The Partnership In Care Limited

Risby Hall Nursing Home

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?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

We carried out the inspection on the 17 January 2017. The inspection was unannounced. We asked for additional evidence in a number of key areas and revisited the service on the 7 February 2017. The additional evidence led us to conclude that the service was outstanding in a number of areas.

The last inspection to this service was in October 2014 and it was rated good overall but concerns were identified with the safety of the service in relation to medication practices. Following the inspection the provider sent us a detailed action plan telling us how they would address this. The provider has consistently provided good outcomes for people using their services and is happy to engage with us to demonstrate continuous improvements.

The service provides accommodation with nursing for up to 34 mainly older people some of whom may have a diagnosis of dementia. At the time of our inspection there were 32 people using the service.

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

We found the service was very well managed with a number of outstanding features. We observed a good rapport between the manager and deputy manager. However the manager had recently returned after a period of absence and the deputy manager was about the go on extended leave. They told us how they planned to cover the duties undertaken by the deputy manager in their absence. The service had a full complement of nurses with the necessary skills to meet the needs of the people using the service. This meant people received continuity of care from highly skilled staff. In addition there was a well-established management team who regularly supported and audited the service to ensure it provided high quality care. The providers were constantly seeking new and innovative ways to improve the outcomes for people using the service. There was a full complement of staff and the providers actively over recruited to ensure they did not have vacant posts. This also meant new staff were supernumerary until they felt confident to work independently.

The service was brightly decorated and stimulating for the people living there. The communal areas of the service were clean and well-furnished with a homely feel. People's rooms were individualised, with personal items such as ornaments, photos and furniture. The outside area was accessible with paths and benches, and had different areas of interest such as a memory garden.

There were lots of planned activity for people and we saw that the service was responsive to the needs of individuals. Care was personalised around individuals need and staff were visible and caring.

The service had good recruitment processes and staffs performance and conduct was monitored to ensure

all staff were delivering care to the highest and expected company standard.

There were enough staff and they were managed to meet the assessed needs of people using the service. The staffing levels meant people received personalised, timely care and opportunities for regular engagement. People were kept stimulated and engaged and the providers helped ensure that people continued to live as full a life as possible and to have their wishes fulfilled.

People received their medicines as intended and there were clear processes to support staff to be able to undertake this task safely.

People felt safe and the staff were trained in key elements of their role to promote people's health, safety and well-being. They did so in conjunction with the nurses on duty and other health care professionals. People's needs were assessed and reviewed in line with people's needs. This helped ensure people received the support they needed.

Staff delivered effective, compassionate care based on people's wishes and feelings. People were encouraged to be involved in decision about their care but where they were unable staff acted lawfully and in line with the Mental Capacity Act 2005. The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when implemented correctly ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process.

Staff developed meaningful, caring relationships with people and their extended families. These relationships enhanced people's well- being and helped people feel valued. The values of the organisation were evident and staff were working to them. The service celebrated diversity and equality of opportunity and promoted this each day.

People were supported to eat and drink enough for their needs and meal times were a pleasant experience and promoted people's well-being. Risks to people in relation to nutrition and hydration were carefully monitored and staff regularly encouraged people to drink and have regular snacks to help promote their weight.

The service took into account people's feedback and was continuously trying to improve the service and provide an inclusive service. The service collated complaints and compliments and showed how they responded to these in a timely way. The providers were supportive of the management and trusted them to manage 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 was safe.

There were enough staff to meet people's assessed needs.

Risks associated with peoples individual needs were managed effectively to help keep people safe.

Staff recruitment processes were robust.

People received their medicines as required by qualified staff.

Staff understood what constituted abuse and how to safeguard people in their care.

Is the service effective?

Good

The service was effective.

Staff were supported in their roles and received adequate training and induction.

People were supported to eat and drink in sufficient quantities for their needs and risks from malnutrition/dehydration were monitored.

People received the health care they needed.

Staff acted lawfully in relation to legislation relating to mental capacity and deprivation of liberty safeguards

Is the service caring?

Outstanding ☆

The service was caring.

People had a quality of life which enhanced their well-being and physical health.

The service was inclusive of all individuals and provided personalised care. The service was inclusive of people's family, wider circles of support and the community.

People received empathetic care and their dignity and independence was upheld.

Lives were valued and people were supported in continuing their lives in a meaningful way and dignity in death.

Is the service responsive?

Good

The service was responsive.

People received care and support around their individual needs.

People had opportunity to partake in different activities and have a full life.

The service took into account people's wishes and feelings in the way it provided the service. Feedback was acted upon to improve people's overall experiences.

Is the service well-led?

Outstanding

The service was well led.

There were clear visions and values, known by all the staff. These were around the principles of personalised care based on each person's wishes and needs. People were treated with dignity and respect and staff worked hard to get to know the person in order to understand how best to support them.

The service took into account peoples past experiences and wishes for the future to ensure people retained what was important to them and staff helped them achieve what they still wanted to do.

The management team were continuously looking at ways to improve their service and ensure people continued to have fulfilling lives without barriers.

Engagement with other professionals, family and the community was strong and enhanced the quality of people's lives. Staff were encouraged to develop deep and meaningful relationships with people they were supporting which helped them deliver person centred and compassionate care.

