

Alexandra House

Alexandra House - Ludlow

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 13 June 2017 and was unannounced. Alexandra House is a 22 bed residential home for older people who are physically frail and require help with personal care; it does not provide nursing care. When we visited, 20 people lived there. A small number of whom were living with dementia. At our last inspection in May 2015, the service was rated good. At this inspection we found the service remained good in most key questions. Further improvements had been made which reflected that the Caring key question was outstanding. Therefore, the overall rating remains good.

Staff developed exceptionally positive caring and compassionate relationships with people. The ethos of the home was that of an extended family. Staff knew each person as an individual and what mattered to them. They treated people with the utmost dignity and respect during their life and at the end of their life. The whole staff team were extremely passionate about providing people with support based on their individual needs and aspirations.

People received care based on best practice, by staff with an in-depth knowledge of their care and treatment needs. Staff were skilled and confident in their practice. Staff worked with people, other professionals and continually developed their skills. The service trained and developed staff to put their learning into practice to provide care that met people's individual needs.

People's experience of eating and drinking was enhanced because staff promoted improved health and wellbeing through good nutrition and hydration.

Each person had a trusted member of staff, known as a keyworker, who took a lead role in each person's care and wellbeing. They continuously looked for ways to ensure people had positive experiences and led fulfilling lives. Staff knew about people's lives, their interests and talents and encouraged them to share them with others.

There were enough staff on shift to meet the needs of people who used the service. People were supported to have as much choice and control over their lives and were supported in the least restrictive way possible. Policies and systems in the service supported this practice.

Staff understood how to keep people safe and could describe the correct steps they would take if they were concerned that abuse had taken place. Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service.

Medicines were managed safely and staff members understood their responsibilities.

There was a strong culture within the service of treating people with dignity and respect. People and the staff knew each other well and these relationships were valued. The staff, registered manager, and management team were always visible and listened to people and their relatives and friends, offered them

choice and made them feel that they mattered.

There was a culture of openness and transparency at the service. Staff were extremely positive about the management and leadership which inspired them to deliver a high quality service. They encouraged ideas from staff to benefit the people in their care and maintain a strong, stable staff team with a shared goal.

The management team undertook regular audits and improvements were carried out when these were needed. The quality of the service was monitored and assessed consistently. The registered manager gathered people's views and used this information to look at ways they could continuously improve the service.

People who used the service, family members, and visitors were encouraged to make comments, complaints, or compliments about the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were supported by staff who were committed to providing high quality care and had an excellent understanding of their needs.

People and the staff knew each other well and these relationships were valued.

Staff worked closely with people and their families to ensure they were always actively involved in all decisions about their care.

People's rights to privacy and dignity were highly respected and valued.

People receiving end of life care were treated with exceptional care and compassion, as were their relatives and those that mattered to them; both during and following the person's death.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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Detailed findings

Background to this inspection

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

This inspection took place on 13 June 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We spoke with nine people who lived in the home, two relatives and five care staff. We spoke with the management team.

We looked at the care and support plans for three people, records of quality checks, maintenance records, accident and incidents records and medicine administration records.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "It was our choice to come here because of its outstanding reputation. It is a fabulous place; we are safe and have no worries about security. I come and go as I please. There is always a member of staff if you need one but we don't think of them as staff they are friends and family to us. Our room is ours and we like it, we couldn't be happier." Another person told us, "I came here straight from hospital in a very bad way. I have had nothing but safe and secure care, kindness and dedication from day one and it is consistently outstanding. They know you intimately and your existing and changing needs. That is why I have recovered so well and I am expecting to be fully mobile again. So to sum it up for you, I am safe, secure and happy because of the wonderful well trained staff, or as I prefer to call them, 'family'. All of the things I needed for my safe rehabilitation have happened because of all of the people who work here." A third person said, "I cannot find the words to describe to you how I feel about being here. Words do not do justice to the wonderful safe feeling I have knowing I am here and this is my home. You have to experience being here to know how excellent it is here and it is hard to find the right words and examples of why – it just is."

