

Care UK Community Partnerships Ltd

Prince George House

Inspection report

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06 December 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Prince George House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection. Prince George House provides accommodation and nursing or personal care for up to 80 people. At the time of our inspection there were 79 people living at the service.

This unannounced comprehensive inspection took place on 5 and 6 December 2017.

A registered manager was in post when we inspected the service. 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.

The overall rating of this service was Good at our last inspection of 25 and 29 September 2015. At this inspection the overall rating remains Good, while the key question of Responsive has improved to Outstanding.

A significant strength of the service was people had the opportunity to take part in various social events and activities based on their expressed preferences. Activities were both innovative and involved members of staff from all departments such as catering and maintenance. Service staff made the wishing tree, that listed peoples wishes, come true and happen. There were strong links to the local community, people had the opportunity to meet and engage with people of varying ages and enjoy a large variety of events and entertainment brought into the service.

Staff provided care that was person centred and people's individual needs were clearly documented. Staff had received training to provide care to people living with dementia and supported people in a holistically and person-centred way. People living with dementia were supported by staff to play a part in the everyday activities of the service.

People living at the service and their relatives were involved in planning and reviewing their care and had opportunities to feedback about the service. People were supported to follow a wide range of planned hobbies and interests and to take an active and purposeful part in the daily life of the service.

Staff knew how to keep people safe from the risk of harm as they had been trained and knew what to do if they had concerns. Risks were assessed and management plans were in place to minimise the risk to people's safety while respecting their right to pursue interests of their choice.

Medicines were managed safely and sufficient numbers of trained staff were deployed to meet people's needs.

Staff had received infection control training and used this information for the storage of food and cleanliness of the accommodation.

The senior managers learned from incidents and accidents within the service and made the necessary improvements. They shared this information with the staff through supervision and staff meetings. The staff received training to support them to meet the needs of the people.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the place support this practice.

Staff were kind, caring and promoted people's privacy and their dignity was respected.

People had contributed to the menu planning and enjoyed nutritional meals.

People were involved in the planning of their care and staff were responsive to their needs. The staff treated people with respect and dignity.

The service was responsive because people's care had been planned following an assessment of their needs. People were provided with opportunities to pursue their social interests in the local community and in the planning of group activities provided from within the service.

Service staff worked to provide personalised care to meet people's needs which enhanced their quality of life and outstanding end of life care. Worked had been carried out with the GP surgery and hospice staff to provide appropriate good quality end of life care. Effective systems and processes were in place so people experienced a comfortable and dignified death in agreement with the wishes they had expressed.

The service listened and learnt from people's experiences. Concerns and complaints were responded to in a timely manner.

The service had a positive culture that was person centred, open, inclusive and empowering of people. The atmosphere was friendly and there were good relationships between staff, the people they supported and visiting relatives and friends. The service staff completed a number of audits and acted upon the findings for the benefit of the people living at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service provides very responsive care

People received care that was very individualised and that met their needs

There was a range of opportunities for people to take part in meaningful activities and leisure pursuits. Community involvement was promoted and people really enjoyed this.

Complaints were investigated and lessons learned where appropriate. People felt comfortable in raising any concerns or complaints.

Is the service well-led?

Good ●

The service remains Good

Prince George 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 5 and 6 December 2017. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience on day one and one inspector only on day two. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with seven people living at the service and four relatives. We spoke with the deputy manager, clinical nurse lead, a qualified nurse, a senior carer, four members of the care staff, a member of the maintenance staff and the catering staff. We also spoke with two health and social care professionals who regularly visited the service.

To help us assess how people's care needs were being met we reviewed six people's care records including their risk assessments. We also looked at medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including audits carried out by the management team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At this inspection we found the same level of protection from harm and risks as at the previous inspection. Staffing numbers remained consistent to meet people's needs. People continued to be provided with a safe service and the rating continued to be good.

Everyone we spoke with told us they did not have any concerns about their safety. This was because they knew the staff well and the same staff cared for them regularly. One person told us, "I feel safe because there are people here to help me. I am afraid I might fall but the staff would care for me should that happen."