The service continued to support families during the persons stay and after their passing

Risby Hall Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on two dates. The 17 January 2017 and the 7 February 2017. The first day was unannounced. The second day was announced. The inspection was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of care services.

Before our inspection we reviewed the information we already held about the service. This included previous inspection reports, notifications which are important events the service is required to tell us about. Share your experience forms which tell us about people's experiences. We have also spoken with social workers prior to this review. The service returned provider information return which gives information about the service and how they are meeting with the regulations of the Health and Social Care Act 2008.

As part of our inspection we carried out observations throughout the day and including lunch time. We looked at four care plans. We spoke with the owners, the manager, deputy manager, senior nurse on duty, activities co-coordinator, and four care staff. We spoke with ten people using the service and five visitors. We carried out a medication audit and looked at other records relating to the management of the business.

Good

Is the service safe?

Our findings

The staffing levels on the day of our inspection were appropriate to people's assessed needs and the service had the number of staff it said it needed. Staff were familiar with people's needs. One relative told us, "They have regular staff, they don't change. Another said, "There has been a very rare occasion when they have used agency staff, two or three times in 15 months." A staff member told us, "There is a lot of staff here, always. It's very relaxed here." Another staff member said, "There is lots of staff, it is good having someone who does the twilight shift in the evenings. Everybody knows their job, knows their role, and knows what to do."

We observed people receiving timely, personalised care so were confident staffing levels were needs led. Although the service did not have a formal tool to show how it measured people's dependency levels to decide staffing levels we saw staffing levels fluctuated. There were additional staff at busier times of day as reflected on the rotas This helped ensure staff could respond appropriately to people's needs. One person was unable to get up. They demonstrated to us how quickly staff responded to the call bell by activating it. Staff arrived within a minute and informed them that they would return in 5 minutes. In less than 5 minutes two staff returned. In addition to care staff there was a generous allocation of activity hours, twelve a day but in practice we saw staff regardless of their roles promoting people's well-being and meeting their needs. Staff vacancies were as far as possible recruited to before the staff member left so there was no interruption to the service. The home did not use agency staff as a norm and all the staff working were familiar with people's needs. Staff rotas were colour coded to show different roles within the staff team. We also observed a diverse staff group which reflected the needs of people using the service and found staff had different strengths and attributes they brought to the service.

There were systems in place to help ensure people received their medicines as required and administered by staff qualified to do so. There was one nurse who ordered and returned medications but told us other staff knew the process so could do this as required. They told us the external pharmacist carried out audits and showed us the last one completed just over three months ago. There were a number of minor actions which had been addressed. The service had a monthly audit completed by the nurses and checked by the directors. Some audits were more frequent such as for the cream charts in response to missed signatures being identified. There were clear systems in place for the administration of medicines, error reporting and support for staff if an error occurred. Storage of medicines was safe with daily checks on the temperatures to ensure medicines were kept at the right temperature.

Only qualified nurses administered medicines and they had received regular updates on their training which was provided by the pharmaceutical company which included a foundation course in medication administration and an advanced level of medication training for all staff administering medication. Care staff were sometimes asked to observe and counter sign controlled drugs and also to administer and sign for creams, signatures were counter checked by the nurses. The service used body maps to indicate site of pain/for pain patches of site for cream administration. They also used an Abbey pain scale which was a tool designed to assess people's pain thresholds where they might not be able to verbalise this.

People received their medicines on time and the medicines round was divided up to ensure this happened. For example the morning round was initiated by night staff and finished by the day staff. There were systems in place to assess if people wanted and were able to take their own medicines. They had a lockable space in their room for safe storage when this was the option decided. One person had their medicines covertly disguised in food. There was clear documentation around this and consent had been sought from the GP. There were processes in place to guide staff as to the actions staff should take if people refused their medicines, although staff said this did not usually happen as they were able to encourage people. Some people were prescribed antibiotics for infection and this was closely monitored. We checked a number of records against recorded stock and this was correct.

There were clear instructions on people's records as to what they were taking, when, what for and any potential side effects. There included guidance as to what level of support people needed to take and if medicines were to be taken regularly or as required. End of life pain relief was available as required. We observed staff administering people their medication and this was done appropriately and with the persons consent.

Risks to people's safety were monitored and there was sufficient management oversight. We asked people about their safety and how they felt about living in the service. One person said, "I feel safe living here. I feel safe when I'm hoisted, they talk me through it." Another said "Yes I feel safe, nothing to worry about, they treat you well." Another person told us "The security of the place, there is always someone available, they are a good team, and there is someone available 24 hours a day." A relative added "They have regular staff, they don't change, and she's 100% safe."

People had individual risk assessments and guidance in their care plans. If a person was at risk of falls or falls had occurred the service reported it had good links with the GP and falls team for advice. They closely monitored medicines people were on to help ensure this was not a factor. Staff would routinely keep a check on falling blood pressures and be aware of when this might be a trigger. The immediate environment was spacious and free from immediate hazards. The service used crash mattresses by the side of the bed and where bedrails were needed these were on the side of the wall. People had sensor alarms and beams which would alert staff when people were mobilising. In addition risk assessments and care plans were in place for people at risk of developing pressures ulcers, where people needed support with their manual handling needs, had long term health conditions which needed careful management and monitoring such as diabetes and people at risk of malnutrition/dehydration. The service had incident report forms which showed actions taken and what was learnt from adverse incidents. For example one concerned a medication error and included the original investigation, incident form, outcome and photographs.