We found people continued to be safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse, and had received the appropriate training. The future training booked was to involve people who used the service so they could receive information about abuse. When one person was asked if they understood what abuse was, they said, "Yes, if someone was not very nice to me I would complain to the manager. But that would not happen here."

Staff told us that there were enough of them on shift to deliver safe care to people. One person said, "For me there is definitely enough staff." Another person said, "The staff work really hard and there are always enough of them." The registered manager assessed how many staff were required and explained that the amount of staff needed could fluctuate due to the changing needs of the people they were caring for. On the day of the inspection we found there were enough staff to meet people's needs safely.

The management team identified risk and a care plan was put in place that described the risk and the measures needed to reduce it. When a change was identified in a person's care needs, the risk assessment, and care plan was updated to reflect that change. Risk assessments included falls, skin integrity, manual handling, diet and nutrition. One person's care plan had a falls risk assessment in place and an action plan to reduce the risk of the person falling. Staff had identified from observation and discussion with a person that the area of the home they felt less secure in was their bedroom area. The staff ensured that extra measures were put in place to minimise this feeling. As a result of this the person told us they felt more secure within their personal space.

Accidents and incidents had been recorded. Each report recorded the details of the person who had the accident, where and when it had occurred. The falls champion and registered manager used this information to establish if there were any changes of need and to look at ways they could improve care for people.

We checked the systems that were in place to protect people in the event of an emergency. We found personal emergency evacuation plans were in place for the people who used the service. Regular fire drills were carried out and fire alarms were regularly tested.

The staff continued to manage people's medicines well. Medicines were safely stored in locked trolleys inside secure medication rooms and suitable arrangements were in place for obtaining, storing, administering, and disposing of medicines in a safe way. Staff were supported to keep their training and knowledge up to date and regular assessments of their competency were carried out. Medication audits were completed and action taken when improvements were needed.

We talked with staff about recruitment into their role and found this continued to be safe.

Is the service effective?

Our findings

At this inspection, we found staff continued to have the required skills, experience and support to enable them to meet people's needs. The rating continues to be Good. We acknowledged however that the provider was working towards Outstanding in this key question.

People told us staff understood their needs and preferences very well. They felt they received effective care and support from well-trained staff, which in turn had improved their health. For example, a person told us, "I came here straight from hospital in a very bad way. I have had nothing but safe and secure care, kindness and dedication from day one and it is consistently outstanding. They know you intimately and your existing and changing needs. That is why I have recovered so well and I am expecting to be fully mobile again. So to sum it up for you, I am safe, secure and happy because of the wonderful well trained staff, or as I prefer to call them, 'family'. All of the things I needed for my safe rehabilitation have happened because of all of the people who work here."

Another person said, "We receive homely, outstanding care here and the staff are trained to a superb level. We are always consulted about the care we receive and have regular reviews with the staff and with the GP although we are both reasonably healthy. They know our wishes and have helped us deal with our affairs and we are confident they will be carried out as there is absolute trust. You cannot legislate for that. It is down to sincere good leadership and genuine care for all people. People come first, that is how it is here. We know the staff as family and we know they have their own troubles in life but it never affects how they approach their duties here. I can guarantee you that."

People received effective care, based on best practice guidance and staff had an in-depth knowledge of people's care and support needs. They were skilled and confident in their practice. Staff training was tailored to the needs of people using the service. For example, one person had received intensive physiotherapy from a health professional and staff had been taught how to continue the exercises with them to further aid their recovery. We spoke with this person and they told us they thought this level of support was exemplary and had greatly contributed to their rapid rehabilitation and recovery to nearly full mobility.

Staff told us when they started working at the service they had a thorough induction and felt well supported by this. They worked alongside the 'training champion' and other experienced staff to get to know people, and their care needs. They undertook the national Care Certificate. This is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. They said they had undertaken training in a wide range of subjects which helped them to be confident in their role. All new staff had a probationary period during which competency checks were undertaken and feedback from people sought to ensure each new staff member had the required knowledge, attitude and skills.

The provider and registered manager's ethos was that of constantly and actively promoting the opportunities for staff to enhance their skills and all care staff had completed qualifications in care at level two or above. All staff undertook regular training and updates on topics such as health and safety, moving

and handling, first aid and infection control. They also undertook other training relevant to the health needs of people they supported.

