

# Hale Place Care Homes Limited

## Hale Place Farmhouse

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

### Overall summary

The inspection was unannounced and carried out by one inspector on 02 December 2014 and 04 December 2014. Hale Place Farmhouse is a period property that is registered to provide care and accommodation for up to ten older people living with dementia. Ten people were living there at the time of our inspection. The home is situated on the same site as a second home which is also owned and managed by the same provider. The two

homes that share the same grounds also share other facilities including an office outbuilding, garden and laundry room. Staff work as one team across both locations during the day.

People had varied communication needs and abilities. Some people were able to express themselves verbally; others used body language to communicate their needs. Some of the people's behaviour presented challenges and was responded to with one to one support from staff.

# Summary of findings

There was a registered manager in post. 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. The registered manager was supported by two managers and each specialised in specific areas relevant to the management of the service. The registered manager was the owner and oversaw the quality assurance of the service. Another manager oversaw care and treatment and relevant documentation that were specific to people's individual needs. Another manager oversaw the recruitment, training and management of staff. The managers worked closely together to ensure the smooth running of the service.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual and included risks when people were out in the community. Staff followed clear guidance to reduce the risk of harm whilst ensuring people's freedom was not unnecessarily restricted in any way.

There were sufficient staff on duty to meet people's needs. Staff had time to spend supporting people in a meaningful way that respected individual needs. Staffing levels were calculated and adjusted according to people's changing needs.

There were safe recruitment procedures in place. All staff were subject to a probation period and disciplinary procedures if they did not meet the required standards of practice.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

People lived in a clean and well maintained, warm and welcoming environment that was suited to meeting their needs. People's own rooms were personalised to reflect their individual tastes and personalities. There were clear

signs displayed to help people find their way around. Staff had a thorough understanding of infection control practice that followed the Department of Health guidelines which helped minimise risk from infection.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before they moved into the service and were continually reviewed. This ensured that the staff knew about and responded to their particular needs and wishes when they moved in and during their stay.

Staff used their training and skills to communicate with people in ways they could understand. Interaction between people and the staff showed that staff promoted people's independence and protected their rights.

Staff's training was renewed annually and staff received further training specific to the needs of the people they supported. Staff received regular one to one supervision sessions and an annual appraisal to ensure they were supported to carry out their role. Staff were supported to study and gain qualifications in health and social care.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). All care staff and management were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation.

Staff sought and obtained people's consent before they helped them. One person told us, "The staff always check with me that it's OK before they do anything". When people declined, their wishes were respected and staff checked again a short while later to make sure people had not changed their mind.

The staff provided meals that were nutritious, in sufficient quantity and well balanced. People were able to have wine, beer, water or fruit juice with their meals. One person told us, "The food is really good". One relative told us, "The food is unbelievable". Staff knew about and provided for people's dietary preferences and restrictions. People were supported by staff with eating and drinking whenever they needed this help.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness

# Summary of findings

and respect. People told us they were satisfied with the way staff cared for them. One person told us, “I really like the girls (Staff); they are like my own family”. Two relatives said, “We could not ask for better staff”.

People were able to spend private time in quiet areas when they chose to. People’s privacy and dignity were respected and maintained at all times.

Clear information about the service, the management, the facilities, and how to complain was provided to people and visitors. Menus and the activities programme were displayed in communal areas. A relative told us, “We got all the information we needed”.

People’s care had been planned and this was regularly reviewed with their or their relative’s involvement. A relative told us, “We feel involved, they listen to us”. One of the managers told us, “It is vital to know the whole person who may no longer know themselves, to talk with all the people who know them, their likes and dislikes, so we can connect with them”. People were referred to health care professionals in a timely way. A G.P. told us, “They provide excellent care in all categories”.

People were at the heart of the service. The staff promoted people’s involvement with their community and took groups or individuals on outings and ensured they took part in attending special events to minimise social isolation.

A wide range of activities and outings that included innovative ideas was available. This had a positive impact on people’s wellbeing. People were kept occupied, entertained and their interest in what was going on outside of their routine was stimulated. “The activities on

offer are fantastic, our Mum has never been so alert and stimulated by all that is going on, we don’t recognise her since she has moved in Hale Place”. The registered manager told us, “Our goal is to keep people as active as possible and prevent social isolation to enhance their wellbeing”.

