

Aldbourne Nursing Home Limited

Aldbourne 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?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

Aldbourne nursing home provides accommodation and nursing for up to 40 older people some of who are living with dementia. The home is situated on one level with two communal lounges and dining area, with a central kitchen and laundry. There is also a conservatory where people can sit.

At the time of our inspection there were 38 people living there.

The inspection took place on the 5 and 6 July 2016. The first day of the inspection was unannounced. At our last inspection of Aldbourne nursing home in May 2015 we found the provider did not meet some of the legal requirements in the areas we looked at. The provider wrote to us with a plan of what actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken all the necessary improvements required to fully meet people's needs.

The service had a registered manager employed at the home. 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.

People were supported by very kind, caring and compassionate staff that would go the extra mile to ensure people received an excellent and personalised high standard of care. We found staff had an excellent knowledge and understanding of people's needs, interests, likes and dislikes. We observed a range of warm and affectionate interactions during our inspection, with people using the service sharing jokes with staff and not hesitating to seek assistance where required.

People received personalised care that was responsive to their individual needs. People had access to activities that included their individual hobbies and interests. Links with the local village community had been established and people were supported to participate in events held within the local village such as fetes and other events that were meaningful to them. Time was spent on a one to one basis with people who chose not to attend group activities.

People, relatives and health and social care professionals spoke positively about staff and felt they had an excellent understanding of people's individual needs to ensure they received personalised care from all staff. Health professionals told us that the service was committed to supporting people to remain independent or regain any independence lost. They gave examples of how people were supported to live the lives they wanted.

People were safe living at Aldbourne nursing home. There were enough staff on duty to meet people's care and support needs safely. People received their medicines as prescribed and at the correct times. We saw that risks were managed through regular assessments and associated care plans and reviewed periodically throughout the year. Staff displayed a good understanding of how to keep people safe from potential harm or abuse.

The staff had received appropriate training and supervision to develop the skills and knowledge needed to provide people with the necessary care and support. Training was comprehensive and regularly refreshed, with staff attending a range of training as well as training specific to the needs of people using the service, for example dementia awareness.

People spoke positively about the food and told us they received enough to eat and drink. Catering staff were knowledgeable about people's likes, dislikes and dietary requirements. Action was taken by staff when they were concerned about people's health and well-being.

There were effective pre-employment checks for the safe recruitment of staff, including criminal records checks and obtaining character references. New staff were inducted into the role with a combination of attending core training, shadowing experienced staff and completing the care certificate workbook.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. We found related assessments and decisions had been properly taken and the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS).

The registered manager investigated complaints and concerns. People, their relatives and staff were supported and encouraged to share their views on the running of the home. The provider had quality monitoring systems in place. Accidents and incidents were investigated and discussed with staff to minimise the risks or reoccurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Safeguarding training had been completed and staff were aware of how to raise any concerns about people's wellbeing to ensure people were safe.

Risks were assessed and reviewed regularly and control measures were put in place to minimise the risks to people.

Medicines were administered, stored and disposed of safely in line with the providers procedures. □

Good ●

Is the service effective?

This service was effective.

Staff had access to a range of training to ensure they had the correct knowledge and skills to provide people with care and support to meet their needs.

People had a choice of food and drink and they received sufficient to meet their needs. People spoke positively about the food choices available to them.

Concerns relating to people's health and wellbeing were promptly acted upon by staff.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. People's best interests were managed appropriately under the Mental Capacity Act (2005). □

Good ●

Is the service caring?

This service was extremely caring.

People were supported by staff who were extremely kind, caring and compassionate and who would go the extra mile to improve people's quality of life.

People's privacy and dignity were respected. Staff provided care in a way that maintained people's dignity and upheld their rights.

Outstanding ☆

People were actively encouraged to make choices about how they wished to live their lives. People and their relatives were involved in making decisions relating to care and support. □

Is the service responsive?

This service was extremely responsive.

People had access to activities that included their individual hobbies and interests. Links with the local community had been established and people were supported to participate in events held within the local community such as fetes and other events that were meaningful to them.

