

Methodist Homes

Horfield Lodge

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?

Outstanding 

Summary of findings

Overall summary

About the service

Horfield Lodge is a care home that provides personal and nursing care for up to 75 people. The service is provided in accommodation over three floors. The top floor consists of care suites with a lounge, kitchen, bedroom and bathroom, the remaining accommodation consists of a bedroom and en-suite facilities. At the time of the inspection, 71 people were living at the home.

People's experience of using this service and what we found

Those people who used the service expressed unreserved satisfaction and spoke highly of all staff and services provided. Comments included, "You have all been absolutely outstanding and I really appreciate all your hard work and the loving care you provide", "The care mum received was exemplary", "We found the standard of care and the commitment of staff to be first rate", "All staff care deeply about their residents, and nothing is too much trouble for them", "Mums health and emotional needs have always been met compassionately and with respect" and "Nothing is too much trouble and an atmosphere of calm, kindness is evident at all times. I can't praise it highly enough".

People and their relatives agreed the service was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed. People were protected by the home's infection control policy and procedures.

The service provided an effective service. Training and development was based on research and best practice guidelines to enhance quality and safety of the service provision. Staff felt constantly supported, valued and praised. They told us, "There is no shortage of praise and we get thanked for all we do", "I feel valued by everyone I work with" and "Teamwork is essential and we have no problems there". People continued to receive a nutritious, healthy diet that met individual preferences. The home was decorated and maintained to a very high standard whilst maintaining a homely feel. People were consulted about the adaptation and design of their home and choice and preferences were respected. There were various areas to enjoy activities, events and personal private time. The service had been creative in developing areas of the home that would enhance people's wellbeing.

The service was exceptionally caring and put people at the heart of everything they did. One lady told us, "Nothing is too much trouble for the staff, it's down to them that my wellbeing has improved both physically and emotionally, every day I wake up with a purpose". We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. Staff had an excellent awareness of individuals' needs and treated people in a warm and respectful manner. They were

knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that people's life experiences remained meaningful. The commitment of the staff was excellent. They told us, "This is my second home", "We are all so proud when we go home at the end of our shift, they all mean the world to us" and "I always feel happy coming back to work".

The service was exceptionally responsive to people's health and social needs. People received person centred care and support. One relative told us, "They know mum inside out, they have made every effort to get to know her, care is personalised, the staff know my mum as well as I do!". Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were offered a vast array of activities both at the service and in the local community. The whole team were proud and privileged to support people with end of life care. One relative wrote to the registered manager recently and stated, "I have seen a quote in your home, 'You matter because you are you and you matter to the last moment of your life'. The staff of Horfield Lodge certainly lived up to that statement in their treatment of my mother".

People benefitted from a service that was very well led. The provider, registered manager, deputy and staff team maintained a clear focus on continually seeking to improve the service people received. Staff told us the registered manager led by example and they had tremendous respect for her. Comments included, "She is extremely supportive and approachable", "I look up to her and she inspires me" and "I cannot fault the manager, we are where we are because of her". Everyone demonstrated strong values and, a desire to learn about and implement best practice throughout the service. Good quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Horfield Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the service and four visitors. We observed how people were

spending their time and the interactions between them and the staff team. We spoke with twelve members of staff and volunteers, as well as the registered manager, deputy, area manager and quality lead.

We looked at five people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, complaints, audits and quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies notified included the local authority, CQC and the police.
- People were supported by enough staff with the skills, experience and knowledge to meet their needs. Staff rotas were well managed and were planned in advance.
- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were enough numbers of staff on duty. Both the registered manager and deputy led by example and assisted and helped support people.
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, profiling beds, mobile hoists and equipment to help people shower and bathe safely. Where required, equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Up to date emergency plans were in place to ensure people were supported in the event of a fire.
- There was a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe.

Using medicines safely

- Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no significant errors involving medicines in the last 12 months.
- Medicines were administered by nurses who had completed their medication competency assessment and received regular updates based on best practice guidelines.