People’s views were sought and acted on. People’s relatives were asked about their views when they visited the home and via an internet website. The service sent annual questionnaires to people’s relatives or representatives, analysed the results and acted on them.

Staff told us they felt valued and inspired under the registered manager’s leadership. The provider, the registered manager and staff had won several Great British Care Awards which are a series of regional and national awards throughout the UK.

The service notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

The registered manager kept up to date with any changes in legislation that may affect the service, and participated in monthly forums with other managers from other services where good practice was discussed. They pro-actively researched specialised publications and websites to identify innovative ways to enhance people’s quality of life and introduced these to the service.

The registered manager and two other managers carried out comprehensive audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals. The need for sufficient staff was regularly reviewed and adapted to reflect people's needs.

Safe recruitment procedures were followed in practice.

Medicines were administered safely.

Good



### Is the service effective?

The service was effective.

Staff were appropriately trained and used their knowledge of each person to meet their specific support needs.

The registered manager had ensured that relevant applications to the statutory authority in relation to Deprivation of Liberty Safeguards office had been submitted.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

Good



### Is the service caring?

The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Good



### Is the service responsive?

The service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed.

People were at the heart of the service. They were able to take part in a wide range of activities of their choosing. The arrangements for social activities were innovative, met people's social needs and enhanced their sense of wellbeing.

The service sought feedback from people and their representatives about the overall quality of the service. Complaints were addressed promptly and appropriately.

Outstanding



# Summary of findings

## Is the service well-led?

The service was well led.

There was an open and positive culture which focussed on people. The manager operated an 'open door' policy, welcoming and acting on people's and staff's suggestions for improvement.

The service sustained outstanding practice which had been recognised by a wide range of health and social care awards. The registered manager's vision and values were imaginative and person-centred. They were developed and reviewed with people, their relatives and staff. Staff were motivated by the management team to strive for continuous improvement.

A robust system was used to measure the quality of the care and service and as a result continual improvements had been made.

**Outstanding**



# Hale Place Farmhouse

## 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 checked 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 was carried out by one inspector over two days, took place on 2 December 2014 and 4 December 2014 and was unannounced.

The registered manager had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However the registered manager had pre-empted our request for information and had sent to us relevant information which we looked at before our inspection.

We looked at records that were sent to us by the registered manager or social services to inform us of significant changes and events. We reviewed our previous inspection

reports. We consulted a local authority case manager who oversaw people's care in the service, a GP and a district nurse who visited people regularly to provide treatment. We obtained their feedback about their experience of the service.

We looked at records, these included those relating to staff management and quality of the service. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently. We looked at the results of satisfaction surveys.

We spoke with five relatives of people who lived in the service to gather their feedback, the registered managers, six members of staff and with six people. Not all the people who lived at Hale Place Farmhouse were able to communicate verbally with us. Therefore, we used the Short Observational Framework for Inspection (SOFI), to capture the experiences of people who may not be able to express this for themselves. SOFI is a way to observing care to help us understand people's experience.

At our last inspection on 28 November 2013 no concerns were found.

# Is the service safe?

## Our findings

We observed people's interactions with members of staff. People appeared relaxed in the company of staff. Staff were chatting with people in the lounge and one person who wished to go to their room and needed to be helped was safely guided by another member of staff. One person we spoke with told us, "I like to be here, they look after me, and I don't have to worry about anything". Two relatives of one person said, "It is such a relief to be confident about our Mum being in a safe place where staff are there 24/7" and, "We know she is safe and well looked after here".

There were sufficient staff on duty at all times to meet people's needs. The manager reviewed the care needs for people whenever their needs changed to determine the staffing levels and increased the staffing levels accordingly. As a result of these reviews two people were receiving one to one support because they needed this to keep them and others safe. Staff had time to spend supporting people with their individual needs. Four people were talking with staff who were available to listen to them and respond. The team included staff who supported people to take part in activities and domestic staff who maintained the cleanliness of the environment. Two members of staff said, "There are enough of us to make sure people do not wait to receive attention." The registered manager told us, "We make sure we have deployed staff with the right mix of skills and that only one senior staff is off at any one time". This was confirmed when we spoke with the staff and saw the training they had taken part in.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff knew about the whistle blowing policy and where this was kept if they needed to refer to it. Staff said they were confident that if they reported any concerns about abuse or the conduct of their colleagues the registered manager would listen and take action. One member of staff said, "It is our duty to alert management or social services and whistle blow if we have concerns".