In the Provider Information Return, the registered manager highlighted that various staff with an interest in particular aspects of people's care undertook lead roles, known as 'champion roles' through which the service promoted best practice. The registered manager said, "For example, we have a Champion for moving and handling to ensure it is always undertaken properly. We match care workers to people and we have reduced the falls rate. If a person has a fall we want to find out the underlying reason, learn from it and prevent it happening again. I firmly believe you have to know your residents well and understand them and we promote this ethos within our culture of care."

Staff we spoke with were 'champions' in infection control, falls prevention, medicine management, activities, nutrition, hydration, dementia, mental capacity, training and safeguarding. They were enthusiastic and described their role was to promote and coordinate advances in knowledge, practice and training. They said they were a 'go to' person for advice and support for staff and people living at the home. For example, staff had identified a person needed more help with managing their dementia. The 'champion' arranged for a 'well-being' meeting to include the person during which an agreement was made to access external support from the community mental health team. A healthcare professional came to the service to deliver a bespoke training session on enhancing that person's care. This showed the provider's approach of staff working together to seek a joint solution to promoting person-centred care.

Staff received support through regular one to one supervision meetings. They told us that the registered manager supported them emotionally as well as looking at the welfare of the people who used the service. Staff said they used supervision to recognise their own learning and development needs. They thought that by being 'reflective' and 'inward looking' this helped them to provide the best care. One staff member said, "We discuss things all the time. They (management) are really supportive. The registered manager's door is always open. If someone passes away we always have a de-brief and they provide emotional support to us." Senior staff also monitored staff practice and provided constructive feedback, to promote continual learning.

Staff had an annual appraisal, which provided an opportunity to discuss their practice and identify further training and support needs. Staff that needed extra support with their learning were helped by the management team by assessing how best they learn. For example, using coloured paper for staff with visual issues. Staff told us that this had promoted their confidence and learning attained had increased remarkably. When the provider paid attention to individual staff's diversity, this helped them reach their full potential and provide excellent care for people.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. At this inspection, we could see that the provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision making. The MCA was included in staff induction and during vocational training. The MCA training was also being offered to staff as a more in-depth course.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)." During the inspection no one was being deprived of their liberty. Staff had a good awareness and understanding of its meaning and the assessment and review processes would identify any need to implement such a safeguard. Arrangements were in place so that people's wishes would be respected. One relative said, "Staff have discussed with me (Person's) wishes for resuscitation and I am confident (Person's) wishes would be respected."

People gave us very positive feedback about the quality of food at the home. Comments included; "Excellent. You can choose from the menu"; "The food is excellent and always fabulous choices. You are never faced with anything you may dislike. There is a board in the kitchen with all our preferences on it; and, "They will always make you something you like, they are very good indeed." Lunchtime was a relaxed and a sociable experience. Staff chatted with people and took time to ensure they were happy with their meal. People were offered choices, for example whether they wanted sauce with their meal. Staff sat next to people that required assistance to eat and supported them in an encouraging, sociable manner.

We looked how people were supported when they were identified as being at risk of poor nutrition. Three staff members were 'nutrition coordinators' and had received specific training in nutrition and hydration. People's experience of eating and drinking was enhanced because staff used innovative ways to promote improved health and wellbeing through good nutrition and hydration. 'Nutrition' and 'hydration' smoothies were offered which gave people an opportunity to sample food and drinks in a fun way so they could experience new flavours and textures, and expand people's food and drink choices. Staff told us about the positive effect additional calories and nutrition smoothies provided. They showed us how they had monitored a person's weight and that it had increased by supporting them with homemade smoothies and small appetising meals.

People were routinely assessed against the risk of poor nutrition and this information was used to update risk assessments and make referrals to relevant health care professionals. When Speech and Language Therapists (SALT) were involved, for example if a person was at risk of choking, guidance for staff was clearly recorded within the care plan with information about the correct texture of food and how the person should be supported to eat safely. We saw that staff followed these guidelines.