Preventing and controlling infection

- The home was exceptionally clean, homely and free from any unpleasant odour.
- The provider had infection prevention and control policies in place and staff had received training. They had access to the equipment they needed to prevent and control infection. This included, disposable gloves, aprons, soiled/dirty laundry storage and cleaning materials.
- The registered manager ensured staff were adhering to the services uniform policy. Long nails, nail varnish and unsuitable jewellery were not allowed. This was not only because they could cause injury to people but because long nails and items of jewellery could harbour germs.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed the lead up to events, what had happened and, what action had been taken.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Thorough assessments were completed for those who were considering moving into the home. The information supported the registered manager and prospective 'resident' to decide whether the service was suitable, and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.

Staff support: induction, training, skills and experience

- People were supported by staff who felt confident and competent to assist and care for people.
- The registered manager ensured staff were equipped with skills and knowledge to meet people's needs. Staff confirmed their induction and subsequent training they received was effective. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident.
- Staff felt encouraged and supported to increase their skills and gain professional qualifications.
- Staff worked well as a team and there was a continuous theme of supporting and supervising each other. They received supervision and told us they were supported by the registered manager, deputy and other senior colleagues.
- Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

Supporting people to eat and drink enough to maintain a balanced diet

- People chose where they wished to receive their meals. The meals prepared and served to people were well received. Although there were menus, people were supported to choose whatever they wanted on the day. Drinks and snacks were readily available.
- People were supported with any special dietary requirements that needed to be catered for. This included diets for people with diabetes, compromised swallow and fortified foods for those at risk of weight loss.
- If people were at risk of weight loss staff had guidelines to assist with developing a care plan and identifying any action required.
- People were weighed monthly, but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapists, GPs and dieticians.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff were working with other agencies to provide consistent, effective, timely care.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.
- They ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. A recent influenza clinic held at the home had been operated very well. A letter was received from community nursing team stating, "Please pass on heartfelt thanks for the way that the Flu clinic went yesterday. It went very smoothly and efficiently, from the organisation of consent from the residents and the organisation of locating the patients that you and your staff at Horfield Lodge were responsible for. We all really appreciate the efforts that were put in to achieve this result".

Adapting service, design, decoration to meet people's needs

- People's accommodation was comfortable, warm and clean. Rooms had been personalised with furniture, ornaments, pictures, soft furnishings and photographs.
- Great thought and care had been given to communal areas of the home and these were popular places for people to spend time meeting friends and socialising. Several areas of the home had been refurbished since the last inspection and the home was well maintained. A sensory room was popular for relaxation and one to one time. In addition, the room was used for reflexology, foot spas and beauty therapy.
- Next plans were already being considered and people were consulted for their views and ideas. Specialists had also been sourced. Plans included a sensory garden and promoting areas of the home for those people with dementia.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- There were no restrictive practices. Staff offered choice to people and asked for their consent when offering support.
- Daily routines were equally flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