Recruitment procedures included checking references and carrying out disclosure and barring checks for prospective employees before they started work. All staff were subject to a probation period before they became permanent

members of staff and to disciplinary procedures if they behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The registered manager ensured that the premises were well maintained, safe and secure. A system was in place to ensure staff had prompt access to keys if these were needed to access all parts of the premises. Appropriate windows restrictors were in place to ensure people's access to windows was safe. Other equipment was serviced regularly to ensure it was safe to use. A chair lift helped people safely reach the upper floor and this had been checked regularly to make sure it continued to be safe. All floorings were non-slip to minimise the risk of people falling. Bedrooms were spacious and the shower room and bathroom were equipped with aids to ensure people's safety.

A manager was in the process of updating people's individual emergency evacuation plans to reflect changes in their needs regarding their mobility and behaviours. These ensured the staff knew what action to take in the event of an emergency evacuation. The staff were able to describe how they would keep people safe in an emergency. Staff were trained in first aid and fire awareness and fire response strategies were in place. There was a business contingency plan that included plans for people's temporary relocation in the event of emergencies. Fire drills were carried out twice yearly and all fire protection equipment was regularly serviced and maintained. The manager was included in rotation in an 'on call rota' during out of office hours to respond to emergencies.

Risk assessments were centred on the needs of the individual. Accidents and incidents were recorded and monitored daily by senior staff and the registered manager to ensure hazards were identified and reduced. They included clear guidance for staff in how they could reduce the risks for people. In one case a person who was at risk of falling received one to one support from staff whenever they wished to move. There was also a device in their room which alerted staff who then responded to prevent the person falling while on their own. Since these safety measures had been in place the person had not fallen.

People's medicines were managed so that they received them safely. The staff used a procedure for the administration of medicines which was regularly reviewed. All medicines including those that were prescribed 'as

## Is the service safe?

required' were kept securely and at the correct temperature to make sure they remained fit for use. Medicine stocks were checked to make sure that sufficient supplies were available. Staff followed requirements as indicated in people's individual Medication Administration Records (MAR) and signed to evidence the medicine had been taken. The MAR sheets were completed accurately and no errors had been noted in the last 12 months. One person was given pain relief 'as required' as staff were aware they were in physical discomfort. One person who declined to take medicine received it in their drink without being aware of it. This procedure had resulted from a meeting with staff, a GP and the person's legal representative in their best interest.

People lived in a welcoming, warm and odour-free home. Domestic staff followed a cleaning schedule and kept the

home clean. A district nurse who visited the service regularly told us, "The place is always very clean". A relative said, "It always smells fresh". There was a policy on infection control and staff followed the Department of Health guidelines which helped minimise the risk of infection. Staff had a thorough understanding of infection control practices. They described the measures that were taken to ensure that the service was clean and free from the risk of infection. Staff washed their hands, used hand sanitizers and encouraged people to wash their hands after using the toilet and before meals. Protective Personal Equipment (PPE) such as gloves and aprons were readily available and staff wore PPE when appropriate. As the staff took necessary precautions people's risk of acquiring an infection were reduced.



# Is the service effective?

## Our findings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. One person told us, "The staff know what I need and they do what needs to be done". One relative said, "Our mum's needs were met from the start when she came to live here and the staff follow the instructions that were set and more".

Specific methods were used by staff to talk and communicate with people and these suited the needs of each person. Staff used handover meetings between shifts to share information about people and to inform each other about any changes that affected their wellbeing or health. The staff cared for people in a consistent way because they knew the most up to date information about their needs. One person used English as a second language and staff always tried to use some common words and phrases in their first language which helped the person feel more at home.