People's individual care and support needs had been assessed and were responded to ensure they were being met. Staff provided personalised care to people that had in some cases improved their quality of life and wellbeing.

People and/or their relatives said they were able to speak with staff or the managers if they had any concerns or a complaint. They were confident their concerns would be listened to and appropriate action taken.

Outstanding 

Is the service well-led?

This service was well-led.

There were effective systems in place to monitor the quality and safety of the service provided. Where required actions to improve the service had been identified and acted upon.

There were clear values that included treating people with dignity and respect and supporting people to remain independent. There was an open culture and staff told us they felt supported by management.

People using the service, relatives and health and social care professionals we spoke with told us the registered manager and matron were approachable and took action to ensure people's needs were met and concerns addressed.

Good 

Aldbourne 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.

We carried out this inspection over two days on the 5 and 6 July 2016. The first day of the inspection was unannounced. One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. During our last inspection in May 2015 we found the provider did not meet some of the legal requirements in the areas that we looked at.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with seven people who use the service and two visiting relatives about their views on the quality of the care and support being provided. During the two days of our inspection we observed the interactions between people using the service and staff. We used the Short Observational Framework for Inspection (SOFI). We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether they had positive experiences.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included four care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the registered manager, the matron, two registered nurses, four care staff, one of the activity

co-ordinators and staff from the catering department. We received feedback from two health care professionals who work alongside the service and three visiting healthcare professionals.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe. Comments included "Yes I feel totally safe", "I can always talk to the manager" and "everyone is kind to the residents and each other". When we spoke with external healthcare professionals who visited the service regularly they told us they had no concerns regarding the safety of people living at Aldbourne Nursing Home. They were able to give examples of when the registered manager and other staff had liaised with them and other professionals to ensure people were kept safe when concerns were raised. One healthcare professional told us "When I expressed concern regarding one resident the manager was very supportive and we undertook a team approach with the care plan being revised to resolve the issue".

Policies were in place in relation to safeguarding and whistleblowing procedures which guided staff on any action that needed to be taken. Staff had received training in how to keep people safe and were aware of their responsibility to identify and report any suspicion of abuse. When we spoke with staff they were able to tell us how they would raise concerns about people's wellbeing and who they would speak to. One staff member told us "We are here to help people and if I saw anything I would speak to the staff member first. I would be comfortable raising my concerns with the nurse or management". Another staff member said "We get supervision regularly where we discuss working practices. We are encouraged to speak up and I would feel comfortable raising any concerns. I know they (management) would deal with it". The registered manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

Risks to people's safety had been assessed and actions taken to mitigate these risks. This included risks in relation to falls, nutrition and developing pressure ulceration. There was clear information in people's care plans which provided staff with guidance on how to reduce these risks. The staff we spoke with were able to demonstrate what they needed to do to keep people safe. For example, staff told us people who were at risk of developing pressure ulcers would have their position changed regularly. Referrals had been made to Speech And Language Therapist's (SALT) for those people who were at risk of choking and plans were put in place to minimise this risk. These risks were regularly reviewed and changes updated as required.

Any accidents and incidents that occurred were recorded by staff and investigated by the Matron. We saw that preventative actions had been taken when accidents or incidents had taken place. For example, for one person who was at risk of falls additional grab rails had been installed in their bedroom.

The administration of medicines was restricted to the nursing staff who explained to us how they administered medicines to people. People's medicines were managed and administered safely. Medicines were stored securely. Fridges were available to store those medicines that required a consistent temperature and fridge temperatures were checked daily and recorded. People's photographs were attached to their MAR sheets to aid identification and any medicine allergies were recorded. Processes were in place to ensure medicines that were no longer required were disposed of safely. Medicine Administration Records (MAR) were found to be up to date with all signatures in place.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. We spoke with the Matron who explained how they used a dependency tool to ensure appropriate staff were deployed at all times. We saw staffing rotas reflected the staffing levels identified by the dependency tool. At all times during the inspection we observed adequate numbers of staff on duty which meant people received the required care and support. Call bells were answered swiftly and staff took time to speak with people. Comments from people we spoke with included "Staff always come when the call bell is pressed" and "I have a call bell which I use when I need help".