Staff received training to help them understand and recognise what actions they should take if they recognised someone was at risk of harm or actual abuse. We spoke with staff and they were able to explain what actions they would take. Training was extended to all members of staff. One staff member told us, "If I saw some abuse I would report it to the highest person on shift. Management would report it to the agencies; I would probably get asked to write a report. There are many forms of abuse, shouting at a resident is one. "Another staff member told us, "If I anything I would inform my manager and the nurse, they would inform CQC, social worker, police. A body map would be completed if necessary; I would have to write an incident report."

We saw that where concerns had been raised the service had acted appropriately to address it and reported concerns to external agencies as appropriate. The service kept clear records showing how issues had been addressed as per their policies.

Staff recruitment was robust. The service had a full time administrator who ensured records were kept in systematic order. Staff records included checks before a person was employed to ensure they were a suitable candidate to work in care. Checks included an application form and previous work history, two written references, personal identification, proof of address and eligibility to work. A disclosure and barring check was also completed to ensure the person did not have a criminal record which might make them unsuitable to work in care. The interview process was particularly robust as it assessed staffs ability, attitude and understanding about working with people who need support with personal care and might at times be vulnerable due to poor health and, or emotional distress. Key duties were linked with job descriptions and spoke about supporting and enabling people to live a fuller life as possible.

Good

Is the service effective?

Our findings

Staff were supported with their development and professionalism. Staff spoken with were positive about their training and said it had equipped them for their role. The induction for new staff was thorough and included a period of shadowing more experienced staff until they felt sufficiently competent. A minimum time frame was ten shifts and more were available if required. Training received during this period was reviewed with the person to ensure they had understood it and able to apply it to the workplace. We noted that new staff were shadowed as demonstrated on the rotas. All new staff complete an induction workbook which is signed by their mentor. The completed forms were stored in their file but there were no recorded observations during staffs initial work based induction and this would be helpful in terms of assessing staffs performance in their first review. We discussed with this with the manager who agreed to implement this.

Following induction staff received a supervision which reflected on their performance to date. We saw examples of staff supervision and these reflected on staffs strengths and development. Where concerns were identified about staff's performance there was clear documented evidence of how staff were supported to improve their performance in order to promote their professionalism and conduct. Supervisions were scheduled throughout the year and included observations of staff practice. Poor practice and good practice would be captured as part of the ongoing supervision of staff and there were clear lines of accountability in terms of who supervised who.

Staff records showed training based on the needs of people they were supporting. All staff completed training required to work in care, with regular updates and specific training around people's needs. One staff member told us, " I shadowed loads of different people for 6 weeks, then I did my manual handling, end of life, safeguarding, health and safety, food handling and have just started my NVQ 2. "

Dementia care training was given to all staff and included a basic induction course plus additional training such as the virtual dementia tour which was designed to show staff how it might feel to live with dementia and by walking in a 'person's shoes' which helped to change staffs perceptions. In addition managers had completed training through 'dementia care matters' which is accredited training and on line membership means managers can access on line materials and consultancy. Dementia audits were completed using mapping tools designed by a university and linked practice with good quality care outcomes for people. In some instances staffs knowledge was limited for example their understanding of the Mental Capacity Act. However the nursing staff had a better understanding of this and provided direct support to care staff. They also carried out mental capacity assessments and proposed best interest decisions. Care staff said they would seek advice as required from the nurses.

People were supported to eat and drink sufficient for their needs. We spoke with relatives whilst staff were assisting people. One relative told us, "I can come anytime, I stay for lunch, you can go and make tea or coffee, crisps, fruit, biscuits, and you can help yourself. Some of the men have Guinness." Another relative told us, "Sometimes she says she can't feed herself and they try and encourage her first before helping. If she really can't they will feed her. They always encourage them to be independent and they try and motivate them." We spoke with people about their meal and they told us they enjoyed it. One said "I have a fried

breakfast every morning, the food is alright." Another said "There is plenty of food, we have a huge variety. I can't complain about the food, I could eat a bit more but I'm being well looked after."

There were lots of staff to assist and the meal was served efficiently with most people sitting in small tables and socialising with each other. Where people needed support this was given discreetly and appropriately. Mostly staff interactions were positive but not all staff were effectively engaged with the person they were supporting. For example one staff constantly spoke with the person reassuring them, asking them if they had finished the mouth full and if they wanted more, whilst another staff member did not sufficiently engage with the person they were supporting. This was feedback at the time so the manager was aware and could address it so meals times could be enhanced. The manager explained all staff including non- care staff helped at meal time and they constantly monitored people's experiences and observed staff practice to see how it could be improved upon. We saw very little wastage of food and people were served their preferred choice/portion size. People had soft and, or alcoholic drinks and condiments were on the table. Music was on throughout lunch and the atmosphere was calm.

