

The Orders Of St. John Care Trust

# OSJCT Boultham Park House

## Inspection report

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

# Summary of findings

## Overall summary

OSJCT Boutham Park House is registered to provide residential care for up to 35 older people, including people living with dementia. The registered provider also operates a day care support service in the same building as the care home although this type of service is not regulated by CQC.

We inspected the home on 22 November 2016. The inspection was unannounced. There were 31 people living in the home on the day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLS applications for seven people living in the home and was waiting for these to be assessed by the local authority. Staff demonstrated their understanding of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Any decisions that staff had made as being in a person's best interests were in line with the requirements of the MCA.

There was a warm, welcoming atmosphere in the home and staff provided people with kind, person-centred care. People were treated with dignity and respect and were encouraged to maintain their independence. People were provided with food and drink of good quality that met their individual needs and preferences.

Staff knew people as individuals and provided care that was responsive to each person's personal preferences and needs. A varied range of communal activities and events was organised to provide people with occupation and entertainment. The provider had recently introduced a new small group reminiscence programme for people living with dementia.

The provider worked closely with local health and social care services to ensure people had access to any specialist support they required. People's medicines were managed safely. Staff recognised potential risks to people's safety and took steps to address them. Staff knew how to recognise and report any concerns to keep people safe from harm. A range of auditing and monitoring systems was in place to monitor the quality of service provision.

There were sufficient staff to meet people's care needs and staff worked together in a friendly and mutually supportive way. The provider supported staff to undertake their core training requirements and encouraged them to study for advanced qualifications. Staff were provided with regular supervision.

The registered manager maintained a high profile within the home and provided strong, supportive leadership to her team. The registered manager had fostered an extremely open organisational culture which was reflected in the attitudes and behaviours of staff at all levels.

## 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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

Staff recognised potential risks to people's safety and took steps to address them.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a detailed record of staff training requirements and encouraged staff to study for advanced qualifications.

Staff were provided with effective supervision and support.

Staff worked closely with local health and social care services to ensure people had access to any specialist support they needed.

People were provided with food and drink that met their needs and preferences.

Staff worked closely with local health and social care services to ensure people had access to any specialist support they needed.

People were provided with food and drink that met their needs and preferences.

### **Is the service caring?**

The service was caring.

Staff provided person-centred care in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Staff knew people as individuals and provided care that was responsive to each person's personal preferences and needs.

A range of activities and events was organised to meet people's needs, including people living with dementia.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The registered manager was known to everyone connected to the service and provided effective leadership to her team.

There was an extremely open organisational culture in the home.

Staff worked together in a friendly and supportive way.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

**Good** ●

# OSJCT Boultham Park 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. The inspection was planned to check whether the provider was 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 visited OSJCT Boultham Park House on 22 November 2016. The inspection team consisted of 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. The inspection was unannounced.

Before the inspection, the provider completed and returned a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. We took this into account when we made the judgements in this report.

In preparation for our inspection we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with seven people who lived in the home, four visiting relatives or friends, the registered manager, the head of care, two other members of the care staff team, the activities coordinator and the cook. We also spoke with two local healthcare professionals and the provider's area manager who all visited the home during the course of our inspection visit.

We looked at a range of documents and written records including three people's care records and two staff recruitment files and staff training records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

## Is the service safe?

### Our findings

People told us that they felt safe living in the home and that staff treated them well. One person said, "I'm very safe. It's very friendly and secure." Another person told us, "I feel very safe. I've no apprehensions at all. I could talk to any of the staff if I had worries."

Staff told us how they ensured the safety of people who lived in the home. They were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations, including the local authority safeguarding team and the Care Quality Commission (CQC). Advice to people and their relatives about how to report any concerns was provided in the introductory booklet that was given to people when they first moved into the home.

We looked at people's care records and saw that potential risks to each person's safety and well-being had been considered and assessed, for example risks relating to skin care and mobility. In most instances, each person's care record detailed the measures that had been taken to address any risks that had been identified. For example, staff had assessed one person as being at risk of malnutrition and a range of actions had been put in place which had resulted in the person gaining weight. In some other cases however, senior staff had reviewed people's risk assessments on a regular basis but it was unclear what measures had been put in place to mitigate risks arising from any change in the person's needs. When we discussed this issue with the registered manager it became clear that appropriate action had been taken in response to people's changing needs. However, the registered manager agreed to review and amend the individual risk assessment documentation in use in the home to ensure a clearer record of any interventions staff had made.