Staff were aware and confident in how to escalate any concerns they might have in relation to protecting the safety of people. Staff had been provided with guidance in risk assessments and training in awareness of how to protect people from the possible risk of harm. Staff informed us they were aware of their responsibilities to report any allegations or safeguarding concerns to the registered manager or local safeguarding authorities.

We saw from a review of records and discussions with the deputy manager that they had followed the local safeguarding authority protocols in reporting safeguarding concerns for investigation. Management staff had demonstrated learning and actions they had put in place following one recent safeguarding incident where it had become necessary to check upon a person's well-being every 15 minutes.

Each person living at the service had a personal emergency evaluation plan. Staff were provided with information from the individual plans regarding how to support people to evacuate the building in times of emergency. We saw records which confirmed the registered manager worked with the maintenance staff to carry out fire safety checks and the planning of fire drills.

General environmental risks to the service had been assessed. For example, legionella risks and water temperatures were within an acceptable range. Senior staff had certain responsibilities allocated to monitor various aspects of the service, these included health and safety, fire safety, care planning, medicines and maintenance. We saw that external contractors carried out annual health and safety checks, which ensured that all necessary checks such as gas checks, fire checks and electrical checks were carried out and maintained to keep the premises safe.

People told us that staff had discussed with them any identified risks to their health and safety. Staff had been provided with guidance in how to manage and mitigate risks identified. For example, when using moving and handling equipment and the risk of developing pressure ulcers. Staff confirmed that risk assessments had been reviewed regularly and they would report any changes and act upon them to keep people safe.

People told us that there were enough staff on duty to care and support them in meeting their needs, in a timely manner. Staff did not appear rushed and spent some time during the day talking to people on a one to one basis. The senior managers completed a dependency tool on a monthly basis or sooner if so

required. The purpose of the dependency tool was to calculate the number of staff required to be on duty on each shift to meet the assessed needs of the people living at the service.

One person told us, "I think there are enough staff, you never have to wait long when you summon for assistance." Another person told us, "I have to wait to get up in the morning sometimes but we all usually want to get up together. At night whenever I want to go to bed the staff help me and I never have to wait." Two relatives informed us that when visiting they did not see staff in the lounges when there were people there. They considered that staff were caring for people in their own rooms but would like to have seen staff available to support their relatives in the lounges.

Staff told us that there was enough staff available to meet people's needs. One staff member told us, "Some days are busier than others but on the whole I think we have enough staff." Another member of staff told us, "Occasionally we work with a staff member short but that is rare and the managers always try to cover the shifts."

On the first day of our inspection visit staff training had been arranged in the provision of care to people living with dementia. We saw the staffing rota and noticed that additional staff had come into work that day to allow their colleagues to train while ensuring there were enough staff to meet the needs of the people living at the service. We concluded that staffing numbers remained sufficient and suitably safe to meet people's needs.

The senior staff were responsible for recruiting new members of staff. A review of staff recruitment files showed us that appropriate recruitment checks had been made on all levels of staff before they started work. Regarding the nursing staff working at the service we saw that checks had been made by the registered manager that their qualification to practice had been checked.

People told us that they received their medicines regularly and on time. One person told us, "Staff always bring me my tablets on time." Another person told us, "No problems staff know what my tablets are for far better than I do."

People's medicines continued to be stored safely and there was a system for the ordering, receipt and disposal of medicines. The clinical lead nurse informed us about the training received in the safe administration of medicines and safe storage and completion of records. Staff competency for administering medicines was assessed on an annual basis.

There were clear records with regular auditing of medicine stocks. Where people had been prescribed medicines on a when required basis, for example for pain relief we found sufficient recording of the amounts administered for all variable doses of medicines we looked at. This meant that there was a clear system in place to identify errors and balance the items of stock against the MAR records. This showed us that the provider ensured the proper and safe use of medicines.

Staff had received infection control training and we observed that appropriate hand hygiene was followed to ensure the risk of spreading infections was minimised. The service was clean and free from any offensive odours. A member of the cleaning staff explained to us how they cleaned some parts of the service everyday and were available to clean other areas as required. Each day they also cleaned a number of people's rooms and worked with the person to check upon a convenient time they could carry out the cleaning. One person told us, "They clean my room every day."