There were clear systems to monitor and act upon any unintentional weight loss for individuals. People newly admitted to the service would initially be weighed weekly so a base line for their weight could be established. Nurses were knowledgeable about using the malnutrition universal screening tool which was used to establish risk based on body mass index. We case tracked a number of people and saw their weights were recorded, monitored and actions taken appropriate to their needs to try and ensure weight loss did not continue. Staff practices included making homemade smoothies for people fortifying food to add extra calories, and the availability of snacks, finger foods and snack stations. Staff were employed in sufficient numbers to make sure people were encouraged to eat and at their time of choosing. For example we were told some people were nocturnal preferring to eat more at night and were more wakeful than others at night. Staff said they supported people to eat and drink regularly and according to their preferences. Food was attractively presented and served hot. A number of people had their food purred due to dietary and swallowing issues. Staff took the trouble to do this sensitively and served it in the shape of the food it represented to make it more pleasing to the eye.

The service supported people in making their own decisions and acted in accordance with these. The environment was at least restrictive as possible. One person told us, "I can go out alone but I don't." Another said "You can go outside if you are fit enough to go, they had a Christmas fayre, my wife took me out there."

Where people lacked capacity to make decisions this was judged according to the decision required. The service involved relevant parties to ensure the decision made was in the person's best interest and the rationale for the decision clearly recorded and subject to review. A number of people were subject to a deprivation of liberty safe guard which meant they were not safe to leave the service and were required to stay for their own safety. DoLs applications were in place for a number of people and had been authorised by the Local Authority as required. Others were in a queue waiting to be assessed to determine if they would be approved. Through our case tracking we saw assessments had been completed around specific decisions and if the person had capacity to understand and retain information. Where they did not, this had been explored further and documented. For one person it said to refer decisions to a named family member but it was not clear from the documentation if they had enduring power of attorney for care and welfare. This was later clarified. We noted one person chose to have a purred diet and other times ate food which was not soft. There was a risk to this person and they were acting against the advice of the speech and language team. However this was fully documented and there were risk assessments in place. The person's capacity had been assessed and they had been supported to understand the decisions they were able to make with the support of their appointed power of attorney to act on their behalf when required.

People's records showed regular discussion about changes in people's health care needs. We saw a number of people were prone to infections but this was recorded and closely monitored and antibiotic therapies were started as quickly as possible. Further tests and follow ups had been done as required when initial courses of antibiotics were unsuccessful. Medicine reviews were completed with the GP and staff monitored people through regular weight recording and food/fluid intake. Records indicated how people's health care needs were met. Staff knew what people's needs were and able to tell us about some signs and symptoms you might look out for if a 'condition 'such as diabetes was not well managed. We spoke with people about this. One person told us, "It's alright living here, I get good care, they turn me, it's alright when I use the hoist, and I'm used to it." Another said "I'm diabetic. I have one injection a day; the nurse gives me half in each arm. They test my blood." Another person said, "They make all my appointments for me, I've got something wrong with my feet." Another told us "They call a doctor right away if there is a problem." A relative told us how their family member had previous poor mental health experiences but said their mental health had remained stable since being at this service.

Outstanding ☆

Is the service caring?

Our findings

The service provided outstanding care to people using the service and this was extended to their friends and family. Staff showed empathy, warmth and understanding. During our inspection we saw positive relationships had been developed between staff and people using the service which enhanced their well-being. We saw lots of laughter and tenderness. We observed an easy rapport between staff and people using the service. Staff demonstrated knowledge and understanding of people through their actions and conversation. We witnessed several occasions where members of staff greeted people with genuine pleasure. One care staff told us, "It's like an extended family here and you miss them when you're not working. " Another staff member told us, "Everyone is friendly and helpful and we can have a laugh which is nice at work. I would recommend here to anyone, I love the way it's run. It's bright and cheerful, music is great for them."

Genuine friendships had been created and this was extended to people's families who were welcome at the service and able to be as involved in the person's care as much as the person wished them to be. The service had created a box of memories which people had contributed to stating what was important to them and what makes their place of residence a home.

We received positive feedback about the service from relatives and people using it. For example one person said, "Staff are alright, you can laugh with them, they are kind, they accept it when I call them names" Another said "Staff are very good, always willing to do things, I have a shower every morning, my clothes are always clean. I have no trouble with the staff, they work very hard." Our observations were, everyone appeared clean and appropriately dressed, women were wearing jewellery with painted nails, and their clothes were obviously looked after and well fitted.

Family meetings were held. Staff created a safe space for relatives to share ideas and explore their feelings in relation to the care their relative was receiving. The staff explained relatives often experienced a range of emotions resulting from the person moving into a care home in the first place but also following a decline or even death of a family member. Relatives met regularly and set the agenda for their meetings. Relatives continued to remain involved even after loved ones had passed away. Relatives were encouraged to participate in events and activities within the service and relatives were consulted regularly about the care provided. Relatives gave us positive feedback about the service. One told us "Most of the time she loves it, the care I cannot fault it, the way they look after residents and relatives." Another said, "The people here I can't thank them enough, nothing is too much trouble, they give 100%, "Would you like this, would you like that."