Staff had appropriate training and experience to support people with their individual needs. The manager had implemented a system that ensured all staff training and refresher courses were scheduled and attended. Staff told us that when they started work they completed a comprehensive induction. Following this basic training they were required to demonstrate to senior staff their competence before they had been allowed to work on their own. Staff continued to learn through regular training courses. One manager who also had a responsibility for staff training said, "Any member of staff can request specific additional training relevant to their duties or special interest and this is facilitated". Additional training was provided on oral care, end of life care, dementia and mental health awareness. A senior care worker had attended enhanced training on dementia care and was the dementia champion in the home. This role was used to develop other staff's skills in caring for people with dementia. This member of staff also ensured that further guidance about how to care for people living with dementia was available. This member of staff trained others in both this service and the adjoining home.

A manager told us, "Dementia care training is most important; our staff have undertaken Dementia training with a university qualified Dementia Champion. Those employees who have completed or are working towards

their Level 2 Health & Social Care Diploma always complete the dementia units". A manager had completed advanced training on end of life care and was the lead in end of life care in the home. The staff told us that because they were supported to develop their knowledge and skills they were able to carry out their roles with confidence. Staff were providing care that met the personal care and social needs of people who were living with dementia.

Staff were required to study and gain qualifications in health and social care. 100% of staff were qualified to at least level 2 diploma in health and social care. Two care workers who wished to become qualified nurses were encouraged to pursue their studies. Their shifts were altered to accommodate their study time and practice. The manager said, "The meeting of people's needs is enhanced by having employees whose knowledge and practice continue to develop".

All members of care staff received one to one supervision sessions every six weeks and were scheduled for an annual appraisal. Two members of staff told us, "Supervision sessions are very useful and we can discuss anything of concern, we also get a lot of informal supervision as we talk to the manager throughout the day".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the manager and they demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. They told us, "People must be protected when they do not have the mental capacity to make certain decisions to make sure that their wishes are not overlooked and that they do not get exploited", and "Meetings are held to decide what is in people's best interest". One person who did not have any representatives had been supported to use an independent mental capacity advocate to represent their views during a best interest decision making meeting. The staff understood how to apply this decision in practice to protect this person's right.

The process of submitting applications for DoLS was used appropriately in practice. The registered manager had made relevant applications for DoLS for people who were unable to leave the premises unaccompanied for their

## Is the service effective?

safety. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation. Three members of staff described to us when an application for DoLS should be made.

Staff sought and obtained people's consent before they helped them. One person told us, "The staff always check with me that it's OK before they do anything". When people declined, for example when they did not wish to participate in an activity, their wishes were respected and staff checked again a short while later to make sure people had not changed their mind.

People were supported by staff with eating and drinking when they were at risk of choking or when they needed encouragement. We saw how people were helped during the lunch time meal. Some people chose to have their meal in the second home on the same site and were accompanied there. Four people who needed more assistance chose to remain in Hale Place Farmhouse and three staff stayed with them to help. The meals were nutritious, in sufficient quantity and well balanced. People were able to have wine, beer, water or fruit juice with their meals. One person said, "The food is really good". One relative said, "The food is unbelievable". For people living with dementia plate guards were available so they could eat as independently as possible.

Visitors were welcome to join their relatives at mealtimes. Menus were discussed every week with people and were displayed to remind people of the choices. Staff offered an alternative meal if people had changed their mind. People were offered hot drinks and a choice of cake or healthy snacks throughout the day. People were weighed regularly and then referred to health professionals if there was a

substantial change in weight. The staff made sure people had enough to eat and drink by checking and recording what they had each day. This allowed them to notice if people's appetite declined. When this had happened prompt action had been taken and medical advice had been sought. Staff knew people's dietary preferences and restrictions. Specific dietary needs for people who had diabetes or for people who needed a soft diet were respected. One person needed a high calorific soft diet and their food sometimes blended and we saw that they were offered food at the correct consistency.

People's health was promoted by regular visits from healthcare professionals. A G.P who visited the service regularly told us, "I'm pleased to report that my experience of Hale Place has been entirely positive. They provide excellent care in all categories". An optician visited people twice a year and a chiropodist visited every month. A G.P. visited every month or sooner when people's health changed and they reviewed people's medication when needed. People had oral health assessments and were able to continue using their own dentist. People were referred to their psychiatrist, dietician, speech and language therapist and occupational therapists when needed. People or their representatives had been consulted about whether they wanted or needed flu vaccinations. If people had consented to this the vaccinations had been given.