Systems were in place to report concerns to appropriate organisations for information and advice. The

registered manager sought to speak with relatives on a regular basis to determine if they had any concerns about people's well-being and on one occasion this had led to the review of a person's one to one care for particular activities known to be of benefit to them.

Staff from each of the units reported incidents and accidents including falls to the registered manager as they happened and these were reviewed on a monthly basis to determine any lessons that could be learnt for the overall improvement to the service. The service had learnt lessons regarding safe medicines management and had worked with the falls prevention team to reduce the chances of people falling at the service.

Is the service effective?

Our findings

At the last inspection this key question was rated as good. We found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating had been sustained and people continued to be provided with an effective service.

There was a section in people's care plans to record their assessed needs. Some people required assistance with daily living tasks while other people required support with their physical needs and support with memory problems. Assessments reflected the individual needs of the person. For example some people experienced difficulty to find their way around their home and we saw staff supported them. A member of staff explained to a person they were near to the lift and asked if they thought that was near their room. The person could not remember but the staff member then spoke about their door number to guide them and this intervention helped the person to remember and the staff supported them to their room.

The care plans were person-centred to reflect those needs. Staff had engaged with people to discuss their choices about how they wished to spend their time and support required to meet those needs had been recorded. We saw that the care plans were reviewed by the staff on a monthly basis and with the person every six months or more frequently as the need arose. One person told us, "The staff check upon me regularly each day and I can talk to them then."

People received care and support from staff that knew them well and continued to be supported by staff that had received training and were knowledgeable in the roles they were employed to perform. People and their relatives were all complimentary of the staff that supported them. One member of staff told us, "I found the dementia training interesting and very helpful to me to help the people here."

Each new member of staff employed by the service had an induction which included a period of shadowing more experienced members of staff. The staff training records confirmed the nurses had kept up to date with refresher courses where required.

Staff informed us they had a yearly appraisal which was linked to their one to one supervision meetings. This provided staff with the opportunity to discuss their performance and plan development opportunities. Staff also told us there were staff meetings which gave the opportunity of raising issues of concern to be resolved. One person living at the service commented to us that there was a lot of training going on regularly and they took confidence that the staff were trained.

People were supported to have enough to eat and drink and maintain a balanced, nutritious diet. People told us they could ask for drinks and snacks whenever they wanted. People were complimentary about the food provided and said they enjoyed mealtimes and did not feel rushed. One person informed us how much they enjoyed using the coffee lounge at the front of the service. They could entertain their family there as well as enjoy snacks. They told us, "There is always fruit available which I enjoy." People told us they were asked for their feedback during residents and relatives meetings and consulted as to suggestions for further

improvement. The service staff used a whiteboard in display near the coffee lounge to display information about requests made and what action had been taken. We saw examples of people requesting different foods and these had been provided. One person told us, "We asked for custard on Sundays instead of ice cream to go with the apple pie and this was done for the next week."

People's weights were monitored monthly or more regularly if any concerns had been noted. Staff described to us how they would fortify foods to provide additional calories where people had been assessed as at risk of malnutrition. We saw that the service staff had responded promptly if a person began to lose weight or show signs of malnutrition or dehydration. Food and fluid charts were in place to monitor people who had been assessed as at risk of inadequate nutrition and hydration intake. Where people were experiencing swallowing difficulties, referrals had been made to obtain specialist advice from dieticians and speech and language specialists.

We saw that the staff worked with the local hospital to arrange admissions for check-ups and emergency admissions. A review of records showed us that people had access to a variety of healthcare services including GP's, community nurses, opticians, dentists and chiropodists. People and staff told us there were good links with local GPs to ensure people's medical needs were met. A person told us, "The GP comes in twice a week, but if you need a doctor sooner the staff will arrange that for you." People and family members told us they were supported to be in control of medical decisions that related to them. A GP informed us, "As a doctor, I have found the home caring, attentive to concerns and willing to co-operate and collaborate."