Staff told us there were sufficient staff to meet people's needs. Staff said they had time to sit and chat with people. They said they usually had more time in the afternoon to spend time with people. Comments included "I have time to chat with residents and will also do things like hand care if they want it" and "We are not rushed and have time to talk and build relationships with people". They told us that if they felt there weren't enough staff to meet people's needs they could raise this with the registered manager who would deploy additional staff.

We saw safe recruitment and selection processes were in place. We looked at the files for five of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Is the service effective?

Our findings

At our previous inspection that took place on 7 May 2015 the provider was not meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us with a plan of what actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken all the necessary improvements required to fully meet people's needs.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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).

Consent to care was sought in line with legislation and guidance. Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings had taken place. During the inspection, the Matron told us where needed they had made applications for DoLS authorisations. Applications had been submitted by the provider to the local authority. More urgent DoLS had been authorised, whilst others were awaiting a response. Where DoLS applications were in place we discussed with the Matron about regularly reviewing these to ensure what was in place remained the least restrictive option.

The registered manager and staff had good knowledge of the Mental Capacity Act 2005. Training in this subject had been undertaken by staff. During our inspection we observed staff supporting people to make decisions about their daily living and care. For example, people were asked if they wished to join in activities and if they declined this decision was respected. Staff sought consent from the person before undertaking any care tasks. Staff said people were always offered the choice of when they wanted to get up or go to bed, what they wanted to eat and drink and how they wanted to spend their day. Comments from staff included "We always involve people in their care. It's people's choice" and "Choice is part of our philosophy of care. Each and every person should be able to make their own choices".

People received effective care from staff who had the knowledge and skills required to enable them to carry out their roles. Records showed all staff had received a range of training related to their role and level of responsibility. These included areas such as the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), fire awareness, food hygiene, moving and handling, infection control, safeguarding adults and health and safety. Nurses said they had access to continuing professional development relevant to their roles. One nurse said "We have access to all the correct training. Matron is very good and will check our competencies". They said they had been able to attend training in end of life, care and tissue viability, to

support protecting people who were at risk of pressure ulceration.

People we spoke with told us they felt staff were knowledgeable and had the correct skills. Comments included "I feel the staff are well selected and on the whole they are very knowledgeable" and "They always explain and ask about me. They pick up things and monitor situations".

Staff we spoke with said they felt they had received sufficient training to provide people with effective care. Comments included "They advertise so you know when training is available and you get reminders when you need to do refreshers" and "The training works well for me. We discuss training in supervision to make sure we understand".

Staff we spoke with talked to us about the support and supervision they received. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt well supported within the home and said that senior staff were supportive and accessible if they needed to speak with them. Comments included "I feel supported to do my job and I'm being offered opportunities to help me progress" and "I am supported very well. Any concerns and the manager's door is always open to discuss".

People and relatives spoke positively about the food and told us there was sufficient to eat and drink. Comments included "Food is very good, always mashed up perfectly to suit him so that there is no risk of choking" "The food is pretty good. I always eat what is in front of me" and "There is always an alternative available. I can't eat peas so they don't serve them to me". We observed people eating their midday meal and saw they were offered various meal choices. The meal looked appetising and was well presented. If a meal was declined staff offered alternatives and encouraged people to eat.

People had access to specialist diets when required for example pureed or fortified food. We spoke with the catering department; they had information of all people's dietary requirements and allergies. This also included people's likes and dislikes. They explained that people had a choice of meals. They said if people did not like what was on the menu then they were able to request alternatives. The chef told us "This is people's home and we strive to give them what they want".