People we spoke with told us how they were involved in discussions about their health and wellbeing. People and their family members told us health professionals were quickly involved if needed, and the involvement of health professionals was clearly recorded within people's care plans. Staff told us that they had received training on clinical skills such as; blood pressure monitoring, wound care, temperature checks and how to record these readings and report any issues back to the district nurses or GP. This ensured people's healthcare needs were pro-actively monitored to ensure that they identified problems early. One family member said, "[Name] was in a very poorly state but since being here they are so much better, they take care of them really well."

Staff spoke confidently about the care they delivered and understood how they contributed to people's health and wellbeing. They were encouraged to reflect, learn and focus on continuously improving their practice at staff handover, team meetings and through the use of the 'wellbeing clinics' for people. These opportunities prompted keyworker staff to consider what had gone well, identify things that could have gone better and reflect on the challenges they encountered. One staff member said, "People are human beings. We always ask them, 'How do you want to be treated?'"

Is the service caring?

Our findings

End of life care was described in exceptional terms by relatives whose family members had received this care. One bereaved relative said, "It's the simple things done well that make it all easier. They know when to say something has changed and you ought to know. They also had the skill to tell us, we think you must come right now. That was excellent communication given I live quite a distance away." They also went on to say, "I cannot fault the level of care, comfort and kindness my (relative) received. Our family is profoundly grateful to all the staff for enabling my (relative) to enjoy their last years in comfort and to die peacefully in their own bed as they wished. We cannot thank them enough. (Person) received round the clock care in their final hours and they died very peacefully with their family around them. Nothing was too much trouble, even moving their bed while they were still conscious to see their old house out of the window." The relative was genuinely moved with overwhelming efforts of all the staff to facilitate their relative's final hours and the period leading up to the end. Another person told us, "We have discussed our final wishes with the staff and manager regarding how we wish things to go for us at our end." They said they were confident their wishes would be carried out.

Staff were proud of the outstanding end of life care provided. A staff member told us, "Caring for (person) at the end was a 'privilege'. Together, with the registered manager we made (person) comfortable after their death. Before (person) left the home, we washed and dressed them in a favourite nightie and bed jacket, washed their hair, and put on the makeup and perfume they liked." The service had been awarded 'commend status' in the Gold Standard Framework (GSF). This was an accreditation in high quality end of life care. This demonstrated the provider focused on quality standards which were recognised as offering a high level of palliative and end of life care for people. Staff were able to assist in ensuring people's preferences and wishes were respected which provided peace of mind at the end of their lives. For example, staff supported a person to achieve their wish to donate their body to research. The registered manager said that as part of this process, by reflecting on their end of life practice had helped them to improve their ability to counsel staff and support people at the end of their life.

'Advanced care planning' was offered to people on admission to the service. This gave people the opportunity to be involved in decisions about end of life care and so that staff were aware of people's personal choices and wishes. Staff spoken with demonstrated an extremely compassionate awareness and understanding of the importance of this and each person's wishes were part of their care plan. We looked at end of life care plans for people, which were recorded in the style of 'thinking ahead'. These detailed how people wanted the end of their life to be and records showed that where people did not want to be taken to hospital at the end of their life, this was honoured. The registered manager discussed a situation when they had visited a person in hospital and they had expressed a wish to come back to the home for the last days of their life. The staff responded swiftly and put plans into action to make this happen. They ordered specialist equipment to enable this person to return home at the end their life surrounded by family and friends. Staff had produced an information pack for people and their relatives about end of life care, including contact numbers of agencies available for support.

During our inspection we saw that staff conducted a 'toast' at lunchtime which included kind words about

a person who had died that morning. This showed the provider's values in action; kindness, honesty, caring, empathy, respect and compassion. This idea had come from a 'residents' meeting and people had decided that they would like to 'toast' to those who had passed away. Staff spent time talking with people who used the service about those who were nearing the end of their life or who had passed away if they so wished to. Staff said, "People come to be at peace and accept this more if we talk openly about death. It seems to not be so frightening for the individual concerned."