The service had been purpose built to provide accommodation for people requiring residential and nursing care. Staff told us they enjoyed working in the building with a lot of natural light. People had been consulted about the decorating of their home. One person told us, "The maintenance man has decorated my room, nothing was too much trouble for him." Another person told us, "They have got my room just the way I like it, even the bedspread is the colour I chose." We saw that the service had been decorated for Christmas and people told us that they had made suggestions about the positioning of particular decorations.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had sought the advice of the DoLS team and completed the relevant documentation when a person was subject to continuous supervision for their safety and wellbeing.

The staff had completed the necessary documents to seek support and advice from other services. Staff had received training on consent, MCA and DoLS and knew how to apply their knowledge and record information. We saw that mental capacity assessments had been carried out and recorded. There were documents in place such as best interest meetings to record how the staff were to support people to meet their individual needs.

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Is the service caring?

Our findings

At the last inspection this key question was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a caring service.

People informed us they were content with the service they received. One person told us, "The staff are attentive and come when you ask them." A relative told us, "[My relative] would not stay at another service but they are happy here due to the care the staff shows towards them."

We observed staff treated people with understanding and compassion. There were positive interactions between staff and people. One person said, "I talk with my keyworker regularly, and they help me with anything I need." Each member of the care staff was assigned to a small number of people living at the service as their keyworker. The benefit of this was for the keyworker to build up a relationship with the person and their family and identify individual needs and preferences. This information was recorded so that it can be shared with staffing colleagues to support the person with their needs. A picture of the keyworker was outside each person's door to help the person remember them and also as contact person for the family. The role of the keyworker was explained to us by a member of staff, to ensure that they spent regular time with the person so they could express their views and listen to them.

There was a welcoming atmosphere in the service created by the staff. One member of staff told us, "I enjoy working here because the people are interesting, I like listening to their experiences of Ipswich years ago."

There was a strong, person centred culture, with all departments of staff responding. People told us about positive experiences with the catering team, that they would listen and respond to requests. We were also informed housekeeping staff would always do that bit extra so that a person's room was as they wished and administrators were very helpful and supportive with any matters.

Care and support plans clearly showed people had been involved and supported in how their care was planned and delivered. People at the service and their relative's told us that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care and support. People told us that they were supported to maintain contact with their relatives and friends. One person told us, "There are no visiting hours here and my family come whenever they wish."

People were cared for and supported by staff that knew them well and understood their preferences and dislikes. Support plans described people's needs and how they wished to be cared for in a personalised way. A member of staff told us, "This is where empathy is so important trying to think what it would be like for me if I were living here so I try to get it right for people here."

Staff had recorded important information about people including their life histories. People were supported to have memory boxes outside their room. This is where important items were kept to remind people of significant events. Care plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. Staff told us that information they obtained to plan people's care had helped them to

provide care and support in a way that was preferred by the person.

The privacy and dignity of people was maintained when supporting them with their personal care. We saw staff knocked on people's door and waited for a response before entering. One person told us, "The staff knock on my door before being invited in that shows they respect my privacy." People were referred to by the name of their choice. One person told us, "The staff are lovely they treat us with respect." A member of staff explained how they had supported people with their personal care in a dignified manner. This included closing the curtains and covering the person while washing another part of their body. A relative told us, "[My relative] is smart and well-presented which is important because they always made great efforts with their appearance."

Each person had a care plan which described how to support the individual by encouraging them to do as much as possible for themselves as possible. All people we spoke with told us that they could have a bath or shower when they wished and staff supported them as much as they needed. One relative told us, "My relative prefers a shower to a bath and staff give them a shower."

Staff knew about the importance of confidentiality from their training. People's care records were kept securely on a data base and information could be printed for the person to have when they chose.

Is the service responsive?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the service was now further developed this rating and we have rated this key question outstanding.

People and their relatives informed us the staff were highly responsive to their needs and preferences and provided them with a quality person centred service based on individual needs.

Relative's told us a detailed assessment of the person's needs was carried out before they came to the service. The deputy manager informed us about how people were visited to determine their needs and to provide information about the service to them. The information gathered at the assessment of the person's needs was then used to develop their care plan so that staff had the guidance they required to provide safe and appropriate care. The care plan would then be reviewed within a fortnight with the person, once the person had settled into their new home to agree any alterations required.