The providers were actively involved in the service as were their extended families. They provided support to staff and encouraged them to develop meaningful and lasting relationships with people using the service. There was no clear hierarchy in the service with everyone being accountable for the person's care and ensuring people had everything they needed to continue enjoying their lives and fulfilling dreams. Examples included a person living at the service who wanted to have a romantic meal with their partner. This was organised and took place in the service. Another example was a person living with dementia renewing their

wedding vows which was celebrated with the whole service. The person resided in the sister service but celebrations took place across both. Through people's life stories the service was able to demonstrate to us how much people had been supported to achieve what they wanted, from losing weight, to going out in the sunshine, to becoming mobile again. Staff told us about one person. They said "The person was described as aggressive and abusive, but to us they were beautiful. " By peeling back the layers of the person's life they were able to reach the person and slowly nurse them back to health emotionally and physically.

A clear example of the above was the use of data to show that 'good care' actually extended people's lives as people were living well. The provider told us about people coming to the service some of whom had chronic health issues or mental health issues and had improved significantly since being at the service with the right support. Staff said this worked by finding out from the person what was important to them and how to maintain this. The service prided itself in being able to manage a wide range of needs by simply working on the principle that by providing personalised care around the individual's needs and wishes and through perseverance and making every day count, they could not fail. By promoting people's well- being the service kept the use of antipsychotic drugs to a minimum and heavily monitored their usage to ensure they were only prescribed when absolutely necessary and in the person's best interest. The minimal use of anti-psychotics is nationally recognised as best practice in dementia care. Staff regularly reviewed people's mental health and did so through the mental health services when medication was also reviewed. Families commented on how much their relative's overall health including mental health had improved since them being at the service.

All around the service there were constant reminders of what people need to thrive including reference to family, loved ones and memories and photographs from the past and current day. Poems referred to love and relationships and about promoting people's well- being through dignity and respect. A few people living at the service have dolls and will nurse them and change their clothes. The care team will sit with these ladies and support them with their motherly duties. They had an old fashioned pram where the babies will rest and go for a stroll.

Staff worked with individuals to establish what was important to the person and to share memories and their experiences. Staff explored how they could support the person to live well but also considered with the person how they wished to be supported in their final days. Staff ensured they knew what people's final wishes were and helped this to happen. There were examples of this which included one person wanting to pass away with their pet beside them. Staff told us they would stay with a person in their final hours and relatives were encouraged to stay as they wished. Staff established such close relationships with people that it was not inappropriate to openly show the person affection and comfort them. Staff supported families and attended people's funerals. After death staff continued to support the family and told us they had often supported people in writing emotional wills. This might include passing on messages to family from the person. In addition memory boxes were created by the person for the family and given to them following the person's death. A person living in the service had a sensory bedroom during the last weeks of their life. Their family all slept in their room with them for three nights. Their son, who lived many miles away, wrote them a letter every day. This was then read to them and then stuck to their bedroom wall so they could see photographs and their son's hand writing. They had the bible read to them daily at their request. The person experienced a beautiful and peaceful death surrounding by their loved ones. Staff told us it was essential to ensure that relatives felt part of the service.

We observed some caring interactions throughout the day. People were supported to join in different things but staff also respected people's autonomy only offering support when it was appropriate to do so. The lounge was split into different areas; there were small groups of chairs, some facing the television, others in a calmer environment. There were lots of staff and activity but the atmosphere was calm and quiet. Tables

in the dining area were laid out with craft materials and there were different things going on both for groups and for individuals

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A relative told us, "They try and let them be independent." People were encouraged to mobilise. People were supported appropriately at lunch to ensure they could eat their meal in the way that they chose, whether that be with staff assistance or adapted cutlery. When people needed assistance staff provided this in a timely way and when moving a person with a hoist used screens to protect their dignity. We observed staff assisting one person using the hoist and saw that they clearly explained what they were doing and asking for permissions. They did not rush and checked that the person was settled and had all they needed before they left. One person told us, "Sometimes they wash me they always ask if it's alright. They ask to come into your room." We observed staff knocking on doors and waiting for people's permissions. Staff were spoken with and one told us about the service "It's warm and homely. It's all about choice for them. Here everyone connects. You show respect by keeping curtains shut and covering areas with towels when washing. We knock on doors and also have screens we use in communal areas." One staff told us, "With personal care you make sure they are not exposed, make sure they are comfortable, and always ask if it's ok to do something."

People's care plans included information specific to the person's needs, wishes and feelings. There were also life histories put together by people and their families giving an insight into the person's life and significant events which had shaped who they were. The life journal continued to be written and developed when people moved to Risby Hall. One person told us, "My room is nice; I have pictures and photos of the family." We observed rooms were clean with personal items such as ornaments, photos and furniture. Each person had a key worker who had oversight of that person and ensured that their needs were being met and liaised as much as possible with their families and friends.

The service continued to involve and engage people and this shaped how the service was provided and reflected in the care, support and activities people participated in. We saw regular reviews of plans of care, which incorporated the individual and family when appropriate. Advocates would be called upon as and when required and would be involved in best interest decisions where individuals were without family members who were able to support them. There were regular reviews of the service and opportunities to participate. For example when interviewing for new staff, people using the service have a chance to be involved where they wished and it was appropriate for them to do so. For more senior members of staff there was a "resident and relative panels" where a group meet candidates and quiz them as they see fit.