We saw how a member of staff offered to accompany a bereaved relative to see their departed loved one. They did this at the person's pace and with great care and empathy. The registered manager told us they offered families the opportunity to continue to visit the service, following the death of a loved one and remain part of the home. We saw compliments received from relatives following their loved ones' funerals. These showed that families had really appreciated the care received.

People were at the heart of the service provided at Alexandra House and support was provided in a caring and compassionate way. One person said, "We love it here we haven't got a care or worry in the world. We are secure in the knowledge we are safe, protected and loved." Another person said, "I came here from hospital really in despair as to my future. It has been my experience in the past that some facilities just do not factor in the terrible shock you have had. Some care is all so process driven. They do care here. They spent so much time getting to know me and how I was feeling inside... This approach has enabled me to now begin to reassert my independence. I will not be what I was before the injuries physically but I am psychologically and mentally because of the trustworthy and reliable pastoral help I have received here. Because of the holistic approach undertaken here I have been given my life back."

We spoke with the registered manager about the culture at the home. She told us people living at the home were at the centre of everything they planned and did. They told us, "People here are at the heart of everything we do; they are consulted and involved in everything. The culture here has been built over 40 years of hard work and dedication by the family owners and long serving staff." People told us about the staff team's caring and compassionate approach. One person said "They really get to know you here. They pay attention to the little details that can mean so much." A relative told us their family member had an excellent relationship with one particular member of staff. They said, "The staff came with us to support (person) to a wedding in our family. We were so grateful for this help and it made (person's day)." Another relative said, "The staff just know people so well here. They know what matters to each person. It just doesn't feel like a care home. It feels like a real family home, an extended family. It's a marvellous place." Staff were patient and highly skilled at developing strong relationships with people; people felt that they really mattered.

Staff recognised immediately if people were confused or anxious; they responded with compassion and kindness. We saw a person had become confused and had become concerned about where they should sit. Staff sat and spoke with them in a quiet area of the home and reassured them this was their home and they could sit anywhere. They asked the person if they would like to sit in the lounge which they happily accepted. One staff member said, "Quite simply, they [the people] are the most important part of Alexandra House." Another said, "The training we receive helps us to care for people the right way for them."

Staff were very mindful of different ways to communicate with people and spoke of their approach to speaking with people so that messages and support would be more effective. For example, a member of staff said, "It's important to realise what we say to people and how we say it. A person may have forgotten their frame for walking. If we said, 'Where's your frame,' that may be taken as harsh and uncaring but if it is phrased, 'Have you remembered your frame,' it might be more effective for that individual."

Staff spoke about the importance of supporting each person as an individual. We saw that life stories were developed with people. One staff member said, "The way we talk to people draws out any diverse needs people may have. We give them the confidence to talk about issues important to them, for example gender preference of staff for personal care. Once you engage with people on their level and really try to understand them as individuals, people seem to really enjoy talking about their lives." This in- depth knowledge of people had led to specific support for people's personal wishes. For example, one person wanted to make a last visit to their close relative some distance away. Staff facilitated this by going with them to support them on the visit and stay overnight with them.

People were empowered to make their own decisions. For example, people chose to go out when they wanted to and held a small card with them. This had the name of the care home and contact details on it in case of an emergency while the person was out. As well as being involved in decisions about their care and how they spent their time, people who used the service were encouraged to be involved in issues affecting the home. For example, staff were soon to have a training day held at the home about safeguarding and the MCA. People who used the service had been asked by the safeguarding 'champion' if they were interested to join the training so that they could see how staff were trained to keep them safe. One staff member said, "The champions make sure we think about all aspects of our caring role and how to make sure we work in the right way. It's a great idea; all staff are very passionate about their area."

Staff had a good understanding of protecting and respecting people's human rights. One staff member said, "Everyone is an individual, with their own beliefs. Staff described the importance of promoting each individual's uniqueness and were passionate about providing a non- discriminatory service. We saw that religious services took place regularly and people told us that they valued this. One person told us this was very important to them to be enabled to follow their faith, worship and to take Holy Communion if they wanted to.

