words. The person had their own song book with the lyrics and words.

Staff supported people's needs in relation to their culture and religion. They were asked about any traditions they celebrated throughout the year such as Christmas. At Christmas one person had been involved by dressing up as Father Christmas and giving out people's presents. Links had been made with a local church and a regular service was held at the home. One person's Christian faith was important to them and they wanted something meaningful which represented their faith on display in their room. This person spent a lot of time in bed and did not often choose to get up and involved in meals or activities. A poster of the Lord's prayer was obtained for the person and put up on their bedroom wall. This resulted in the person clapping their hands with excitement. The person and staff members joined together in kneeling in prayer by the poster.

People's care and support was planned in partnership with them and their relatives. Before people came to live at the service, the registered manager visited people and their relatives where possible to make a joint assessment as to whether the service could meet their needs. Assessments included aspects of people's

health, social and personal care needs including their daily life skills, mental well-being, mobility and nutrition. The registered manager explained that they wanted to know about the person as well as their medical needs. Therefore they took time to talk to the person and their family member about what was important to the person such as their daily routines, activities and personal wishes. A plan of care was developed for with each person, once they had moved to the service. This contained guidance for staff about the support people required in relation to their health, social and personal care needs. Where a need had been identified a plan was in place for staff about how to support this person. Clear information was available to staff about people's life journey, preferences, likes and choses. Staff talked knowledgeably about people's care and how to appropriately respond to each person by providing, physical and/or emotional support. People's changing needs were monitored and observed by staff on a daily based and a record was made in their daily notes.

A relative described how the service had directly responded to their family member's needs, who was living with dementia. They said on the first day the person moved to the service the maintenance person introduced themself and asked if they could provide any assistance. The person had some pictures and they immediately put them on the wall to make them feel more at home. The relative said staff had worked out a routine for the person and let them know what they were about to do, which was working well. Their daily routine was recorded in their plan of care. The relative said staff had tried out different methods of communicating with the person and they had been delighted with the result. Staff, including the deputy manager had sang songs to the person. The relative told us, "They responded. I never knew that would work". The relative said that the staff always included them in any changes to their family member's needs, including small changes which they knew were important to them. They told us, "If he (the person) does anything different, staff always make sure I know. He said my name the other day for the first time in two years and staff couldn't wait to tell me!"

Good

Is the service well-led?

Our findings

People and staff said the home was well-led. One person told us, "The manager does well". Relatives spoke highly of the registered and deputy manager. They said both were approachable and had developed a service that was friendly, warm and treated people as individuals. All relatives said they would recommend the service. Professionals said there was an open culture at the service and that the registered manager led by example. One professional told us "The manager has a very strong centred approach to care and support, instinctively placing the person's experience, need, hopes and dreams central to all decision making. Another professional told us, "The manager is as approachable and caring as she is innovative and forward thinking in the field of dementia care".

The registered manager was a strong role model and passionate about providing care for people with disabilities and for people living with dementia. They had sought specialist advice about delivering personalised care to people and were using this knowledge to develop the service. Staff said the management team were supportive and had enabled them to develop their interests and undertaken relevant training. Staff all described their experience of working at the service as being a positive one. The registered manager knew people well. For example, they chatted gently to one person, whilst holding their hand. The person smiled in response and squeezed their hand.

The aims of the service were set out in the Service User Guide and displayed in the reception area. These were, "To provide a safe, warm, clean and friendly environment where assistance is given to each individual in order to enable them to lead a fulfilling life whilst providing encouragement to maintain and foster links with the community". Staff understood these aims and put them into practice on a daily basis for the benefit of people and their family members. Although staff were aware of their individual roles such as to ensure the home was clean or to prepare food, there was a blurring of these defined roles if it benefited people. During the inspection the housekeeper welcomed visitors to the service and had a long conversation with these relatives, which meant they knew them well. They also guided a person back to the dining room at lunchtime, when they had left part way through their meal. The administrator, who was based at reception, explained how they spent time talking to people and had supported people to write letters. They described how they genuinely cared for the people who used the service.

The service had developed a number of links with the community. This included a local church and school. The church provided Christian services at the home and students from the school undertook one to one and group activities with people. A young member of the local community had been bereaved and contacted the service to ask if they could visit as they missed talking to their grandparent. The young person was invited to the service with their parent and a special day was arranged for them where they made cakes to give to people. A singer was arranged and the young person was given the opportunity to sing a song for people. This ensured the young person had a positive experience during their time of bereavement and people benefitted from their care and attention.

The service encouraged open communication with people and their family members. The registered manager held an open door surgery for two hours each week, when people could drop in to talk to them.

Monthly service user meetings were held for people and their family members. People were encouraged to attend and the meetings were held at different times to enable family members to attend. The meetings used the "You said, we did" format. For example, one person said they would love a back massage so a beauty therapist was invited to talk about what services they offered. Another person asked if they could have an Indian food day and this was arranged. People were kept informed about life at the service via a newsletter which included information about up and coming events, a summary of events that had taken place and a health tip. The service had operated for a year and two weeks before the inspection survey questionnaire forms had been sent to people, their family members and staff. People had been asked about the quality of the food, activities, care, management, safety and their involvement in the service. The survey was being undertaken by the provider using an external company.

There was a structured approach to monitoring the quality of service delivery. A comprehensive audit plan was in place which included medicines, health and safety, staff training, complaints, infection control and call bell response times. A link member of staff was in place to take responsibility for the overview of key areas such as infection control, nutrition, moving and handling, oral health and mental capacity. Audits were completed monthly and action taken to address any shortfalls identified in the process. These audits were checked by the registered manager to ensure they had been thoroughly completed. In addition a representative of the provider visited the service each month and undertook a comprehensive audit of all aspects of the service. This included looking at records, making direct observations of care and talking to staff and visitors. At each visit a number of recommended actions had been made and the registered manager worked through this action plan to address the shortfalls. For example, it had been recommended that the chef developed pictorial menus and these were in progress. There had been a concern that some people's laundry was not easily identifiable and therefore could go missing, so snappy tags had been added to each person's laundry bag.

The registered manager carried out spot checks on the staff team at weekends and at night time which included staff competencies, cleanliness of the home, record keeping and the views of people being supported. Staff received feedback from these checks about their strengths and also if there were areas of concerns, so they had the knowledge to continuous strive to improve the outcomes for people who used the service.