The kitchen was clean and tidy and had appropriate colour coded equipment and utensils to ensure that food was prepared in line with food safety guidance. The kitchen had been awarded a Food and Hygiene five star rating by the food standards agency. The food standards agency is responsible for protecting public health in relation to food in England, Wales and Northern Ireland.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals, such as a chiroprapist, physiotherapist or tissue viability nurse. Care plans confirmed people had access to health care professionals. Visits from health care professionals were recorded and any outcomes of these visits. Feedback from visiting healthcare professionals was positive. Comments included "All visiting professionals are requested to write in the person's care plan. Any changes to the care plan are handed over to the nurse in charge who updates the care plans". There are regular visits from the GP plus urgent visits are arranged if concerns are raised.

Is the service caring?

Our findings

On entering the home there was a welcoming and friendly atmosphere. People using the service and relatives we spoke with told us the staff were extremely caring, compassionate, thoughtful and helpful. One person told us "Staff are very helpful, all very nice. Staff regularly ask you what you think about something". Another person told us "Staff are very chatty and will always share a joke with you". Other comments we received included "Staff are extremely caring and kind", "They can't do any more than they're already doing. We spoke with one person who had recently arrived at the home. They told us "It is all going very well. Staff are very attentive and I can have breakfast in bed".

Health and social care professionals we spoke with during our inspection and contacted prior to our inspection all told us they had only ever witnessed staff providing people with caring, compassionate, respectful, responsive and personalised care. Comments included "All residents are treated with dignity and respect. I have never witnessed anything other than this. Person centred care is always used as per the mission statement of the home and their philosophy of care", "Staff are very caring and know the residents extremely well. The outlook here is this is people's home and they should live life to the full" and "Residents are always asked by staff about their needs, choices and preferences, which the home tries to think outside of the box to achieve".

Another health professional told us they had seen a "Vast improvement in my customer's health and their capacity has returned during the time they have been in Aldbourne. This can be attributed to the excellent nursing care and stimulation provided by the team of qualified nurses as well as by the fantastic care assistants". They explained staff had supported the person with their health needs and they were now able to return home. The person said they felt staff "Go the extra mile" and they have felt "More as a part of a family than a resident".

Professionals talked to us about the home being creative in supporting people to live the lives they wished. One example given was how staff support one person to conserve their energy to ensure they were able to access the things they want and need to. For example taking the person's bloods before appointments thus reducing the time they needed to spend at the hospital. This meant the person was able to conserve their energy and be able to take part in activities they enjoyed on their return from hospital. Another example was when the registered manager organised for a mobile fish and chip van to park outside the home for those people who said they enjoyed fish and chips. People were able to go out independently and place their own orders. One person stated that they had thoroughly enjoyed the meal and were emotional as it brought back memories from the time spent with their family on seaside holidays.

We observed staff having a genuine interest in the wellbeing of residents, engaging them in conversation to check how they were feeling and if there was anything they needed. Staff continuously talked about "This being people's home" and how they should be supported to "Live the life they choose". For example, one person had not previously been given birthday cake in case they choked. After listening to the person say how much they missed eating cake, a nurse decided to break the cake into small pieces and mix with milk. The person really appreciated this as they missed not having chocolate cake and now has cake served this

way. One healthcare professional told us the interactions they observed between residents and staff were always "Meaningful and joyful". We observed people were comfortable in staff's presence. Conversations were friendly and there was lots of laughter and shared jokes.

Staff were aware of the importance in respecting people's rights to privacy and dignity. People were addressed by staff using their preferred names and staff knocked on people's doors before entering their rooms. When people received personal care staff made sure people's bedroom doors remained closed. In communal areas staff were discreet when asking people if they needed to go to the bathroom. Staff told us there was a screen which could be used when they were hoisting someone in the communal area to preserve their privacy and dignity.

During our conversations with staff they demonstrated they cared a great deal for the people they supported. Staff told us they felt that people received high quality care. Comments included "We have a stable staff team and time to really develop relationships. We are always involving people in their care. Its important people have choice", "It's about putting the person first and encouraging them to stay independent. It's about encouraging people even if it's only with little things", "We have time to provide good care and we have good staffing levels to help with this" and "We treat people as individuals. If staff treated me that well then I would be pleased".