The service staff identified and clarified people's needs when they came to live at the service. This included obtaining a medical record from their GP. Allergies were recorded and any known illnesses. Observations were also made of their weight, temperature, pulse and blood pressure. A meeting was arranged with the local GP if the person wished so that they could be examined and any issue discussed with them.

People consistently informed us that staff went above and beyond to be responsive to their needs. One person talked to us about a hospital appointment and the staff not only arranged the transport but had an escort to be with them. As they would probably be away for lunch the person told us, "They provided me with some food so I would not be hungry and saved some lunch for me for when I got back." A relative informed us they were concerned that their relative needed to see a dentist and would not be able to manage on their own. Therefore the service had responded and resolved this issue. They told us, "The care home were very good, a carer came with [my relative] in a taxi and stayed all the time and took [my relative] back." They considered this was thoughtful and helpful support to them. Another relative told us, "I would say they are responsive whenever [my relative] has had a fall they always ring me to let me know what's happened. They are good at keeping me informed." Another relative explained how the service staff had helped with rehabilitation and improved the person's quality of life. They told us, "I am pleased, [my relative] could not walk when they came here but they are walking now."

People informed us about how the staff had supported them with their cultural and religious needs and enabled them to have space and privacy. One person told us, "My priest comes to see me once a week, that is what I need. I had a do not disturb sign made so we are left in peace." Another person informed us about how they enjoyed the monthly Church of England service which had been arranged by the staff to take place at the service.

Each person had a care plan which documented the support the person needed and how they wished it to be provided. Details included how people chose to spend their time, food likes and dislikes and how their night time care and support needs were to be met. We saw that the care plan was divided into sections

which covered any nursing needs such as dressings to be applied.

For people with a diagnosed illness the care plan informed staff how to support them to meet their specific needs. Each person had a risk assessment with guidance for the staff about what to do to minimise the risk and provide support. With regard to manual handling the hoist and which sling loops to be used were clearly identified. The staff were required to update the daily notes and this was overseen by the nursing and senior staff. This was in order that any noted changes would be considered in line with the care plan and any changes needed would be changed on the day. Communication of changes was effective because these changes would be discussed at handover and the staff given time to read the care during their shift so that they were aware of the person's up to date needs.

We saw evidence in people's care records that they and their relatives had been involved in the care planning process. People told us that they had been consistently asked and involved with their care planning records. One person told us, "The staff talk to me regularly about my care and if I am alright and happy." One relative told us, "We have helped with putting together a life history book." The person's quality of care was improved because staff used the history book to get to know the person and to help them recall pleasant memories.

The registered manager had arranged relatives meeting at different times and days for families who found them difficult to attend. The staff wanted to ensure they had done all that could be done to recognise and respond to people's needs. Therefore families had been invited to attend resident of the day meetings in advance. Each person living at the service was a resident of the day once per month when their care plan was reviewed. Staff did meet with the person and this was an opportunity to discuss and plan their care into the future. Some families had found it easier to attend these meetings and they could focus upon the care of their relative with the staff and individual living at the service. This was also an opportunity to review and add to the history book. The service continued to hold resident and relatives meetings as another source of communicating with and responding to people. The meeting was a particularly helpful opportunity to ask people for their views and the use of what is called 'Dot voting' so that people could chose upon options of activities and outings to be planned in the future.

People were able to take part in jobs around the service to support staff. It was the people's choice when they helped and provided a sense of achievement. This included peeling vegetables and pickling. Staff told us people enjoyed doing this because it was a time to chat together and focus upon each job in turn and this also helped people to maintain their fine motor movements in their hands. People were able to assist the Housekeeping staff with folding laundry and putting away washing. This was an opportunity for people to use their learnt skills and enjoy assisting the staff with jobs they would have been doing in their previous home. These acts of involvement and contributing were empowering of people who lived at the service.

People were supported to pursue their leisure activities and hobbies according to their personal wishes and preferences. People told us that staff respected their wishes when they wanted to be alone and encouraged those who enjoyed the company of others to participate in group activities. The service staff had listened to the views of people and had opened a shop within the service which people could visit and purchase various things. We observed a person buying sweets which were available for sale in large jars. People informed us they had spoken with the staff about the content of the staff with jobs they would have been doing in their previous home. These acts of involvement and contributing were empowering of people who lived at the service.