Good

Is the service responsive?

Our findings

Staff were able to tell us about people's needs and how diverse their service was in terms of meeting a wide range of needs including lots of different types of dementia. Staff recognised these differences and the effects on individuals.

The environment was very stimulating with lots of information about the service to help people living there such as resident/relative meetings, planned activities and menus for forthcoming meals. We saw a lot of art work completed by people living at the service. In addition different colours schemes within the home helped people recognise different rooms such as one colour used for the toilets. There was a lot of illustrated art work completed by people living at the service. The home used different colours to help people distinguish different areas of the service. This included people's names, and photographs outside their doors.

Staff told us they thought the care they provided was good. One staff said, "Staff work together, people enjoy the young carers they bring a lot of energy. Personal care is really important. "

We spoke with some relatives, one of whom said how much their relative had declined and how resistant they had been to accepting care. They told us how staff had managed this and exercised care and patience. Although they appreciated a lot of activities were no longer suited to their family member they were unclear how staff engaged with them socially. They wanted more time so they could be taken out as they said family were expected to do this. We asked the person about their day but they did not want to engage. Another relative told us, "She is quite content to watch TV. At Christmas they had 2 live reindeers here for a couple of days, 2 or 3 schools came and sung carols. There is no expense spared."

We asked staff about activities. One told us "Twice a month a man comes and does a whole show for them, a music therapist comes weekly, and they prefer the one that is a bit livelier. They do go out, they have been to an owl sanctuary, Lackford Lake, and the gents get to go to the pub in the summer. We do a lot at the tables, yesterday we were painting egg shells, they like to paint, glitter and stuff, we play snakes and ladders, giant dominoes. Staff bring in their children."

We spoke with people about day to day life in the home and specifically activities they did. One person told us, "Sometimes I do a bit of painting." Another said, "I sing with the music therapist, we have just sung "My umbrella ", Rhianna. I see her once a week. I also have my nails painted, watch telly, DVD's." A third person told us, "A lot of activity goes on here." And another said, "We went down to the pub about 3 weeks ago; we had a sit down meal. I do a lot of painting; they hang them on the wall. "

Staff told us people were encouraged to choose activity and outings that invoke their own personal interests and hobbies. For example, staff said some men recently went to the pub to watch cricket. Another went to the owl sanctuary and another garden centre. A number of people went to Felixstowe to eat fish and chips by the pier. Another person was supported by volunteers to do the garden. Staff told us whatever people wanted to do they tried to facilitate and often it was ordinary things most of us take for granted but now

take quite a lot of planning to get it right

Through our observations we saw the home was spacious, and stimulating. Staff all supported each other in providing the care. During our inspection there was lots of activity to keep people engaged and stimulated. A generous activity allocation made it possible to provide activities across the day and in addition outside activities were sought to help. On the day of our inspection there was a regular singer who engaged most of the people sitting in the communal areas. There was also a piano being played and people with instruments. They gave people a choice of songs and sang directly to individuals and encouraged them to participate. There were additional activities including art work. This reflected people's individual's needs and ensured everyone had some opportunity to participate.

We spoke with the activities coordinator. They told us they were currently interviewing for a second to replace a staff member who left. They said they were being supported by care staff and we observed this on the day. They had relevant experience and a good understanding of supporting people with a cognitive impairment. They told us they had transport and enabled people to go out. Some people went out independently and with families. Others went out with staff at times. The activity staff said there was a planned schedule of activities and this included one to one time, which included pulling together life stories/histories for people and sitting reading with people. There were outside entertainers and different events planned throughout the year. We asked about life story work and they told us it was mainly about activities that happen at the home. They told us they take photographs, and duplicates are made for families. Everyone had a life story book and it is an on-going process. They told us it is used to help people reminiscence, and often they start talking about their previous lives. They told us they were a very useful tool for new staff to see a view of their life, and view them as a whole person and find out their likes and dislikes.

We case tracked a number of people and spoke with people and their relatives about their care. We received positive comments. One relative told us, Dad is always cleanly shaven, clothes always nice and fresh, his room is clean and smells nice, nothing has ever gone missing." Another said, "She is always dressed well, most of the time they let her choose what she wears, she has her hair done once a week. She is always clean."

People's records showed contemporaneous records of the care provided by staff and staff were observed throughout the day updating records. Care plans were evaluated at least monthly or more often when people's needs had changed. Staff used the care plans to inform them about the care they should be providing. One staff member said, "I have read some care plans, they are very detailed and clear. I got a very good picture of one of the ladies; it made a lot of sense to me about her difficulties."

We saw recorded reviews which involved the person where able and family members as appropriate. The plan was written in a person centred way stating why the plan was needed, and focusing on what the person could already do and what they needed support with. There were life stories associated with people's care needs which provided a useful insight into the person's lives, careers and family life. These 'stories' help staff to support the person. Care plans included routines and preferences and there were separate care plans for day and night routines. An example of preferences include what the persons usual routine was, any likes or dislikes and what was important to them. Risk assessments were in place which explored the rationale for decisions taken and discounted. These were particularly useful. We noted a number of people who were poorly and had infections. Regular reviews were held for people who were at greatest risk or poor health or changing health status so we were confident monitoring was going on but needed to be more specific.