The registered manager, deputy, all staff and volunteers were highly motivated and inspired to offer care that was kind and compassionate. They were determined and creative in overcoming obstacles in achieving this. Following the inspection of April 2017, the service had continued to consider how acts of kindness and care would have a positive impact on people's lives and wellbeing. The provider, registered manager and staff demonstrated a determined, positive commitment to people and made sure they felt valued.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider ensured that human rights and diversity were respected and promoted throughout the whole organisation. People were cared for by staff who had an excellent understanding of social and cultural diversity, values and beliefs and how they may influence people's needs and preferences.
- The social and cultural diversity, values and beliefs of staff were identified, supported and celebrated. Staff felt empowered and confident to express their personal circumstances and lifestyles including their sexual identity and orientation, race, religion and language. The registered manager spoke with us about how staff had been encouraged to educate their colleagues on their chosen religion and how they required support from staff, for example, to pray whilst on duty and the significance of this. This had in turn increased respect amongst colleagues and a greater understanding of why and how they should support each other. This demonstrated an ethos of equality and respect amongst the whole staff team. This had enabled staff to adopt an approach to care that promoted individuality and embraced the differences in people they cared for and their families.
- The registered manager spoke with us about a gentleman living in the home who was in a same sex marriage. It was evident how their relationship had been fully respected and supported by staff, other people living in the home and relatives. The registered manager told us, "The importance of both gentlemen to maintain their relationship is crucial to both their happiness and wellbeing. We treat their partnership like any other heterosexual couple and invite them to all events as we do other residents' spouses. Our support has also enabled them to maintain friendships and bonds with their friends in the community and their status as a married couple. More importantly it has helped them to continue their happy marriage and taken the stress from a carers role out of the relationship". The partner recently wrote, "As a gay couple, the atmosphere towards both of us could not have been more welcoming", they told the registered manager, "The support we receive is incredible".
- People's spiritual needs were respected, celebrated and provided for. The home had two chaplains who were a source of counsel, advice and guidance. The service held a fellowship meeting which is a multi-denominational service where everyone was welcome whatever their religion.
- The service was exceptionally caring. Positive, meaningful relationships had been developed between

staff, people and their families. The service respected and recognised the value of aging and that this brought the gifts of life experience. Some staff/volunteers were over the state retirement age.

- We received and read heartfelt comments from people and their relatives throughout our inspection visits and when gathering evidence. People and family members were unreservedly grateful and satisfied with the kindness and compassion shown to them. Comments from people and relatives included, "You are all precious stars that shine so brightly", "We have been so impressed with the high quality of care", "We have always prayed that you will all receive God's rich blessing as you have been a blessing to us", "The standard of care and the commitment of staff is first rate. Nothing is too much trouble and an atmosphere of calm kindness is evident at all times",
- People and their families told us it was 'little things and attention to detail that always made a big difference'. These are just a few examples that were shared with us.
- Many people missed their pets when moving to Lodge. Traditional methods of pet therapy had always been well received where visitors brought in their dogs and small pets. One lady we met who lived in a care suite had recently moved in with her house cat. She was delighted that she was able to bring her cat with her who brought her much joy and companionship. The registered manager had also considered alternative methods and the benefits of robotic pet companions. Several pet companions had been purchased and could be found around the home and with individuals for personal use. They had proven to be very popular. The companions had eased anxiety, reduced feelings of loneliness, and improved overall quality of life.
- One relative spoke with us about the care her husband received and said, "I really do think it's an outstanding home" They explained how they spent great deal of time with their husband and how they were supported to be involved in his care. They told us, "I cannot say enough about the staff, they are so sensitive to my needs as much as my husbands". Staff without prompting had recently collected money between them and bought her a box of chocolates and a card. The registered manager told us, "Actions such as this demonstrate the care and dedication staff feel towards the residents and their families. It shows respect for individuals and gives reassurance to family members that their relatives are truly cared for".

Respecting and promoting people's privacy, dignity and independence

- There was a holistic approach to promoting independence that captured both the physical and social aspects. There was a strong sense of empowering people to remain socially independent. Prior to moving to the home one lady had always been an active member of the Women's Institute (WI). Prior to her admission she hosted a social evening at her home for the members of the group. The registered manager ensured the meetings continued and were held in the home's cafe at Horfield Lodge. This had helped the lady to continue with a very important aspect of her social independence, enabling her to continue links with the community and continue with lifelong friendships.
- The service provided an environment where independence was encouraged and celebrated. Staff were exceptional in enabling people to remain independent and gain new skills. Through continual assessment and monitoring staff were able to identify if people's conditions had deteriorated and take appropriate action. A physiotherapist supported staff so that people had on-hand expertise and continual assessment. People had easy access to help in restoring movement, rehabilitation and reducing the risk of injury or illness. The registered manager shared with us some examples where this had a positive impact on people's lives.
- One lady who was due to move into a care suite at the home unfortunately had a dense stroke just prior to admission. This person's condition had deteriorated which had increased their needs and dependency. Ultimately this meant when the lady was discharged from hospital she was admitted to the nursing unit rather than the care suite she had reserved. The registered manager told us, "She was clearly devastated at the loss of her independence, her frustrations were obvious and she started to lose interest". Following initial physiotherapy there were some signs of improvement in mobility and the use of her arm. All staff were enthused by this and determined to fulfil her wish to live independently in a care suite. Through patience,