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those who enjoyed the company of others to participate in group activities. The service staff had listened to the views of people and had opened a shop within the service which people could visit and purchase various things. We observed a person buying sweets which were available for sale in large jars. People informed us they had spoken with the staff about the content of the shop so that it catered for the various desires and interests of people. Some people required organised support to go shopping in Ipswich town while the shop meant they could continue to shop for items any day of the week. This increased people's independence as they could buy greetings cards and items for their grandchildren and for other people. The service also had a craft and hobby room which was also put to use by individuals and staff supporting people to pursue their interests requiring some support from the staff. The impact was for people to continue to pursue their hobbies and also to pursue new interests. These hobbies and activities were an opportunity to focus the mind and talk with their relatives and other people about these new interests.

There were plenty of options for people in how to spend their day. We observed on the day of our inspection various activities taking place and in the morning people enjoyed games of bingo in the coffee lounge. Maintenance staff supported this activity by calling the numbers and had ensured the induction loop system was working. This was so that people using a hearing aid would find the game easier to follow when their hearing aid was in the T position. The service employed activities staff who supported people with group and one to one activities which included supporting people to access the local community. Staff also arranged with people for various entertainers and shows to visit the service. One person told us, "I enjoy watching television and we all have a large screen television in our rooms and I like to pick and choose the activities I attend, my favourite is the dog that visits."

Another person informed us about the gardening they had done in the raised garden beds. Gardening provided a pleasant opportunity for people to continue to use their knowledge and skills and see the benefits all year long. While another person informed us about the Brownies singing to the people living at the service which they enjoyed and was looking forward to the many activities planned over Christmas. We saw people making Christmas decorations as was planned by the activity staff. One person informed us how much they enjoyed doing this as it reminded them of years ago when you made your own rather than purchase from the shops.

People received personalised care at meal times. Staff spent time with people showing them meal options to help people understand that had difficulty interrupting the spoken word. Some people had their meals in bed or in their room. We saw that the trays were prepared with cutlery and napkins and time was taken with the presentation to encourage the person to eat.

As a result of the service auditing the care for people living with dementia two major initiatives were embarked upon. The training of some staff to become dementia champions to continue to learn about dementia and support colleagues to provide dementia care. The impact was that staff had increased knowledge about how people could experience difficulties with their short term memory and concentration span.

Areas of the service had been further developed specifically to enhance the interests of people living with dementia. There was a small indoor garden area that people could visit within the service and enjoy throughout the year. Through developing different areas of the service this meant people could be supported in areas of interest to them by knowledgeable staff about them as individuals and symptoms associated with dementia. One person informed us how much they enjoyed sitting in this area as it was peaceful and relaxing.

Staff had actively listened to people and acted upon conversations. This had resulted in trips to Felixstowe

and to the theatre. One person was not able to travel to Felixstowe and had wanted to see a Punch and Judy show. The service staff arranged for the Punch and Judy show to come to the service to perform for them. There were also regular trips out for lunch in the local pubs and restaurants and the registered manager has arranged for the ice-cream van to visit the service. This showed us that people could express a view and staff responded positively and made events happen that people enjoyed and cherished.

Activities were designed to enhance people's wellbeing and enable them to live as full a life as possible. People informed us how they had recently celebrated Halloween. The usual trips organised into Ipswich had been used so that people could purchase items and customs for the Halloween party. Another example was that a person had never played monopoly but was fascinated by the game. Therefore one of the lifestyle coordinators took the game to their room, explained the rules and played a game with them.

The staff had worked with people to build a wishing tree for the purpose of people recording their wishes. As a result of this information arrangements had been made to take people to Ipswich football matches, attending gala bingo and people visiting horses to groom them. People thought they would not do these things again. These planned events meant people had something to look forward to and work with the staff to arrange. People were able to share their experiences with relatives and friends and encourage other people to pursue their interests.

A former drummer in a band wished to play again and arrangements were made with a local band to attend the service and entertain the people. The person greatly enjoyed playing in the band and people and staff were amazed at the skill of this person which had never been seen before. Another person had a life long ambition to meet a celebrity. This service staff knowing the impact this would have arranged for the person to attend a performance and meet the celebrity in person. The ability to make individual wishes come true was truly thoughtful and numerous examples were found of the service staff going above and beyond.