The service responded to staff's individual needs. Risk assessments had been completed to make sure staff remained fit for their role and their family commitments were taken into account when the staff rotas were organised.

# Is the service caring?

## Our findings

People told us the staff were caring and kind and cared for them well. One person told us, “I really like the girls (Staff); they are like my own family”. Two relatives said, “We could not ask for better staff” and, “At times, when we visited unannounced, we find some of the staff sitting with the residents and singing with them, there is such a good atmosphere, they are really caring”. A district nurse who visited people regularly to provide treatment commented “I would have been happy to see my own mother live there”. The staff had won several Great British Care Awards which are a series of regional and national awards throughout the UK. The staff were finalists in ten care award categories, winning a 'Home care Worker' Award and 'Dementia Carer' Award.

These awards recognise the compassion shown by staff and the way they pay particular attention to the needs of people living with dementia and their well being. One relative said, “Mum was welcomed in as if she was a family member, she has been loved, cherished and adored by the staff”.

We spent time in the communal areas and we saw how people and staff interacted. There was frequent friendly engagement between people and staff. Staff responded positively and warmly to people. Staff were sitting next to people, ensuring effective eye contact, showing photographs that were meaningful to people, singing, smiling and using appropriate body language to stimulate their engagement. One person was having their nails painted by staff. Some people who had difficulties with verbal communication needed time to express themselves. Staff responded to these needs appropriately and spent the time that was needed. For example we observed a member of staff spending time to explain to a person who experienced confusion where their room was located and how to get there. The staff's approach was calm and reassuring as they offered to accompany them.

People's diverse needs were accommodated. For example, members of staff attempted to speak a person's foreign language to make them feel at home and reduce social isolation. A manager told us, “We had a care worker who could speak the language and she taught the other care workers a few sentences”. Although the person was bilingual, we saw their delight whenever some words of her native language were spoken by staff.

One person brought a range of fashion accessories into the lounge and they appeared to enjoy choosing and wearing each accessory in turn to show the staff. Staff assisted with the selecting, responded with encouragement, clapped their hands to show their approval and involved other people. This impacted positively on people who were smiling and joining in as they felt their opinions were sought and valued.

People were involved in their day to day care. They had choice about when to get up and go to bed, what to wear, what to eat, where to go. For example, they were consulted about what they wished to do and were presented with alternatives to the planned activities. Some people who wished to go to the adjacent building were accompanied there. People's care plans were reviewed with their participation or their representatives' involvement.

Clear information about the service, the management, the facilities, and how to complain was provided to people and visitors. Brochures about the service with photographs of the staff were provided to people and their representatives when they moved into the service. Menus and activities programme were displayed in communal areas. Informative leaflets about Alzheimer's and dementia were available for visitors. Two relatives told us, “We got all the information we needed” and, “We communicate well with all the staff”.

People were accompanied to their rooms if they wished and there was a quiet room they could use. The staff told us a person who disliked noise sometimes chose to go there and was accompanied by staff who remained with her to ensure she was comfortable. All staff knocked on people's bedroom doors, announced themselves and waited before entering. People's privacy was respected and people were assisted with their personal care needs in a way that respected their dignity.

The staff knew people's histories, likes and dislikes so they were able to engage people in meaningful conversation. People were able to follow their own chosen routines such as when they got up and went to bed. The staff promoted people's independence to do as much as possible for themselves. This included encouraging people to dress, wash and undress themselves when they were able to. This ensured they retained control over their day to day routine.



# Is the service responsive?

## Our findings

Two relatives told us, “We are taking part in the reviews of our mother’s care”, “We feel involved, they listen to us”, and “The activities on offer are fantastic, our Mum has never been so alert and stimulated by all that is going on, we don’t recognise her since she has moved in Hale Place”. A person told us, “There is always something exciting to do or to look forward to every day it is wonderful”. People’s individual assessments and care plans were reviewed with their participation or their representatives’ involvement.