time and due diligence of the whole staff team, improvements continued. The registered manager arranged for an occupational therapist to assess the lady to see how they could continue with therapy and increasing life skills to live independently. Subsequently a care suite was reserved and this encouraged and motivated the lady to overcome her obstacles. Everyone continued intensive work over a six-week period, including daily exercise to build strength. Finally, the lady moved into her accommodation. The registered manager told us, "The impact was unimaginable. She changed overnight and her happiness at regaining her independence and dignity was enormous. She values her life, feels safe and cared for in an environment which is her own but knowing the support is there if she requires it".

- Promoting dignity and respect was at the heart of everything when delivering any care and support to people, family members and each other. People and relatives told us, "We were delighted at the standard of care dad received at Horfield Lodge. Dad was treated with dignity and respect by all staff, who provided an excellent standard of care and were very supportive towards him and us during some difficult and challenging periods of his illness.
- Staff were proud of their approach towards people, they always made time for people and had good listening skills. We saw various examples where dignity and respect was promoted. When offering support, staff spoke politely and made efforts to ensure they were at the person's eye level. They discreetly offered to help people with sensitive needs for example assistance at mealtimes and when using toilet and bathroom facilities.
- People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery. People enjoyed going to the homes salon to have their hair done.

Supporting people to express their views and be involved in making decisions about their care