People told us that the provider employed sufficient staff to meet their care and support needs and to keep them safe. For example, one person told us, "There's always someone around to help us." Describing the staffing levels in the home, another person said, "As far as I'm concerned, it's about right." Staff also felt they had sufficient time to meet each person's needs without rushing. One staff member said, "There's definitely enough staff. We are busy but I can do my job properly without feeling I am taking too long. Once I was bathing someone and it took 45 minutes [but] the senior said, 'It takes as long as it takes.' I don't feel we ever skip anything." The registered manager told us she kept staffing levels under regular review using a 'dependency tool' which was used in all the provider's homes. She said staffing at night had recently been increased to ensure there was sufficient cover available in case of an emergency. She also said she had requested additional staffing in the evening to reflect changes in people's needs and was hopeful that this would be approved by the provider shortly. Some people told us that there were times when they thought there should be a higher staffing presence in some of the communal lounges in the home, to provide people with supervision and support. We raised this issue with the registered manager who thanked us for the feedback and said she would review the staffing arrangements in the lounges as a matter of priority.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that

suitable references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the provider had employed people who were suitable to work with the people who lived in the home.

We reviewed the arrangements for the storage, administration and disposal of medicines and found that these were in line with good practice and national guidance. We observed a member of staff administering people's medicines and saw that they took time to ask each person how they wanted to take their medicine. Staff wore a distinctive red tabard which stated that they were not to be disturbed whilst administering medicines. Quite correctly, when our inspector attempted to engage them in conversation, one staff member said, "I am not talking to you!" We noted that one person had asked to retain responsibility for their own medicines. This request had been supported by the provider and any potential risks to the person or others had been assessed and documented. Other people took responsibility for taking their medicines in their own time, after they had been administered to them by staff. Again, any potential risks had been properly assessed and documented. When we reviewed people's individual medicine administration record sheets we noted some minor errors in the codes staff had used to record when someone had declined their medicine. The head of care apologised for these errors and told us she would pick this up as a training issue with the staff responsible for medicines administration. To ensure that medicines were kept at the right temperature and were safe for people to take, we saw that regular temperature recordings were taken in the medicines storage room and the medicines fridge. The head of care told us that she had recently identified an apparent problem with the thermometer on the medicines fridge and was seeking advice from the supplier on how to rectify it. Shortly after our inspection visit, the head of care confirmed that she had spoken to the supplier and confirmed there was no fault with the fridge but that staff had been provided with additional guidance on how to reset the thermometer correctly after each temperature check.

## Is the service effective?

### Our findings

People told us that staff had the knowledge and skills to meet their needs effectively. One person said, "I think they're very capable." Another person told us, "They look after us really well. It's perfect." Commenting on the quality of care and support provided to people living in the home, a local healthcare professional told us, "It's excellent. Really top notch. I'll be coming here when my time comes."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting on their own induction, one recently recruited member of staff told us, "It was good. I did six [shadow] shifts. I wasn't allowed to do personal care until I had been assessed as competent. If we needed longer we could have had longer, but I felt okay [to start working on my own.]" The provider had embraced the National Care Certificate which sets out common induction standards for social care staff. Several new recruits were working towards the award and one member of staff who had recently completed it, proudly showed us their new Care Certificate badge which they were wearing on their uniform.

The provider maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs including moving and handling, basic food hygiene and dementia awareness. Speaking positively of their personal experience of training provision in the home, one member of staff told us, "They're very big on training. In my first eight months I was training constantly. Certificates for everything!" Staff also told us that they found their training helpful in further developing their skills and knowledge. For example, reflecting on a recent course they had attended, one staff member said, "I am interested in pressure area care. We learned how to spot pressure areas by pressing on the skin." The provider encouraged staff to study for nationally recognised qualifications in health and social care and their certificates were on display around the home. One relatively new member of staff who had worked in the care sector for many years told us, "I am currently doing my NVQ 2. I was encouraged to do it. I have never had the opportunity before. It was a funding issue in other homes."

Staff received regular one-to-one supervision from senior staff. Staff told us that they found the supervision process helpful to them in their work. One new member of staff said, "I had my first [supervision meeting] this month. [Name] asked me if I had any worries. It's nice to hear you're doing well." Another member of staff told us, "I've had several in the last 12 months. It's always helpful. I used to forget to sign off paperwork. I was reminded in supervision and I don't do that now. They praise me for everything [I do well] but will address any issues."

Staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the importance of obtaining consent before providing care or support. For example, one staff member told us, "We always give choice. We never, ever assume that we can make decisions [for people] like what clothes to wear, what to drink or bed-time. We ask them everything."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, the provider had applied for a DoLS authorisation for seven people living in the home and was waiting for these to be assessed by the local authority.

Senior staff made regular use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. For example, if someone needed bed safety rails to reduce the risk of them getting out of bed and injuring themselves, we saw the decision had been taken by a senior member of staff following a documented process. Although we were satisfied that any best interests decisions had been taken correctly in line with the provisions of the MCA, we found some aspects of the provider's approach, in particular the use of a recently introduced 'best interests checklist', unhelpful in confirming precisely what best interests decisions were currently in place for each person. We discussed this issue with the registered manager who acknowledged the issue and agreed to review the use of this document.

People told us that they enjoyed the food provided in the home. One person said, "It's excellent! I really enjoy my mealtimes." Another person said, "It's good food. The puddings are nice." People were offered a range of hot and cold choices for breakfast. There was also a variety of hot and cold choices available at teatime, including homemade cakes. For lunch, people had a choice of two main course options and the cook told us that kitchen staff were always happy to make an alternative if necessary. This flexible approach was confirmed by one person who said, "It's beautiful food. We get a choice or they'll do you something else." To assist people make their choice, every item on the rolling five week menu had been photographed and a daily photographic menu placed on the dining room tables. Commenting on the effectiveness of this initiative, the cook said, "If they are struggling [to indicate a choice] it is easier for them to see it." Kitchen staff had a good knowledge of people's preferences and used this to guide them in their menu planning and meal preparation. For example, the cook told us, "Everyone wants poached eggs [for breakfast]. We do about eight a day!" On the day of our inspection we saw that one of the two lunchtime options was an 'all day breakfast'. The cook told us, "It's very popular. I think we will be doing it on Christmas Eve!" Staff also had a good understanding of people's nutritional requirements, for example people who had allergies or who followed a reduced sugar diet. Staff were aware if people's food needed to be pureed to prevent the risk of choking or fortified to help someone maintain their weight. The cook told us she was planning to buy some moulds to further enhance the presentation of any pureed foods. A range of drinks was available throughout the day to help prevent dehydration and other health risks. One person said, "We can help ourselves to water or squash in the lounge and dining room." Commenting on the effectiveness of the provider's approach to nutrition, one family member told us, "[My relative] has actually put on weight since being here, which she needed." Talking of the importance of encouraging people to eat well, one staff member said, "We offer them absolutely anything to get them to eat. [Where I worked before] it was profit above residents. Here, they can have anything." Reflecting this approach, we saw bowls of snacks had been left in communal lounges for people to help themselves between meals.

The provider ensured people had the support of local health and social care services whenever this was necessary. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses, therapists and community psychiatric nurses. For example, care staff had identified one person as being at risk of skin damage. Specialist advice had been obtained and a range of measures implemented to address the issue of concern. One member of staff told us, "If we spot anything, we report it to the senior or head of care. Districts nurses and doctors come straightaway." Commenting on their experience of working with the care staff team, one local healthcare professional said, "They are very

proactive [in contacting us]. They're excellent in every way." One family member told us, "[My relative] has had the optician here and gets the chiropodist regularly."

## Is the service caring?

### Our findings

People we spoke with told us that staff were caring and kind. For example, one person said, "They're all very, very nice." Another person said, "I think they are great with us all. So kind."

There was a warm, homely atmosphere with photographs of outings, events and other mementos on display throughout the home. In the entrance area we saw a letter from The Queen, thanking the people who lived in the home for sending her a card on her 90th birthday. Each of the communal lounges had names including 'Cosy Corner', 'Garden View' and 'Sunshine Corner'. The registered manager told us that people had voted for their favourite names. Family members told us that they always felt welcome when they visited their loved ones. The 'Chit Chat' café had been set up in a corner of the dining room and tea, coffee and cakes were available for relatives and other visitors to enjoy in return for a small donation. There was a relatives' noticeboard in the café which had information on local carers' support groups. The registered manager told us that relatives of people living with dementia also had the opportunity to meet with the 'Admiral Nurse' (a specialist dementia adviser employed by the provider to work across all of its homes) as another source of information and advice.