From information recorded at the wishing tree the service staff had arranged a walking club and gentleman's club. This club had provided gentleman the opportunity of playing darts at the bar plus watching a film and enjoying fish and chips. This meant people could continue to enjoy an active social life. There were also regular keep fit sessions and a flower arranging club every Wednesday using flowers donated from a local store. We saw the arrangements were put to good use to decorate the service. The service had also built links with the local community and now schools, brownies and scouts came to the service whenever they had a show to perform. People told us how they enjoyed the younger visitors. The registered manager reviewed activities with the activities staff and people using the service as one of the monthly manager audits. Implementing the results of the audit is an opportunity to further develop existing and identify new links with the community.

Time and consideration had been given to support people with dementia. People received a daily reminiscence news page called the daily sparkle which was the headline page of newspaper from that day in the past to discuss with people. The service had also noted that people living with dementia can be very active at night and so had developed a twilight club to meet their needs. Staff would engage people in activities when they wished to pursue whatever the time of day. Some people chose to stay mainly in their rooms and the service ensured that they did not miss out so the beauticians would visit them and all visiting entertainers and animals were supported to visit people as they so wished.

A relative informed us that they were delighted with the service staff. Their relative had not cooked or taken part in their hobby of knitting for a very long time and they never thought they would see them do these things again. They told us, "Thanks to the catering staff they are now baking and cooking again and with the patience and encouragement of the staff they are knitting again." They further explained, "It is as if they had

gone back 20 years before we saw the early signs of dementia and they have had a new lease of life since they have been here." The input of the staff had made a considerable impact upon the person's quality of life.

The staff had worked sensitively with people, relatives and other professionals to plan for future events taking into account people's wishes. This included end of life planning. We spoke with the deputy manager and were informed that once a relationship was formed between the person and staff they would create the opportunity to discuss end of life plans. Information was then recorded in the person's care plan and was reviewed at each planned review. It was important to note the person may wish to change their plans. Hence the importance at reviews to check the situation with the person.

The service had worked upon end of life care procedures using the skills within the service and with the GP's at Ravenswood surgery and specialist staff of Elizabeth Hospice. A nurse specialist from the hospice worked on two suites of the service for several weeks training the team leaders and nursing staff to develop their skills and knowledge. Staff also carried out advanced care planning, working in conjunction with the person, their families as appropriate and GP's.

The nurse specialist also worked with the staff on having those difficult conversations about end of life care with people and their families to build the staff's knowledge and understanding. This training was then further rolled out to all parts of the service in ensuring that those conversations were undertaken alongside the partnership working with the GP surgery.

The registered manager had reviewed the work done and improved systems around gaining people's consent. This meant the care plans had become more detailed with people's wishes clearly recorded and reviewed within resident of the day.

The service had commenced changing the end of life care plan into two sections so one with the person's planned wishes and the second with more detail as to when the person is actually requiring end of life care or palliative care.

People we spoke with informed us that staff had discussed and recorded information about end of life care with them. One person informed us, "I use to be in the care profession so know a lot about this and I have made as a result of my experience my wishes very clear to the staff. I know they understand."

People were supported with their end of life, palliative care. Care records and discussions with staff showed us that people had access to hospice nurses who visited the service when required to review people's pain management and provide staff with the specialist guidance they needed. This enabled people to have access to healthcare services and receive the on-going support.

People said that they were supported to voice any concerns they might have and the registered manager had been supportive in listening to suggestions they had made to improve the service. One person told us, "I raised a problem with the deputy manager and this was sorted out right away."

The service took people's concerns and complaints seriously and used these to inform their planning for improvement of the service. We looked at the complaints log. We noted that all complaints had been responded to in a timely manner. One person told us, "I do feel confident that I can talk to a carer or manager if I was worried or had a problem." Examples seen showed us that complaints received were used to drive improvements and were seen a potential to develop the service further.