Each person’s needs had been assessed before they moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. People’s care had been planned and these plans took into account people’s history, preferences and what was important to them. For example, people’s spiritual needs were met by local church ministers of different denominations who were invited to conduct a service in the home. People were also escorted to attend religious services at their church if they wished. A manager told us, “It is vital to know the whole person who lives with dementia and who may no longer know themselves, to talk with all the people who know them, their likes and dislikes, so we can connect with them”. Staff consulted people’s care plans and were aware of, and responded to people as individuals. The provider had won the ‘Person Centred’ Care Award at the Nursing & Residential Care Awards 2014. Staff used the detailed and person centred care plans to understand each person separate and different needs and respond to those appropriately.

The plan of care for each person had been reviewed every six months or as soon as people’s needs changed. The plans had been updated to reflect these changes to ensure continuity of their care and support. This had been completed when one person’s medicines had changed following a review. Another person’s plan of care had been adapted to show a change to their dietary needs. Staff were aware of this change and they had adapted the care they provided straight away to make sure the person had enough to eat and drink.

The home met the needs of people including those who were living with dementia. A relative told us, “The style of the house reminded our mother of a traditional country-style cottage and she felt at home straight away”. A GP who visited the service regularly to provide treatment to

people told us, “Hale Place benefits from being small and of non-standard design, which gives a personal homely atmosphere and contributes to the high level of care provided”.

The stairs had been adapted to accommodate a chair lift. A quiet room meant that people could spend time alone or speak with their relatives or visitors in private. Staff told us that one person preferred classical music and they helped this person to use the quiet room to relax and listen to their tapes when contemporary music was played in the main lounge. People had access to a large enclosed garden that was well maintained. Flower beds were raised to help people do gardening in the warm weather and paths had been created to assist people to move around the garden.

People’s rooms were personalised with pieces of their own furniture and choice of decorations. The bathrooms and toilets were clearly signed and they contained equipment that helped people to remain as independent as possible. This ensured individual needs were met by the adaptation, design and decoration of the service.

People’s individual assessments were linked to people’s support plans and they contained clear measures to reduce any risks that were identified. An assessment about a person’s emotional state had led to one to one support to ensure the person’s wellbeing in particular situations when they may become anxious. This and other plans and the way the staff put them into practice ensured that staff responded to people’s individual needs.

When people requested assistance or when staff noticed they needed help or support they responded without delay. A relative told us, “When my relative’s particular wishes or needs are taken into account, the staff makes her feel as important as she should be”.

People were at the heart of the service. Staff spent time chatting with each person and responding to their need for companionship. People and their relatives had been asked about their personal histories and any interests or hobbies and efforts were made to support people to continue with these.

The activities programme was varied and extensive and had been specifically developed to respond to the needs of people living with dementia. Some of the activities focussed on recalling memories and the staff encouraged



## Is the service responsive?

people to engage in activities and maintain their motivation and interest. A local authority case manager who had reviewed a person's care in the service told us, "They offer a lot of activities which is so important".

The arrangements for social activities were innovative and met people's needs. Weekly and monthly activities included Tai Chi and Yoga sessions, motivation and exercise sessions, pamper days, sing-along, visits from singers and musicians including a 'penny whistle' man, dancing and visits from pet animals. A magician had been selected for their experience in performing for people living with dementia and visited the service regularly to perform a magic show. People watched and were invited to actively participate in the performance. People were supported to attend a local day centre once a week if they wished. Daily walks were scheduled. There was a minimum of 24 outings organised each year. The service minibus was used for these regular outings which included trips to organic gardens and garden centres, tea parlours, boat trips on the river, and attending a performance about World War II at the local theatre that included meeting the cast and a tea party.