We were concerned that a number of people were observed as being lethargic across the day. However when we looked at their care records we saw a typical pattern for them was to be up through the night and sleep through the day. This was monitored by staff and attempts had been made to try and promote a good night's sleep. Care plans suggested how staff might do this through making a person comfortable with subdued lighting and a clear evening routine aimed at promoting a good night's sleep. One person was often up for more than 24 hours at a time. Staff supported people with their behaviours and tried to understand through knowledge of what people's routines/jobs had been before they developed dementia.

The service had a complaints procedure and regularly asked people and relatives for their feedback. We viewed complaints and saw these had been appropriately responded to as per the company's policy. People and their relatives told us they knew how to complaint but stated because they were kept up to date about things they did not need to. One relative said, "If they are ever worried about him they contact us. They always go through me and keep me in the loop. I'm more than pleased." Another said, "I can ring anytime, they update me, I'm very well informed. We have very good communication." A person told us "If I wasn't happy I would make a complaint, I wouldn't sit back, but I've never had to." Another told us, "They have a completely open door policy."

Outstanding ☆

Is the service well-led?

Our findings

We found the service outstanding in well led and run in the interest of the people using it and with the involvement of the wider community. The service had input from professionals and from the owners who were seen as an extended family who were visible and approachable. The owners included a registered nurse and an accountant. They set high standards and treated staff as equals and with respect. There was an established registered manager, deputy manager and a team of nurses who were established with many years of experience.

The service aimed to be open, transparent and accessible to people, relatives and staff. Relatives told us "I can ring anytime, they update me, and I'm very well informed. We have very good communication." Staff knew who the owners were and said there was regular contact and support.

People and their families were involved in day to day decisions about their care and welfare and this was recorded in their plan of care. One relative told us, "I can talk to any member of staff; you can always go and see the manager." Another said, "I have had a form to fill in asking for feedback." And another said "They are always striving to improve, what they can improve on I don't know." The service involved people and their families in wider decisions about the service delivery and acted upon their feedback. Examples we were given included one person who said, "The home is orientated towards older women .I would like it to be more inclusive towards men and younger people." Since the feedback was received it was identified that there were some areas in the service required improvement. For example ensuring that the service felt like a home for all and felt like a comfortable and relaxed environment for visitors The service wanted to ensure that the gentleman in the service feel involved and engaged more in activity and occupation that suited their individual needs. They now have a gent's corner in the service where the men and women if they choose like to watch the sport, read the paper and drink a pint or two. They have developed a 1960/70's/80's and now area in the service where some of the younger people like to sit and listen to the different eras of music or have a dance. During our inspection we observed people listening and joining in with music which accommodated different tastes and was of different tempos.

People were engaged in reminiscence activity that was related to their previous occupations and interests. The development of 'My Life Now' in the service encourages people to live in the moment and continue to have aspirations and goals for the future.

Another change the service told us about was around people's dining experiences. This was to ensure that individuals' wellbeing was at an optimum level during the dining experience. This included ensuring people were offered choices of where they want to sit and eat. Detailed care planning that promotes individual preferences for dining which were devised with individuals and their loved ones if required. The kitchen staff were involved in care planning surrounding dietary preferences in order to build relationships and add the person centred touch to a meal.

One relative advised that she felt their mother's very soft meal looked unappetising. So the service now utilise the silicone moulds in the service for all soft diet food to ensure that the puree food looks like the

food in its original form. People who are 'taste for pleasure' choose their own menus with support from the care and nursing staff. One gentleman wanted a batch of homemade double chocolate muffins. He wasn't able to eat them he just wanted to hold them and sniff the chocolate. The care and nursing staff focus on 1.1 interactions and quality time when assisting people to eat and drink to encourage an increase in the individual's psychological wellbeing, confidence and feelings of self-esteem. This in turn boosts dietary intake and relationship building. Out observations at lunch time were almost exclusively positive but we did raise concern about a staff member who was not very attentive. The manager was able to demonstrate how they modelled and encouraged the type of behaviours and staff interactions they wished to see.

The service told us that their evidence suggests that individuals' wellbeing had increased during meal times. They said people's nutrition has increased along with weight and Body Mass Index. A number of relatives dine with their loved ones on a regular basis (some daily) meaning relationships are being sustained and maintained through encouragement of dining with their loved ones in the home.

Staff felt the management team were approachable. One staff told us, "Management are very good, if you have a problem you can talk to them." One staff member told us "Staff meetings are very interactive, interesting and informative; we discuss the training programme, planning, grievances. The last one was November. Every morning or afternoon we are debriefed." Another staff member told us about the handovers between each shift and how informative they found them. The manager told us staff meetings were used as a time of reflection about what works well, what doesn't and deciding what this meant for people using the service so it was outcome focused. For example staff were asked to consider some of the behaviours of people they support and the impact the behaviour can have on how staff feel and act towards the person. The reflective sessions were to support and encourage staff to explore any negative feelings they might have and help them support the person in a positive way. Consideration was given to staff skills and attributes when thinking about who staff should be a key worker for to ensure relationships could be developed appropriately.