The service also recorded compliments and we saw many examples of pictures of events and outings displayed with the people's permission around the coffee lounge. A relative informed us of their praise for the service on many counts but in particular for the humanity of the staff and for arranging a marvellous birthday party their relative.

Is the service well-led?

Our findings

At the last inspection this key question was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a well-led service.

People were positive about the management of the service and informed us they saw a senior person each day and were consulted about their care regularly. One person told us, "The nurses are nice and they look after us very well." Another person told us, "This is a lovely home well run and I would recommend it to anyone."

The registered manager supported people to share their views through regular resident and relative meetings and care reviews. This meant people were involved in the planning of their care and able to discuss issues about the service. Minutes of these meetings evidenced actions taken in response to people's concerns and follow up on suggestions. For example, when people had expressed preferences for meals and organising activities. These had been listened to and menus developed and activities organised. People were able to express their views about how they were cared for and what they needed to promote and their quality of life. The deputy manager said that when people had any concerns or were not happy, they listened to them and tried to work with them to resolve the difficulty.

During our inspection we observed that people and their relatives could chat with the managers and administrators who were easily accessible and available in answering any queries. One person told us, "The manager keeps in touch with us, any changes in condition or concerns have been reported to us." The deputy manager informed us that part of the service ethos was for senior staff to spend time with people living at the service and staff to be available and lead by example. Staff told us that the senior staff were approachable and supportive.

The leadership structure was understood by staff and they told us the management team were supportive and provided them with clear direction and a sense of value. Nursing staff were supported by the deputy manager and clinical lead regarding nursing supervision and support. Staff told us the registered manager was responsive to any concerns staff raised with them. The deputy manager informed us they had been supported with their learning and understanding with regards to their role in management having come from a clinical nursing background.

Staff told us that they received regular supervisions and appraisals and had monthly team meetings. They said that they found these forums very useful and felt that their opinions were valued and suggestions made to improve the service were taken into consideration.

The service managers demonstrated good management and leadership. The senior staff on duty meet at 11a.m. each day to discuss any issues and plan any subsequent actions. We attended the meeting on the first day of our inspection. We learnt how the staff were managing the events taking place in the service that day and any changes to people's care needs and how there were being achieved. There were good systems of communication within the service that worked well.

The provider has a legal duty to inform the CQC about changes or events that occur at the service. They do this by sending us notifications. We had received notifications from the provider when required.

We viewed the quality assurance audit carried out by the registered managers. Feedback received from staff, relatives, health care professionals and people at the service was positive and any comments made to improve the quality of care had been considered and included in the action plan and actions had been taken. This included people being consulted and involved in the choices of decorating at the service and menu planning.

The registered manager carried out audits of the care plans every month to check they were accurate and up to date. This provided the opportunity to address any issues of missing information. The registered manager also worked through the home manager's self-audit schedule. A different audit was required to be carried out each month of the year and action taken to resolve any matters identified. This was an opportunity to involve and develop staff through them taking part in the audit and subsequent actions plus training which was identified.

The length of time taken to reply to call bells was monitored and any call taking in excess of five minutes was reported to the Regional Director. Reasons were required to be given and subsequent action taken to reduce the likelihood of this happening again.

We saw an audit of medicine recording that had been carried out by the deputy manager. The conclusion provided praise to staff for what had been done well and minor points for improvements were pointed out with sensitivity and support arranged for the staff.

The service provides nursing as well as residential care and the nursing staff were required to deliver nursing care to some people so that their needs were met. The deputy manager and clinical lead as well as providing some of this care themselves also checked that staff were carrying out the required nursing procedures when they were on duty.

The staff worked in partnership with other professionals. This included seeking advice and guidance from the local authority safeguarding team. This was confirmed by the safeguarding team staff. All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. All reported falls experienced by people were recorded and analysed to determine how they had happened and if any actions could be taken to reduce the likelihood of happening again. The service staff had sort the advice of the Falls team to help as appropriate. Staff had also noted changes in people's behaviour and general levels of alertness. This had resulted in the action of discussing with the persons GP to see if any action needed to be taken to keep them safe. We saw that medicine reviews had been carried out and medicines reduced in a managed and timely way for the benefit of the person. This meant the service staff and other professionals had worked together to support the person.