Innovative activities were planned by the activities coordinator who was a finalist in three British Care Awards in 2014, which are a series of regional and national awards throughout the UK. The activities coordinator told us, "We try to think outside the box and vary the programme to sustain people's motivation and quality of life, this is the aim of this service". For example, a 'Great British Bake Off' friendly competition was scheduled where people baked cakes which were 'judged' by relatives and visitors from the village. 'Body shop parties' were held for people and their families. A relative described how people had loved trying different creams and perfumes. With the proceeds, the manager had purchased people's favourite items for them. An annual 'Comic Relief' party was scheduled where people helped manage stalls to raise funds for charities. A manager told us, "People dress up and take part in games, it is lovely to see them having fun in the company of children and visitors". People were taken out each spring to witness lambing at a local agricultural college. The service had brought incubators into the home with chicken eggs for people to see them hatch and follow their development. Each person was given a task and were assisted by staff to follow instructions about caring for the eggs and hatchlings. The manager told us, "We have done this twice and the feedback has been very positive; this was

wonderful to see people's interest and motivation to become involved; therefore we now have incorporated this in our regular activities programme". People and their relatives were consulted to check whether they had benefitted from these activities. A relative told us how their family member's sense of wellbeing was enhanced due to the staff's response to their social needs.

Resources were made available to facilitate activities. The activities coordinator told us, "If I need some money for an activity project it is there without reservations". The registered manager told us, "Our goal is to keep people as active as possible and prevent social isolation to enhance their wellbeing".

Relatives confirmed they were invited to join all activities, outings and themed dinner evenings. One relative told us, "We had the best time on the river and my mother was so happy she was laughing and talked about it for days". Another relative said, "We can take our Mum out whenever she wants". They confirmed that they were made to feel welcome at any time to visit without restrictions. The registered manager told us, "We achieve the development of effective relationships with people by welcoming them and their relatives into our 'family' and involving them in every aspect of our service".

The staff and registered manager took account of people's complaints, comments and suggestions. People were aware of the complaint procedures. One person told us, "If I have a problem I know who to talk to". A relative had complained to the registered manager about odour in a room. This was addressed without delay and resolved. The complaint and the service's response had been documented appropriately on accordance with the provider's complaints policy. No other complaint had been received in the last 12 months before this inspection.

People's views were listened to and they were offered choices. For example, people were asked what they preferred to do and to eat and activities programmes and menus were written after they were consulted. Several people had requested fish and chips and this was served on the second day of our inspection. People had requested ice cream in the summer and the staff had arranged an ice cream van to visit. People and staff were planning a Christmas party and the staff had arranged a visit from the



## Is the service responsive?

Salvation Army to sing Christmas Carols at people's request. People participated in residents meetings and in satisfaction surveys and the results were used to improve the service and care.

The feedback of people's relatives was sought and recorded at each review of people's care and when they visited the home. A comments box for people, staff and visitors was placed in the hallway and checked by a registered manager every week. Feedback was also

collected via an internet website and people's relatives were encouraged by the registered manager to visit the site and record their comments. Comments included, "The staff went to considerable effort to make our mother feel at home. The focus was on the things she could still do for herself, and the team did everything they could to get to know her, her quirks and ways. Throughout her stay she was treated with dignity and as an individual".





# Is the service well-led?

## Our findings

There was an open and positive culture which focussed on people. People and their relatives were encouraged to comment and make suggestions about the service, through surveys, face to face meetings and through the service website. Comments included, “The care you all give is unbelievable”, “Dementia homes should all be like yours, unfortunately, they're not” and, “Hale Place is amazing! Truly a piece of heaven on earth”. Audits of surveys showed that 99% of the people who gave their feedback were ‘extremely satisfied’ about the overall quality of the service, its staff and its management team. A person told us, “I wouldn’t dream of living anywhere else”.

People had commented on the service’s website, “The manager is a fantastic leader and has created an incredibly motivated team”.

People and members of staff were welcome to come into the office to speak with a registered manager at any time. We observed that staff entered the office several times during our inspection to consult management. Two people told us, “I know the manager well and I can just have a chat”, and “They (Staff) listen to what I say”. Staff told us, “All the members of the management team are very approachable, we communicate very well”. The registered manager said, “We have an open door policy”, “We work as a team and talk with each other” and “The principles of effective team working is good communication”.

Staff told us they felt valued and appreciated for the work they did by the management team. They were invited to participate in award functions and social events organised by the managers. A member of staff told us, “The manager treats us to outings and meals on occasions where they express how our work is appreciated”. Another care worker said, “It is a pleasure working in this home and under the manager’s leadership, they know how to motivate the staff”.