- The service continued to have a strong, visible, person centred culture and was exceptional at helping people to express their views. Staff had a good awareness of individuals' and they were knowledgeable about people's lives before they lived at Horfield Lodge. Every effort was made to enhance this knowledge so that people's life experiences remained meaningful.
- People told us, "I cannot fault them, they are always asking me if everything is ok and what would I like to do today", "We always decide what we do each day, it's like being in your own home but with a large family" and "Staff know how I like things, they know me very well".
- Care plans clearly evidenced how people had been empowered to tell staff what they liked and how they wished to be supported. Examples included, "I prefer a small snack before bed like a yoghurt or a banana and to watch some television. I like to have my bedroom light off with the door half open", "I dress casually but enjoy dressing up for special occasions. I prefer not be checked by staff at night and I would like a glass of water by the side of my bed" and "I like to have my bathroom light on with the door half open, I prefer to be in bed by 11pm and to get up at 6am".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- Staff remained committed, proud and privileged when providing end of life care that was person centred and respectful. We read heartfelt comments from families who had recently lost loved ones. They wrote, "To all the amazing staff who looked after our beautiful mum. We are so grateful to you, you showered her with love, humour, encouragement and empathy", "Over the years, we shared much laughter and many tears. We wouldn't hesitate to recommend this home. It was such a blessing to know that Mum was content and being well cared for" and "What a blessing to know that he was looked after so wonderfully well. Thank you all for your dedication and care".
- The registered manager spoke with us about how they had been enhancing a person-centred approach and ensuring people and their families felt comfortable and confident to plan ahead so that choices and preferences were respected. The chaplain and the registered manager considered how they would achieve this.
- One new initiative was the successful facilitation of End of Life Expectations group meetings. In a recent reflective written account, the chaplain wrote, "Part of our work is without doubt, working with residents and their families as they approach the end of their life. One of the challenges as a chaplain is to ensure that, if the residents want it, we are there for them in some way at the end of their life. This may involve praying with them, opening up to difficult discussions around death. This could be about expectations as to what happens after death, or fears about the process of dying itself". The first meeting had been well attended and appreciated, this had also resulted in people requesting individual discussions to make plans for the future. One person told us, "I found it very useful, it's important I am able to make plans for myself. Nobody likes to think about death but the meeting was not doom and gloom, it was helpful". The expectation of the home was that no-one would have unanswered questions or will be afraid of death and dying. The chaplain wrote, "It is hoped that when they see death as part of life, and once they have made plans and faced fears, they are then free to enjoy what is left of their lives, however long that will be".
- The service anticipated sensitive changes for people and family circumstances and supported them at times when they suffered feelings of distress when receiving bad or sad news. This included where families wanted to stay at the home to be with their loved ones. We read some feedback from those who had been with their loved ones right to the very end. One family wrote, "The love and compassion shown towards my mother and to us, her daughters, was humbling. I will never forget the kindness we experienced during the night when my mother passed away. We were able to say our goodbyes without interference but were so grateful to know that we were not alone and that help was at hand". The registered manager told us, "We have been praised by visiting professionals and relatives when delivering end of life care. Family members are supported and have full involvement. They are provided with meals and accommodation so they do not have to leave their loved one".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service had a strong, visible, person centred culture. It was exceptional at helping people to express their views about what support they required and how they wished to live their lives. Relatives told us, "Mum's health and emotional needs have always been met compassionately and with respect" and "Staff personalised his care in thoughtful and creative ways". These were just a few examples where people were empowered to be creative and make decisions that would enhance their physical, and emotional wellbeing.
- The registered manager spoke with us about a new project people had asked to be part of called the MOTITECH cycle challenge. This was a promotion of the Road Worlds for Seniors which focuses on increasing the importance of physical and mental wellbeing for older people and those with dementia. The bike is motorised and designed to work the upper and lower body separately. It helps older people improve mobility of joints, strengthens muscle, improves tone, builds resistance and improves coordination without exertion. In addition, the bike has a computerised screen which takes the person on a virtual tour of their choice as they ride the bike. Places included Bristol suspension bridge, London City, mountain and country side journeys amongst many other local areas and countries abroad.
- People were keen to share with us their experiences when using the bike and how much they enjoyed it. One lady told us, "Oh we love the bike, it is so much fun and we all feel good keeping active and exercising". The registered manager told us about the health benefits people had experienced, "It has been fantastic. One lady has seen an increase in her arm strength, following limited arm movement after a stroke and the bike has helped her arm become mobile and stronger again. We have seen other improvements from heart and respiration monitors and most of all the residents have fun and see parts of the world they have not visited before. Others have enjoyed going back to places that bring back special memories".
- We heard about music therapy as an effective intervention for the treatment and care for older people and those with dementia. The service had a qualified therapist who provided one to one person centred interaction and group sessions. Music therapy is a target-oriented and purposeful activity in which therapists work using musical expression and the memories, feelings, and sensations it evokes. Using songs in a therapy promotes communication. Singing has many functions, offering communicative structure, stimulates and regulates emotion, and enables dialogue. Since dementia is a degenerative condition, expressing basic needs and being understood can become problematic and lead to a complicated feeling of isolation for sufferers. Music therapy is especially beneficial for those who may be unable to communicate in another way. The registered manager told us, "The impact for one lady is this is the only time she is verbal, in-between these sessions she does not speak, but she will sing every word to the songs she knows. The resident and their family both enjoy these occasions".

Supporting people to develop and maintain relationships to avoid social isolation

- The ethos throughout the home was to respect those relationships that were important to people and ensure they, their families and friends felt part of the whole home community. The registered manager believed that a fully inclusive service was imperative to foster and maintain relationships. This was achieved in unique, well considered ways. The registered manager described this sort of support as 'making new memories' and 'facilitating residents to enjoy a normal life'.
- One resounding success where this was achieved was a fine dining, romantic evening meal for couples. The registered manager told us, "We are conscious that we have couples either living together at the home or separated due to the pressure of caring responsibilities. We wanted to give couples the opportunity to be able to have an intimate meal together again with the support they required". The evening was thoroughly enjoyed, comments in thank you cards clearly evidenced it's resounding success. People wrote, "The effort your whole staff team made was moving. The room looked beautiful, with live guitar music, attentive staff and delicious food. It could not have been better and is a mark of an exceptional care home", "Thank you for understanding what it means to have dinner with the one you love" and "It was memorable, emotional and

a very enjoyable evening".