Throughout our inspection visit we saw that staff supported people in a kind and friendly way. For example, we watched one member of staff stop to talk to a lady who was walking along the corridor. The staff member offered to sit and have a chat with the person or help them make their way through to the lounge to join in the morning activity which was about to start. On another occasion, we saw two members of staff helping someone transfer from their wheelchair to an armchair. Throughout the process, the staff carefully explained everything they were doing and were quick to provide reassurance when the person became slightly distressed. Reflecting this patient, attentive approach one person said, "I feel very relaxed with them all." Another person said, "I feel very comfortable with the [staff]."

Describing her personal approach to the provision of care and meeting people's individual needs, the registered manager told us, "We aim to ensure people are safe, have choice and are treated as individuals. I want the residents to feel that my staff treat them as they would their own family." A sign in the main corridor of the home stated, "Our residents do not live in our workplace, we work in their home." This philosophy was clearly understood by staff and reflected in the way they supported people. For example one staff member told us, "We want people to have as happy a retirement as we can. Whatever the resident needs we will provide." Talking of the importance of providing people with choice and respecting their individuality, another member of staff said, "People like to get up at different times. One lady doesn't like to be disturbed before 9am. We all know not to get her up [before then]." Some people get up at 5.30/6.00am." Commenting on the person-centred ethos in the home, one person told us, "They let us suit ourselves what we do, and when." Another person said, "I always use the same recliner in the little lounge as I need my feet up. I like to sit in the same place at lunch too. I plan my bedtimes to suit me."

Staff were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. Talking of one person they supported, a member of staff said, "When I [provide personal care] I encourage her to do it herself to keep her independence. [Doing things for yourself]

keeps you going. Keeps your dignity." Another staff member told us, "I always encourage people to walk [if they can]. I wouldn't just put them in a wheelchair. It always makes me feel proud when we have encouraged someone to walk down the corridor to the loo by themselves." Confirming this approach, one person said, "They let me wash and dress myself and just check all's gone okay." A relative told us, "They let her do as much as she can, which is great."

The staff team also supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One member of staff told us, "I always knock on people's doors and always close curtains [before providing personal care]. I ask before I go through people's drawers. It's their possessions. And we don't talk loudly about people's private things in open corridors." Another staff member said, "When I take someone to the bathroom I always ask if they want me to step outside [whilst they use the toilet]." Commenting on the approach of staff in this area, one person told us, "They're good at our privacy. They shut the curtains if need be as we're overlooked by houses." Another person said, "They'll always knock and wait to come in."

Information on local lay advocacy services was on display in the home. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The registered manager told us that, although no one living in the home currently had the support of an advocate, she would not hesitate to help someone obtain one if this was required.

## Is the service responsive?

### Our findings

If someone was thinking of moving into the home, the registered manager told us that she encouraged people to, "Pop in any time. They don't need to make an appointment." Following this visit, if the person remained interested in moving in, the head of care completed a pre-admission assessment. Commenting on the importance of making sure the provider could meet a person's needs, the registered manager said, "We do have to turn some people down. It's a horrible conversation [particularly] if someone is in hospital. But we have to look at the bigger picture and the mix of residents already here. We can't become unsafe." Once it was agreed that someone would move into the home, staff prepared an initial care plan to highlight any priority issues and guide staff in supporting the person when they first moved in. Over time, this was developed into a full individual care plan detailing the person's personal preferences and requirements.

We reviewed three people's care plans and saw that they were written in a detailed way, enabling staff to respond effectively to each person's individual needs and wishes. For example, one person's plan stated that they wanted to be made aware of the activities that were being provided in the home so they could choose whether to attend or not. We saw that this had been done and that the person was a regular participant in several activities. The provider had asked people if they wished to keep their personal care plan in their bedroom and we saw that most people had taken up this opportunity. Staff told us that they found the care plans helpful when providing people with care and support. For example, talking of the importance of the care plans in supporting people living with dementia who could not always articulate their choices and wishes, one member of staff said, "I look in people's care plans to try to find out as much as I can about what they like." Another staff member said, "Families complete the 'all about me' section and these are really helpful when someone new comes in and we don't know what they did and what they like. One gentleman liked to post letters [when he lived here] as he used to be a postman." Staff organised a six-monthly meeting with each person and their family to discuss their personal care plan and agree any changes. Commenting on this approach, one family member told us, "They do a six monthly review with me and my sister and ask me what we are happy with." Another person's relative said, "We have a six monthly review and they keep in touch between times."

Staff clearly knew and respected people as individuals. One member of staff told us, "[When you get someone up in the morning] some people like to put their socks on first. Others like their teeth in first. It's about knowing your residents and doing it their way. If that's what they want, that's what we do." Reflecting on the importance of establishing a personal rapport with people, another staff member said, "One lady liked to go on holiday to [place]. I've been there too. She was telling me about going there with her family. It brought her out of herself a bit." The head of care told us about one member of staff who had noticed that one person always carried a small photograph of their late husband in their purse. Recognising the importance of this photograph, the member of staff had arranged for it to be enlarged and framed. The head of care said that when the staff member presented this as a gift to the person, "They were over-whelmed. There were tears in their eyes." We saw other examples of the provider's commitment to responding flexibly to people's individual wishes. The home had a hairdressing salon and although a local hairdresser visited every week, if people wanted to keep their regular hairdresser, they could also come in and use the salon. Showing us some new garden furniture, the registered manager told us she had arranged for the table to be

built specially by a local carpenter, at a height that made it easier for people in wheelchairs to use. Commenting on the responsiveness of staff, one person told us, "They come in every few hours. If they see I'm awake, they'll stop for a chat and make me a cup of tea." Another person's relative said, "She doesn't like food with 'bits' in. They know her so well and give her options. I can't fault them."

The provider employed an activities coordinator who worked Monday to Friday to facilitate communal activities and other events inside and outside the home. The activities coordinator told us that she hoped to start some weekend working in the New Year. In discussion with the people who lived in the home, the activities coordinator had prepared a varied programme of activities including arts and crafts, parlour games, competitions and parties. On the morning of our inspection, we observed a weekly 'movement to music' group which was run by a visiting therapist. Almost half the people living in the home participated in the activity which was clearly an enjoyable and valuable source of mental and physical stimulation to many. Talking of the benefit of this activity, the therapist told us, "Even if they don't move, the music brings back memories." On the afternoon of our inspection, we observed a 'cognitive group' session led by the activities coordinator in the newly-built summer house in the garden. The summer house had been furnished in a vintage style and the three people participating in that day's session were served tea in traditional bone china cups and saucers. The session was part of a 14 week small group reminiscence programme for people living with dementia. The activities coordinator told us the initiative had been trialled in other homes operated by the provider and had recently been introduced at Boultham Park House. She told us that a formal evaluation of this new approach would be completed at the end of the programme, to determine any therapeutic benefits for the participants. In the meantime however, the activities coordinator told us that she had already noticed some positive impact on the people taking part. She said, "One individual has come out of herself. She joins in more. It's been worthwhile. It has given people a talking point."

The activities coordinator also organised a programme of special events and outings including visits from professional entertainers and trips to a local garden centre and Lincoln Cathedral. Talking of a recent outing to a remembrance event at Lincoln Castle, the activities coordinator said, "We went four times, so everyone who wanted to could go." A weekly Church of England service was held in the home and one person was supported to remain active in the local Roman Catholic church.

People told us that they valued the variety of activities and other events on offer. One person said, "Anything that's going on, I'll join in! I make the most of it." Another person said, "I join in most things and I've been on some trips." Talking of the range of activities enjoyed by their relative, one family member said, "[The activities coordinator] takes [name] out to the summer house twice a week. Most days she can join in something. They take her for a walk or to do some shopping. She likes to sit in on the Sunday service." Staff also encouraged people to maintain their personal interests and hobbies. For example, one person told us, "I read my paper and I like my books." Another person's relative said, "They know she likes gardening and crosswords and will sometimes do one with her. They took her on the trip to the castle and had lunch out."

Information on how to raise a concern or complaint was provided in the information booklet people received when they first moved into the home. People told us they were confident that any complaint would be handled properly by the provider. However, people also told us that they had no reason to complain. One person said, "We're happy as things are. It's lovely." Another person's relative said, "They take on board things and will phone me at home if needs be. We've not had to complain once." The registered manager told us that formal complaints were rare as she and other senior staff were well-known to people and their relatives and was able to resolve any issues informally. Confirming this approach, one person's relative told us, "They do take notice if I raise anything." The provider kept a record of any formal complaints that were received and the registered manager ensured these were managed correctly in accordance with the provider's policy.

## Is the service well-led?

### Our findings

The people we spoke with told us they thought highly of the home. One person said, "I'm very satisfied. I'd definitely recommend it here. We looked at three places and this is the best." Another person's relative told us, "I looked at quite a few places before here. I was horrified with other homes. [This] was a like a breath of fresh air. So bright and airy, staffed properly and things going on." One local healthcare professional who had regular contact with the home said, "We cover five or six homes and this is by far the best."

The registered manager was well-known to, and respected by, everyone connected with the home. One person told us, "She seems very nice and we can chat with her." Another person said, "I see her around quite often. She's very nice." The registered manager told us she was always happy to provide hands-on support or cover any gaps on the staffing roster, if this was needed. She said, "I came in on Sunday morning and covered the shift until a [relief] carer arrived. I'd been in the park and was still in my running gear!" This supportive approach was clearly appreciated by staff, one of whom told us, "[The registered manager] is great. She gets really involved. She comes on trips and will help a resident go to the toilet."

The registered manager told us she had been looking forward to our inspection and said, "I'm pleased you've come. We are happy to open the home and be inspected by anyone." Reflecting this comment, throughout our visit the registered manager demonstrated an extremely open management style, which had clearly influenced the approach of her staff team. In one example of the open and transparent culture the registered manager had established in the home, during our inspection we noticed a door which should have been locked had not been fully pulled to. The registered manager apologised for this mistake and went to follow it up with the member of staff she thought was responsible. However, when she started to discuss the incident with this person, a junior colleague immediately intervened to say it was they who had failed to secure the door properly. The registered manager was also quick to accept responsibility for any issues we highlighted during our visit such as staffing in the lounges and best interests and risk assessment documentation.

The registered manager provided strong yet compassionate leadership which was appreciated by staff at all levels. For example, one senior member of staff said, "She's great. I have learned a lot [from her]. Firm but fair. She's one of us and likes a laugh and a joke. But when we need to be, we know when we are in the wrong." Another staff member told us, "She is a very good manager. If we have a problem [she] is really approachable. I can speak to [her] about anything. And she's up for a laugh." Reflecting this feedback, we saw the manager had a photograph on her office door showing her dressed as a witch at the home's recent Halloween party.

Staff worked together in a friendly and mutually supportive way. One member of staff said, "We have a good team. Everyone gets on." Regular team meetings, daily logs and shift handovers were used by the provider to facilitate effective communication. Describing a recent staff meeting, one member of staff said, "They gave out [training] certificates and long service awards. It was a nice, positive experience." Staff told us they enjoyed working in the home and were proud of the provider's ethos and values. For example, one member of staff said, "I have worked in care for 17 years but this is the first place I have worked that is not-for-profit."

Here it is about the residents, not how much money is coming in. I can't think of anywhere I'd rather work." The registered manager told us she felt well supported by her area manager and that the provider organised regular managers' meetings which were also a helpful source of advice and support.

The provider had systems in place to monitor the quality of the care provided. For example, senior staff had conducted an infection control audit which had highlighted the need for a new freezer in the kitchen and a new carpet in one person's bedroom. The provider also conducted an annual 'care quality compliance' audit in each of its homes. The registered manager told us of her pride in scoring an overall rating of 99.1% in the home's most recent audit, an increase of 3% from the previous one. The provider's area manager visited the home on a regular basis and provided the registered manager with a detailed report on any issues they had identified. For example, on their most recent visit, the area manager had highlighted some gaps in care plan records and the need for more regular fire drills. The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. However, we reminded the registered manager of the need for a formal notification to be submitted in all cases, in addition to any email or telephone communication. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary.

The provider conducted a regular survey of people and their relatives to measure satisfaction with the service provided. We reviewed the results of the most recent survey and saw that satisfaction levels were extremely high. For example, one person had commented, "Having experienced several care homes I would rate this one as one of the best in the area." The registered manager told us she had reviewed the survey returns carefully to identify any areas for improvement. For example, in response to feedback from one person's relatives, new flooring and equipment had been installed in their bedroom. Regular meetings were held with the people who lived in the home and the minutes of the most recent meeting were on display in the reception area. We saw that a range of issues had been discussed including suggestions for the menu and plans for a Christmas outing. People's satisfaction with the service provided was also reflected in the many letters and cards received from family members and friends. For example, following the recent death of their loved one, one relative had written to say, "Thank you for the staff who attended Mum's funeral and the lovely floral wreath." Another family had written to say, "Thank you all for everything you did for Mum. You all showed great care and dedication for which all the family are grateful."