The staff had won several Great British Care Awards which are a series of regional and national awards throughout the UK. The provider won the 'Quality of Care' Award and was a finalist in the 'Dementia Care' category, at the Patient Safety & Care Award 2014. The registered managers won the 'Life Time Achievement in Social Care' Award and 'Dementia Carer Award'. They were finalists in 'Registered Care Manager' Award, 'Innovation' Award and were current finalists in the 2015 Great British National Care Awards in

the 'Life Time Achievement' and 'Dementia' categories. The registered manager told us, “There is always room for improvements and we never stop trying to improve”. The awards showed that the provider and managers continually sought to improve the care and develop the staff’s skills to meet people’s needs.

The registered manager had a policy on quality management and quality improvement. A ‘Quality Assurance Outcomes and Experiences policy’ included “How the views and experiences of people, their carers and representatives have influenced our service’s priorities and plans”. For example, people’s feedback had contributed to the service’s extensive development of their activities programme.

The registered manager spoke to us about their philosophy of care for the service. They said, “We keep people active and engaged and find new things for them to do so they can have a better quality of life” and, “We have a programme of life enhancement and inclusion that we have worked on for 27 years and have never stopped. That’s why people want to look at our model of care”. We saw that this philosophy was used throughout the service by everyone involved in either caring for people or providing ancillary services.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included a monthly check on the medicines records to ensure that possible errors were recorded and any lessons had been learnt. The registered manager used a quality assurance self-assessment tool to check that all documentation relevant to people’s care was accurately completed. Environmental checks were carried out to monitor repairs, and identify improvements that would benefit people. For example, the last check had identified the need for a pictorial clock and this had been put up in the lounge. This helped people to be aware of the time and date.

Incidents and accidents were recorded and analysed to identify how risks could be reduced. Action had been taken as a result and this had led to staff supporting people safely. Staff files were audited by a manager to check that training refresher courses and studies programmes were arranged in plenty of time.

The registered manager consistently notified the Care Quality Commission of any significant events that affected



## Is the service well-led?

people or the service and promoted a good relationship with stakeholders. This was confirmed by a local authority case manager who oversaw a person's care in the service. They told us, "This is a well-managed home and they are good at communicating with us". The registered manager participated in working groups for home managers sharing initiatives that promoted quality of life and delivered positive changes in care homes. The management team also took part in monthly forums with other registered managers regarding the development of 'Quality of Care'. The registered manager was a member of a local NHS Health Network and followed the Alzheimer's and Dementia Professionals Group which organised online discussions. They told us, "This is a good opportunity to discuss good practice and exchange views with other managers". The registered manager had successfully completed the 'My Home Life' management programme. This is a UK-wide initiative that promotes quality of life and delivers positive changes in care homes for older people.

To enhance and update their knowledge and service delivery, the registered manager researched and reviewed varied publications and websites that specialised in providing guidance and advice to improve health and social care. Guidance and advice were followed in practice when they were appropriate to people's needs. For example, the registered manager had researched the results of a study carried out by American neurologists in a clinic specialised in dementia and mental health, about how a daily walk could benefit people who lived with dementia and help stave off mental decline. As a result, daily walks were implemented by staff and people were encouraged to participate. The registered manager had

researched a published report on 'NHS recognition of mindfulness of meditation' that advocated benefits for people who experienced depression or anxiety. This had resulted in yoga being introduced as an activity for people.

The service actively promoted people's involvement with their local community. Yearly fund raising events for the benefit of charities were organised by the service. People were active participants in such events and posters were put up in the village to invite the community to join in. People attended a local day centre and joined social gatherings held by a local church group. There was regular contact with the local Salvation Army and a Christmas social meeting was scheduled to take place. People were able to visit local shops and newsagents and enjoyed a good relationship with store keepers. People were members of a local library and staff helped them collect vouchers and tokens to take advantage of special offers in the local hop farm shop.

All the policies that we saw were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff. The staff knew where they could seek further guidance and how to put the procedures into practice when they provided care. Regular staff meetings and senior staff meetings were held to discuss the running of the service. Staff contributed to the agenda and were able to speak freely. The service had developed and sustained a positive culture in the service encouraging people and staff to raise issues of concern with them, which they always acted upon. Records of these meetings showed that staff were reminded of particular tasks and of the standards of practice they were expected to uphold.