People appreciated the service provided to them and in their feedback comments included, "They get you through the painful days. " Another said "You are truly angels from God." A relative said, "Your presence, your patience, kindnesses and love you shared made it a bit easier."

The manager and their team were supported by a management team who carried out audits to assess and judge the levels of care they were providing and celebrate good practice and identify new and innovative ways to improve the service. Relatives meetings were held at least every three months with the owners, management team and staff in addition support was visible and on-going. There was input from district nurses, Local Authority and the dementia intensive support team, the mental health team and input from the mental health nurse. Within their own team they had both general nurses and mental health nurses this was to ensure that they recognised and supported both the general health and mental health of people they care for. Liaison with the GP practices was effective and the service works with five different surgeries which gave people a choice of GP.

The owners were very much involved in their business and we saw effective team work in place. All staff had a shared vision and values essential to personalised care and respect for the individual. We viewed the service's statement of purpose which was the overarching document which talked about service delivery and service values. The owners supported new staff through a detailed induction programme delivering most of the training themselves. This enabled them to get to know and establish a relationship with staff as well as imparting their knowledge and values to staff. Staff performance was monitored and where staffs' practices were not in line with company expectations staff were supported and coached to help them improve. This was recorded to show how issues were being effectively managed and the company were

open and transparent. Where there were concerns about staff practice weekly supervisions were the norm. Incentives were offered for staff who exceeded expectations. For example staff who picked up additional shifts or those going the extra mile. Incentives were linked to financial reward at different levels bronze, silver and gold. The management team completed exit interviews to find out why staff left and found often it was because staff wanted to progress further in the care sector and went on to do a nursing/social work qualification. The exit interviews were used to make improvement if this was what was required. Management also completed 360 degree feedback on their managers and deputies with input from staff about how effective their management was and about their interpersonal and organisational skills. This ensured that the senior team's performance was being measured against key standards attributed to their role. This was completed every six months.

Staff told us how they engaged with the local community and tried to involve them in the care of people using the service to help them stay connected. The providers had a good working relationship with the local media and said a radio broadcast had reported on recent events at the service including winter wonderland, which had been run over many years and had grown bigger and bigger each year. This event ran for three days and included stalls, food, drink, rides, reindeer and Father Christmas. The activities were open to people using the service, friends, family and the community at large. The service also have other events such as decorate your door, the best dressed door won a prize. They recently had a bake off with people being participants and judges. In addition the service had its own minibus and own grounds which were accessible to people. People accessed the community and the community accessed the service such as involvement of volunteers and local schools. Staff told us children were making snow angels and were familiar and comfortable with people living with dementia.

In addition the home also entered Suffolk Community Care Awards to showcase what they did and celebrate excellent practice. The service was nominated for a number of awards and won the team award. We viewed videos of this and saw it was an inclusive event where people and staff united in their celebrations of the care they received and gave.

The service tried different ways to engage with people. The most obvious were audits around care practices which really focused on people's lived experiences. Dementia mapping tools had been developed to effectively record people's experiences and levels of engagement. These were carried out periodically over substantial periods of time. In addition all staff provided hands on care and senior staff/ management were able to observe staff practices and if needed record poor and good practice which would be the focus of a supervision session

When a person first moved in within their first twelve weeks they and their families were asked for their feedback about their experiences of care so this could be addressed. Relative and residents meetings were held and the service issued annual surveys to ask people formally about their experiences and how they could be improved upon. Surveys also went to relatives, staff and health care professionals. Feedback about the service was collated in to one document which summarised the main findings on the quality and satisfaction of the service and actions for improvement and, or to sustain improvement. Feedback from the last survey included the following comments:

"Everybody who works in the home is friendly and we are all made to feel wanted." And another said, "They are always ready to listen & have a friendly approach. All staff do their upmost to create a good atmosphere, there is nothing to improve." And another said, "The staff are excellent, from the first visit the home felt warm and friendly. This is the place we would choose should X need permanent (and not respite) care. I'm confident that he is well looked after." And another said, "Very friendly and helpful Management, we spent time looking around the entire home and were very impressed." And another said "Very friendly, every

aspect explained plus a very welcome cup of tea". And another said: "Risby Hall has a lovely family feel to it. There is always something going on, music, laughter and chatting."

Audits demonstrated that the service was effective and managed well. We found information easy to follow, collated well and reviewed. Information required quickly such as who was for resuscitation was known by staff and easily retrieved. We found the kitchen had been awarded five stars and the service around meal times was efficient. There was a lot of evidence that the service took into account feedback received and learnt from this. For example adverse events included what reflection had taken place, how going forward a specific event could have been avoided or managed differently. Where incidents had occurred such as falls there was a clear audit trail and showed falls were monitored and reviewed to see if actions taken were appropriate and to identify and eliminate possible causes.

The service has always kept the CQC and Local Authority informed of any events affecting the service and has submitted notifications and safeguarding concerns in a timely way. The service has always met the requirements of the regulations and strives to consistently improve the care provided so people have the best possible lives whilst living at the service.