- The registered manager felt it was paramount to offer an environment which facilitated individual rights and choices in sexuality, expression and intimate relationships. In addition to support and providing appropriate training for staff in dealing with issues of sexuality, the registered manager has consciously developed the confidence among her staff in having conversations about sex with the people using the service, including the older residents. This has helped them to manage some sensitive situations respectfully, such as supporting a relative who found their loved one holding hands with another person. They had also supported a daughter whose parent started a new relationship with someone living in the home.

Supporting people to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives confirmed that activity provision both within the home and the community continued to be a resounding success. The ethos of the service was that people should be afforded every opportunity to live a normal life and enjoy those things that everyone has a right to. Ideas and initiatives to support this were constantly thought about and discussed with people and amongst staff. There was a full-time dedicated activity team who provided two activity sessions seven days a week in addition to many trips, celebration of events and entertainers visiting the home. We met with one lead activity coordinator who was clearly passionate and committed to the people she supported. She told us, "I have been here seven years and the home is my soul. It is my role to support people physically, emotionally and spiritually whilst always respecting their independence". "For the purpose of the report we have shared a few examples where activities remained innovative and respected people's individual needs and preferences.
- The registered manager told us about one lady who was previously very active in schemes for recycling and saving the planet. During a 'residents meeting' she expressed her regret that so much plastic and other recycling materials, used at the home was being put into general waste. This was a subject dear to her heart and she was obviously very upset about it. The lady would gather her own recycling and either walk to the local supermarket to use the recycling bins. Following the meeting the registered manager arranged to purchase recycling bins for each floor and the coffee shop. All materials were recycled at the home and the lady was so pleased. She told the registered manager she felt she had been listened to, her views had been respected and her opinions valued. She was also very proud when she spoke with staff and visitors about the changes she had made to help the planet.
- Another person had been very unwell for several months. This had such an impact on his physical and emotional wellbeing. Subsequently he moved from his care suite to the nursing unit due to his care needs. Combined with his poor health and the fact that he lost many of his personal belongings moving from his care suite, he was unable to continue with his love of music and playing his own piano. The registered manager told us, "He was an excellent piano player and the piano and keyboard he owned was always with him. Since his health had declined he had not played for a long time. Over time as he improved the staff and his good friend encouraged him to come down to the coffee shop and try and play a piano again. We were hoping that this would lift his spirits and bring back some joy for him. He was helped to sit at the piano owned by the home and to everyone's delight, including his own he played it beautifully. It was such a heart-warming moment and a pleasure to see his face light up at the sound. To hear how elegantly the tunes were played was amazing".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard. The service had considered creative ways in which technology could assist in effective communication, comprehension, and orientation. Following the last inspection there had been several new additions to the home to help assist people with this.
- The home had purchased a voice-controlled computing device that connected to a 'Voice Service'. This service provided responses to questions, played music choices, reported on the weather, news or sports scores and much more. The registered manager told us the devices had been very successful in empowering people to communicate personal choices and interests, whilst promoting independence.
- The service had introduced IT equipment for people including electronic tablets and laptops. One person who loved singing, regularly used the tablet to sing to tunes. The impact for her was immeasurable because this was the only time she was verbal. In-between these sessions she does not speak, but she will sing every word to the songs she knows. Both the lady and her family thoroughly enjoy these occasions.
- Virtual reality (VR) technology has been introduced since the last inspection. Although this is used as an activity its benefits also assist with comprehension and orientation as a communication aid. People can travel to some of the country's most recognisable landmarks, all without leaving the comfort of their armchairs. What they watch is based on personal interests for example if someone likes nature, birds or animals. Staff have found that exposing people to virtual reality environments has helped them recall old memories, reduced anxiety and improved their interactions with staff.
- Story cards have proved successful in the art of conversation and connecting with people. They help initiate stimulating conversations about family life, employment, social events and from years gone by. This had helped people recall memories, stimulated interesting conversations and assisted staff to communicate in a positive, meaningful way.