People told us they kept in touch with their friends and relations. They were able to visit at any time people chose and always made welcome by staff. People could meet with their visitors in communal areas or in their own room, as they chose. We read responses from relatives who had completed the provider's 2017 quality assurance survey. Comments were; 'Staff are all very thoughtful, attentive and considerate,' 'We are always greeted with a cheery smile,' 'A comfortable, caring, lived-in home.'

Staff understood how to support people with dignity and respect. Without exception, people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person told us, "Your privacy is always respected. You really live as if you were in your own home, just with staff here if you need them." A relative commented, "Mum always said staff were excellent with things like her privacy. She had always been a very private person so that was so important to her. She was worried about things like that when she moved here but she needn't have been. Staff are excellent. It has really become her home."

People told us how their dignity and privacy was upheld whilst receiving personal care and how they enjoyed being supported by staff with this. They said, "Because it's nice to have someone you like and trust wash your back or help with your hair and nails." People said that they could have a bath whenever they wanted one. Every day if that was their wish. Another person said, "You cannot quantify the high standard of care here as it is hard to do it justice. There is compassion in everything they do. It is more like a community than a residential home. There is absolutely nothing institutional here". Also I like a bath every day and it is never a problem. Our clothes are always beautifully laundered and ironed and smell nice. They never lose any laundry either." We heard one staff member say to a person, "Hello (person's name), I have brought you a little present because I thought you would like it next time you have a bath. Its body wash and special

sponge, I know you like the smell."

We noted how staff respected people's wishes to be greeted by their preferred names, for example two people liked to be called by their surname as Mrs (last name) and Miss (last name). We asked staff about this and they were very clear it was the individual's personal choice and right that was to be respected.

The registered manager went on to tell us about how they promoted people's well-being and ensured an inclusive approach to life at the home and the local community. They said, "Children from local schools, scouts and brownies come into Alexandra House to sing and act out plays. They have helped to make rewarding experiences for people." Photographs on display showed these occasions were enjoyable, fulfilling and made people happy. Children also brought in plants they had grown for people, which in turn gave people the opportunity to continue to nurture and grow the plants themselves. Local children also invited people to attend their school Christmas plays. This showed that two way community relationships were nourished and had a positive impact on both the children and the people that lived at the home.

The provider facilitated visits from Age Concern where people had requested support for advice. This enabled people to get personal external help when they were unable to leave the home. Age Concern acted as a befriending service so that people developed caring relationships with other staff independent of the service.

The provider supported people to share their views about local services that they were involved in. For example, the staff assisted people to attend the GP patient forums that were held in relation to improving the local GP service. This enabled people to have their say about other services that mattered to them.

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in a wide range of activities that were important to them. People and their family members repeatedly told us they felt staff understood their individual needs and preferences, and provided care in a responsive and personal way.

One staff member explained, "We are trained that every person will require a different amount of time. The main point is that everyone is different and we cater for that."

The home provided opportunities for people to engage with meaningful activities and social interests relevant to their individual needs and requirements. We saw on the day of our inspection a quiz taking place. The service had strong links with the local community and people were supported to access the community when they wanted. For example, one person was supported by staff to go out for a walk at times.

Family members told us they were able to visit at any time and were always made to feel welcome. We observed that visitors were greeted warmly by staff or the registered manager.

People were supported to follow their personal interests or hobbies. One person said, "I am never bored, there is always something going on and people to talk to and I enjoy the newspapers. I also do the yoga class here which I enjoy and it keeps you mobile. I also go into town on the bus regularly." Another person said, "We are asked what we want or prefer to do and activities are planned according to our choice and preference which we like. We are not forced into bingo and singing songs from the 40's. Our suggestions are always taken on board and it is just like home." A third person commented, "We are off to Aberystwyth on Friday and I am looking forward to that as I lived in Wales for years and we are going through some places I will know at my request."

A person told us, "I am always helped to do what I want when I need help. I am respected and never feel awkward. In fact, I think we are all spoilt really they are so responsive to our needs. I was worried when I came to live here at first but that concern just disappeared after being here within 30 minutes." Staff understood people's care needs and the things that were important to them in their lives, for example members of their family, key events, and their individual preferences.