We observed people were comfortable in the staff's presence. Conversations were friendly with jokes being shared and lots of laughter. We saw that when people were approached by care staff they responded to them with smiles or by touching their arm which showed people were comfortable and relaxed with staff. Care workers took their time with people and did not rush or hurry them. During lunch time we observed one person using the service who kept trying to offer support to the person they were sitting next to. This support was not required. Staff were quick to notice what was happening and asked the person if they wanted to sit somewhere else. The person declined the offer so staff gently explained to the other person that the person did not require assistance. This was done sensitively to avoid upsetting the person and making them feel they were not being helpful.

Through comprehensive training, development and supervision staff were aware of the importance of enabling people to make choices about how they lived their lives and supporting people to be involved in their own care. One person told us "I'm encouraged to stay active but can also stay in my room if I want". Another person told us "I am helping staff to knit squares for blankets for refugees". Comments from staff included "People choose where they want to spend their time and what they want to do. If a person doesn't want their personal care when we ask they can refuse. We always have time to go back and check again later" and "It's all about people's choice. We try and encourage people to be as independent as they can". One staff member gave an example of this saying "We always support those people who can use a Zimmer frame to maintain their mobility by encouraging them to walk as much as they can. We don't take the easy option and use a wheelchair to move people. We have time to support and encourage". We observed throughout our inspection that people could make decisions about how they wished to receive care. This included areas such as making choices about where they wanted to spend their time within the home, where and what they wanted to eat and what activities they would like to take part in.

People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as books, ornaments and photographs. Supporting people to personalise their rooms created a comforting and homely feel. People told us they could spend time in their room if they did not want to join other people in the communal areas.

Records contained information about what was important to each person living at Aldbourne Nursing

Home. People's likes, dislikes and preferences had been recorded. There was a section on people's life history called "My Life So Far" which detailed previous employment, religious beliefs and important relationships. Staff explained that information was used to support them to have a better understanding of the people they were supporting and to engage people in conversation. Staff told us they regularly reviewed people's care plans and they were made aware of any changes to care during the handover.

The home was committed to providing end of life care that met people's needs. The registered manager and Matron told us service was passionate about ensuring residents had a dignified, comfortable and pain-free end of life. Three visiting professionals spoke very positively about the end of life care people had received whilst at Aldbourne Nursing Home. They explained how the home regularly reviewed people's, who were at end of life, care to support them to either remain at Aldbourne or to be able to go home. They said the Matron actively involved people in meetings to discuss their end of life care where they were able. They said of one person "They (Matron) encouraged her to be a part of the meeting so we can consider her wants and wishes". The service worked closely with other health care professionals to ensure people received the correct care and support when nearing the end of their life. Staff had undertaken bespoke training to support them to recognise the signs of dying and how to make people comfortable. One health professional told us "Even though someone is nearing the end of their life, the outlook here is that where possible people should be still living life to the full. They will adapt care to suit the person and explore with other professionals and the person what is best". Comments from relatives included "We are very thankful for the excellent care provided to Y during her end of life. Y passed away very peaceful and free from pain. You respected their end of life wishes and promoted dignity" and "All staff need halos above their heads as they are all angels. Staff were kind, caring and nothing was too much trouble".

Is the service responsive?

Our findings

At our previous inspection which took place on 7 May 2015 the provider was not meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us with a plan of what actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken all the necessary improvements required to fully meet people's needs.

People received personalised care that was responsive to their individual needs. The registered manager and Matron told us that they continuously sought to improve and develop the service to ensure people were provided with personalised care of a high standard. Staff received training which included person centred care and equality and diversity. New staff undertook the care certificate which included training and understanding all aspects of delivering person centred care and support. We saw in staff's personnel files records of discussions with their line manager which checked their competency and understanding of the training they had completed. These included discussions on what person centred care should look like and how staff respected people's diversity and treated them equally. One healthcare professional told us "They are very proactive with accessing training. Some of this training has been bespoke in order to respond to the person's needs appropriately. Staff are always seeking to update their knowledge".