Improving care quality in response to complaints or concerns

- The registered manager's approach to concerns was thorough, open and transparent. Where required lessons were learnt and improvements had been made.
- The daily presence of the registered manager and deputy meant people were seen every day and asked how they were. This approach had helped form relationships with people where they felt confident to express their views. People told us, "All the staff would help if I was worried about anything", "I could approach any staff knowing they would listen to my concerns" and "The manager has always listened when I have spoken with them about ideas or how things can be improved, they have always respected my suggestions" and "What could I possibly complain about its wonderful here".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Systems in place were sophisticated and contributed to the smooth, effective operation of the service whilst still retaining its personalisation. This was a large service with an equally large workforce, yet it felt inclusive and seamless. It was evident that the achievements were not down to one individual but had been achieved collectively with the involvement of the whole team.
- The whole home promoted a culture based on protecting human rights by adhering to the underlying core values of fairness, respect, equality, dignity and autonomy (FREDA). All staff were made aware of the FREDA principles during their induction and were provided with a prompt card for them to carry with them. The MHA values were promoted each week. Staff evidenced the selected weekly value throughout their work and how they supported the value in the care they delivered. Each morning the head of each department meetings discussed the principles, highlighting any concerns, celebrating good practise and recognising individual achievements. Any compliments received regarding respect and dignity at work were shared amongst the team.
- Two staff members were supported with their learning difficulty. This had enabled them to have gainful and meaningful employment which enriched their lives and gave them further development opportunities. The registered manager worked alongside their social workers to measure and support their development. The registered manager told us, "I feel this approach and thanks from management goes a long way and demonstrates to staff that they are valued and appreciated for the work they do. I believe that a happy staff team deliver a higher standard of care and promotes good teamwork".
- The registered manager was respected, trusted and empowered to make decisions and implement change to improve the service. Both the registered manager and provider recognised their roles and responsibilities and worked cohesively; the provider was receptive to new ideas and sought the registered manager's views. We asked people and relatives their views about the registered manager. Comments included, "She has a lovely approach with people and treats them like normal human beings", "What I like about her is her expertise and her top-level view and professionalism", "She never lets her staff see her panic, she is calm and collective" and "She is an excellent listener and she gets things done. People are the centre of everything here".
- The registered manager had recently completed a Leadership and Management course which equipped her with the skills to develop a coaching style of leadership in the home. This had enabled senior team members to reach their own solutions to situations. The team had developed their management skills which had led to assertiveness and self-awareness. The registered manager told us, "During senior meetings we discuss any areas of concern and rather than offering solutions I gently prompt and guide the team to reach

effective conclusions. I feel this has empowered the staff and they have grown in confidence. As the manager I now feel confident with the decisions they reach and this has led four of my senior team into management qualification courses".