People had their needs assessed before they moved in, with an advanced care plan which was developed detailing the care needs and support, actions and responsibilities of staff. The care plans gave staff specific information about how the person's care needs were to be met, and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. Key staff updated risk assessments through the review process for people's care called 'wellbeing clinics'. This involved the key worker for the person, the individual and family or other healthcare professionals if required.

The registered manager discussed a situation when they had visited a person in hospital and they had expressed a wish to come back to the home for the last days of their life. The staff responded swiftly and put

plans into action to make this happen. They ordered specialist equipment to enable this person to return home end their life surrounded by family and friends.

The provider was in the process of updating their brochure to inform people of developments within the service. People had verbal information about how to make a complaint but this was not on display. People we spoke with knew how to make a complaint but said they did not have reason to do so. We noted the service had received a number of compliments. One compliment said, 'The home is lovely, homely and welcoming.'

The provider used discreet symbols on people's doors to remind staff about a specific status so they could respond appropriately. For example, whether they had an infection (snowflake) or had consented to not be resuscitated in event of a medical emergency (butterfly).

Is the service well-led?

Our findings

People we spoke with and their family members were complimentary about the registered manager and the whole management team and the way they led the service. One person said, "They understand how you want to live what's left of your life and don't interfere. The place is run for us the residents not for the staff which is rare these days. That is very important to me and my family." Another said, "The owners take every care with you at all times and that makes me so happy. I am relaxed; I have no worries because everything has been dealt with between my family and here. I was a worrier but not now." One family member said, "They do incredibly well and always the best they can."

There was a positive culture in the home and staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service. People and staff described the management of the service as approachable. One person said, "Communication has been good." Another described the registered manager as, "Very helpful, a very nice person."

Staff told us the registered manager led the service well and led by example. One staff member told us, "Issues are addressed really quickly, and I feel supported. They deal with things really well here." Another said, "Caring for (person) at the end was a 'privilege'. Together, with the registered manager we made (person) comfortable after their death. Before (person) left the home, we washed and dressed them in a favourite nightie and bed jacket, washed their hair, and put on the makeup and perfume they liked." The registered manager had attended a 'lead to succeed' course to refresh their management and leadership skills. This ensured that people continued to receive care that was driven by an effective manager.

The registered manager and key 'champion' staff had worked in partnership with the local infection prevention and control team. This was to develop the 'check to protect 2' guidelines for providing a clean environment for people to live in. This was a system that was then rolled out countywide for use in residential care services. They monitored and recorded the competencies of staff in line with best practice guidelines. A thorough induction for new staff had been developed to educate them to meet the code of best practice under which care services must operate.

The registered manager and staff were visibly proud of the service and were passionate about their roles, training and the importance of excellent standards of care. One staff said, "We are taught to always think about how we would want to be treated or our relatives." Another said, "The leadership of this home has given me a real understanding of the impact of change and transition on an elderly person and the unsettling effect this can have on their physical and mental health."

The registered manager understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. We saw the service had a well-defined management structure that provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service and staff told us they felt included and consulted.

Staff understood the values of the service and told us they were; supporting and looking after each

individual as a person, meeting people's needs, providing compassionate care and making people feel safe.

The registered manager and staff involved people to obtain their feedback. People told us they gave their feedback in a number of ways, through meetings, surveys and by telling the staff. People told us their meetings were informative and friendly, and that they were able to speak about any issues they had. Any requests were always acted upon.

Feedback had been sought about the service through an annual questionnaire which had been completed by people and family members. All responses so far were complimentary about the service and described management as being approachable.

People's records were locked away securely. We looked at information related to the running of the service and found that the provider had systems in place which continually reviewed the quality of the service. Audits were in place and data about the service people received was continually monitored to look at ways of improving the quality of the care they delivered.

The registered manager had an emphasis on continuous improvement, and reviewed themes and trends, to look at ways they could change the service so it could continually be improved. Improvement was integral to the running of the service and there was a shared understanding between the management and the staff about what areas of the service needed to be improved. For example, every staff member we spoke with could explain what they were doing to reduce falls, maintain a hygienic service and reduce urinary tract infections.