People, relatives and health and social care professionals spoke positively about staff and felt they had an excellent understanding of people's individual needs to ensure they received personalised care from all staff. Comments from people included "Staff are very good, very accommodating" and "Very good staffing. It's not institutionalised here". Two health care professionals told us how the service were working to ensure people received personalised care and enabling people to remain independent. This included people who were nearing the end of their life. The service strived to ensure people remained as independent as possible. For example, one person who experienced fatigue was able to access the local village facilities such as the post office and café independently using their mobility scooter. The healthcare professionals said this ensured the person was still able to "Live the life they wanted". They said the registered manager and Matron were receptive to suggestions on how best to respond to peoples changing needs and "Explore what is best for them". They said there was "Good collaboration" between the service and other professionals to ensure people's needs were responded to.

When people moved into the home, their care and support needs, including their preferences were fully assessed and recorded within their care plan. These provided staff with clear and detailed information to guide them on how to respond to ensure people's care needs were met in their preferred way. To support people to maintain or improve their physical and emotional wellbeing they were offered regular participation in activities and physiotherapy. One healthcare professional told us about a person they had supported to move into Aldbourne Nursing Home. They said "This is the best X has been for four years. The home has supported him to be able to sit out of bed and to be actively involved in the activities the service provides. The matron has reviewed his meds which has been positive. They have also put on weight since moving there". They said the home had been creative in supporting the person who had swallowing difficulties to be able to access their favourite cheese and wine. Another healthcare professional told us

how the staff had supported one person to regain the use of their hand. The person had struggled to follow the arm exercises as advised so the staff had been creative in introducing activities the person enjoyed that also encouraged the use of the person's hand and arm and incorporated the exercises.

Healthcare professionals told us the service was very good at following care and treatment plans as advised to support people with rehabilitation. This included assisting someone to practice leg exercises to support the person to progress from sitting to be able to use a stand aid. They said staff had helped stimulate the person and facilitated them with "Sitting balance and trunk control" through involving them in activities.

The home supported people to be actively involved in activities both within the home and in their local community thus reducing the risk of social isolation. There were strong links with the local community and people were encouraged to participate in community events and other events that had meaning to them. The service worked alongside a local group of volunteers called 'Friends of Aldbourne Nursing Home' who regularly supported the home with providing activities or attending trips. This included day trips out, shopping trips and supporting people to attend local events. The friends invited people living in the home to their houses for cream teas and during the summer a local band played regularly at the village pond which was attended by the people living in the home. Local pre-school children regularly visited the home to take part in activities. One of the activities coordinators said this gave people a purpose for engaging in other activities. For example people joined in cookery sessions to make cookies for the children's next visit.

We spoke with one of the activities coordinators who explained the importance in supporting people to access activities which were meaningful and reflected people's interests and past hobbies. They told us they were introducing a positive psychology known as 'FLOW' which is where the person taking part in the activity is fully engaged, involving their creative abilities, which promotes happiness. They said the idea is to offer people a challenge but not over challenge people.

The activities coordinator explained the importance of people receiving activities that were stimulating and for this to be planned in line with physical and emotional needs. For example, one person was only able to sit in their wheelchair for certain periods of the day. The activities coordinator worked with care staff to identify activities the person enjoyed and ensured that would be the time they spent in their wheelchair.

The service had access to two minibuses that could take people out on trips within the local community and further afield. The day before our inspection, some people had attended a trip to the seaside. People spoke positively about this trip reminiscing about being able to have their toes in the sand. The service had recently held a 'Royal street party' to celebrate the Queen's birthday which the local community had been invited to. People living in the home had been involved in the organising of the party making bunting, decorating hats and baking cakes.

People living in the home had access to a wide range of activities both within the home and the local village community where the home was situated. These included a visiting therapy dog, shopping trips, lunch out, making sandwiches for tea, quizzes, baking and gentle exercise. People were supported to attend activities which were meaningful to them. For example people who enjoyed gardening were supported to attend the home's gardens. One person who was able to play the piano regularly held music sessions within the home for people to attend. One person told us "The activities available are very thoughtful and engaging" and "I'm always involved in activities. They organise a lot".

To reduce the risk of social isolation staff told us they regularly involved people in activities they enjoyed, encouraging them to join in. For those people who wished to remain in their rooms staff were aware of the risk of social isolation and told us they were able to spend time with them in their room chatting or doing an

activity such as hand care.

We observed staff being responsive to people's individual needs throughout the inspection. This included responding to requests for assistance such as support with personal care, a drink or if they wanted to go back to their room or communal area after lunch. We observed one person who was being transferred from their wheelchair to an armchair in the communal lounge. They expressed some pain with their knees being together. The staff member immediately responded by fetching a towel and explaining they were going to place this between the person's knees to help with the pain. The person stated "That's much better".

People's care records had all been reviewed and the information within them was accurate and up to date. Care plans had been redesigned so records of people's care needs were all together and could be easily photocopied and taken if a person was admitted to hospital. Staff told us they had access to people's care plans and understood the care and support people required. They confirmed people's needs were reviewed each day during handover meetings between staff to make sure they were aware of any changes that were required to people's care. A healthcare professional commented "Aldbourn's new care plans have been very successful. As a visiting professional it is easy and straight forward to read giving a holistic overview of the resident".

There was a procedure in place which outlined how the provider would respond to complaints. We looked at the complaints file and saw that all complaints had been dealt with in line with the provider's procedure. The people we spoke with said they did not have any complaints about the care being provided. One person said "No areas of improvement, I am well looked after". Another person said "I have never needed to raise any concerns". People and relatives told us they felt comfortable with raising a complaint if they needed to and were confident these would be listened to and acted on.

Is the service well-led?

Our findings

At our inspection on 7 May 2015 the provider was not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us with a plan of what actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken all the necessary improvements required to fully meet people's needs.

There was a registered manager in post who was supported by a Matron. Staff told us their managers were approachable and they felt part of a team. They said they could raise concerns with their managers and were confident any issues would be addressed appropriately. Staff told us they felt well supported in their role and that they did not have any concerns. All staff spoken with provided positive feedback about the management team. They said that since our last inspection they had seen many improvements within the home. Comments included "Care planning is much clearer and things are more organised", "Communication is better. The manager's door is always open" and "We have regular team meetings to go through what's going on. We are included with how we can make things better".

Good, positive management and leadership was demonstrated by the registered manager and Matron. An open culture based on treating people as individuals had been embedded within the service. Staff had clear values about the way care and support should be provided and the service people should receive. Comments from staff included "This is people's home so it's important they choose what they want to do when they want to do it" and "The way we care is very personal to each person. It's important to offer choice". Staff were aware of the organisations visions and values which they told us included promoting people's independence, treating people as individuals and supporting them to live the life they wanted.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

Health and social care professionals spoke positively about the registered manager and Matron. Comments included "The manager is very supportive" and "The manager and senior staff are always approachable. They recently dealt with a very sensitive situation which they did admirably in a very sensitive way".

The registered manager and Matron carried out audits to assure themselves of the quality and safety of the service people received. Whenever necessary, action plans were put in place to address the improvements needed. The registered manager understood their responsibilities of registration with us and notified us of important events that affected the service.

People and their family were regularly involved with the service and their feedback was sought by the registered manager. Relatives and resident meetings took place periodically throughout the year. During these meeting people and their relatives were provided with updates and could make suggestions about

how they felt the service could be improved. People and relatives also received newsletters throughout the year. The newsletter contained information on upcoming events and trips and encouraged relatives and friends to attend where they could. We saw the results of an annual survey carried out by the service. The results showed that overall people were extremely satisfied with the overall performance of the service, communication with staff, activities provided and the quality of care and meals. Anything identified as requiring further action was followed up by the registered manager. Comments from relatives included "She is just so beautifully cared for, for which I am so grateful. You really do have a special team of staff", "Thank you so much for the wonderful care you gave to our aunt" and "Chef and his team went out of their way to tempt him to eat".

Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.