- Investing in staff and their professional development was always supported and encouraged. This was key to ensuring staff felt valued and had the opportunity to progress their careers either within the organisation or with other health and social care partners.
- The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities to further enhance the service they provided. Staff members had taken individual lead roles and become champions. These roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events, training and networked with other agencies to increase their knowledge and understanding. This helped them to develop improved systems in the home and further enhance person centred care. They also delivered learning sets for staff about these subjects and improved auditing to ensure better quality and safety.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and deputy demonstrated effective leadership skills within their roles. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was without doubt exemplary. They led by example and all staff embraced and shared their visions which ensured the vision and values were put into practice. Staff recognised and celebrated how the home had continued to strive and improve since the registered manager joined the home two years ago. Comments included, "She is a consistent leader and very approachable, she is respected by everyone and her door is always open", "She is warm and welcoming", "I feel the manager and deputy value me, they support me and they are good leaders" and "We are valued and respected, the manager sets a good example about what care looks like and we follow her lead".
- Systems in place continued to ensure services were reviewed and audited to monitor the quality and safety of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements or changes that were required. We looked at the quality monitoring reports conducted by the head of quality and care. The audits lent themselves to a thorough quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the registered manager and deputy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service continued to be active in the local and wider community. The service had been proactive in challenging negative views around social care. Raising awareness about care homes and how they can be a positive place to live was paramount. New connections with the community had been made since the last inspection.
- The service was proud to have its own independent weekly playgroup, 'Little Lodgers'. The registered manager told us, "The success of the scheme has been fantastic and the residents love interacting with babies and small children, they have watched them grow. It brings so much joy and is thriving with new members each week". People and mothers of the children were asked for feedback about the playgroup. Comments included, "It's marvellous I didn't have anything like this when I was a child", "It is nice to be part of a multi generation community and gain wisdom and life stories from the residents", "I'm always excited and brings back good memories for me", "I like making pretend cups of tea and playing catch with the children" and "Coming along each week has helped us develop wonderful relationships".

- There was a large following of volunteers at Horfield Lodge. The registered manager told us, "We could not provide such a full and caring service without the help of our dedicated Volunteers. They make such a tangible difference to the lives of our residents in so many ways. By giving their time the results are immeasurable. However, the smiles on our residents faces speak volumes". Feedback from people living in the home included, "Volunteers fill our day", "Their visits are something to look forward to", "They are the cherry on the cake" and "A friend for life". The list of how volunteers supported people was endless but included, escorting to appointments, 1:1 befriending, technical support for computing, assisting staff at mealtimes and activity, assisting the music therapists and supervising day trips. The whole staff team were proud and passionate about ensuring volunteers felt welcome, part of the team and valued.
- The staff ensured people stayed connected locally. The home was based in a very vibrant community with lots of events taking place throughout the year. This included, an art trail, seasonal festivals and local cultural groups such as Local History and Walk for Health.
- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Relatives told us, "I cannot fault the staff for keeping me informed about my husband and any changes in his health" and "They are very good in keeping us up to date with news".
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included handovers and written daily records.
- Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective and meaningful.
- It was important to ensure that families and friends were kept informed and involved by receiving quarterly newsletters, especially for those who were unable to visit often. The newsletter provided information about significant events with colourful photographs and plans for the coming months. They improved communication around key policies and highlighted how everyone could be further involved in the running of the service and support community events.

Working in partnership with others

- The service prided itself on how it continued to work in partnership with other organisations to make sure they were following current best practice, promoted joined up working and shared new initiatives and ideas.
- The home had recently been involved in a project run by the charity Purple Angel. Five people with dementia received a bespoke MP3 player from the charity with a personalised playlist put together with the help of their family and friends. The project had been facilitated by a volunteer in the home. Research states that music lights up more parts of the brain than any other activity. By placing the MP3 headphones on people with dementia intermittently during the day, their brain activity is stimulated and switches on all kinds of emotions. In some cases, it can bring back the ability to converse and whilst the music is playing they can remember where they heard the music and what they were doing at the time. The registered manager shared with us how beneficial the project had been. They told us, "One particular resident actually recognises the volunteer when he arrives and despite his speech being very affected by his dementia he actually takes the volunteer by the arm and says let's go and listen to the music!"
- A student from university also involved the service in their study. The aim of the project was to develop modern technology and interface user friendly for the older generation. People actively participated in this study and learned a lot from their experience. People felt they had contributed value to the study that may improve how older people interact with modern technology.
- During the inspection we met with a doctoral researcher for a local university. They were conducting a research study on end of life care in a care home setting. Working alongside the registered manager, staff, the chaplains, GP's and other visiting health care professionals was a key part of the project to the

development of future practice in long term care. They told us they were enjoying being part of the home and had been impressed with the staff were caring and passionate about making sure end of life care was meaningful and effective. Discussions with people and their relatives had helped open conversations about such a sensitive topic.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved.