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Andover Nursing Home

Inspection report

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Ratings

Overall rating for this service	

Is the service safe?	
Is the service effective?	
Is the service caring?	
Is the service responsive?	
Is the service well-led?	

Summary of findings

Overall summary

This inspection took place on 9 and 10 January 2017 and was unannounced. There were no concerns at the last inspection in January 2014. Andover Nursing Home is registered to provide accommodation and nursing care for up to 87 people. At the time of our visit there were 79 people living at the service.

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 feedback we received from people was positive throughout. Those people who used the service expressed great satisfaction and spoke highly of all staff and services provided. One relative told us, "The home is simply fantastic. It's so friendly with a lovely atmosphere. I always look forward to visiting, from the pleasant greetings at reception and onwards. I cannot speak highly enough".

Staff involved in the inspection demonstrated a genuine passion for the roles they performed and their individual responsibilities. Visions and plans for the future were understood and shared across the staff team. They embraced new initiatives with the support of the registered manager and colleagues. They continued to look at the needs of people who used the service and ways to make positive changes.

People experienced a lifestyle that met their individual expectations, capacity and preferences. There was a strong sense of empowering people wherever possible and, providing an environment where independence would be encouraged and celebrated. People's health and well-being were paramount. One relative told us, "I think the attention my husband receives and the happiness here has allowed him to defy dying. We are having quality time together; it couldn't get any better than that".
The registered manager listened to people and staff to ensure there were enough staff to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service, and used a risk based approach to help ensure that staffing levels and skill mix was effective.

The safety of people who used the service was taken seriously. The registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Staff were very highly motivated and proud of the service. They were fully supported by the registered manager and a programme of training and supervision enabled them to provide a high quality service to people.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from staff who knew them well. People had positive relationships with staff and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity and promoting independence. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and responded to. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.
The provider and registered manager were totally committed to continuous improvement. The registered manager and staff demonstrated strong values and, a desire to learn about and implement best practice throughout the service.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

There were enough skilled, experienced staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with the management of medicines.

Staff followed appropriate guidance and took measures to help protect people from the risks of cross infection.

Is the service effective?

The service was exceptionally effective.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills to increase their knowledge and understanding.

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had healthy diets which promoted their health and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Is the service caring?

The service was exceptionally caring.

The registered manager and staff were committed to providing care that was kind, respectful, and dignified. Person centred care and promoting independence were key principles on which the service was delivered and this was reflected in the day-to-day practice of the service.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received.

People felt all staff treated them with kindness and respect and often went above and beyond their roles. Staff built meaningful relationships with people who used the service.

The home was committed to the nationally recognised Gold Standard Framework for end of life care (GSF).

Is the service responsive?

The service was responsive.

Staff identified how people wished to be supported so that it was meaningful and personalised.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

The service was exceptionally well led.

The provider and registered manager promoted strong values and a person centred culture. Staff were proud to work for the

service and were supported in understanding the values of the service.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Care Quality Commission

Andover Nursing Home

Detailed findings

Background to this inspection

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

The service was last inspected in January 2014 and at that time there were no breaches of regulations. Two adult social care inspectors, one bank inspector and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.
Some people were able to talk with us about the service they received. We spoke with 26 people using the service. Not every person was able to express their views verbally. Therefore we carried out a Short Observational Framework for Inspection session (SOFI 2). SOFI 2 is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. We also spoke with seven relatives.

We spent time and spoke with the provider, registered manager, the estates and training officer, the deputy, seven nurses, the physiotherapist and six care staff. We also spoke with three activities staff, the head chef, one housekeeper and two business administrators. We looked at 15 people's care records, together with other records relating to their care and the running of the service. This included the employment records for staff, policies and procedures relating to the delivery and management of the service and, audits and quality assurance reports.

Good

Is the service safe?

Our findings

The service was safe. People's safety was paramount to the service provision. People we spoke with felt 'safe' and 'content' living in the home. Comments included, "Oh yes I feel safe. There are always people about", "I feel safer now I have this walking frame, I'm so glad they got it for me" and, "Staff are very kind and look after us very well, they keep us all safe".

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Staff understood risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with detailed information about these risks and the action staff should take to reduce these.

People who had physical disabilities required specialist equipment to help keep them safe. The service had a physiotherapist who assessed individuals so that appropriate expert advice could be accessed and implemented. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. Specialist equipment used included; pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented.

During the inspection the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were sufficient numbers of staff on duty. Comments included; "They're not understaffed, rather adequately staffed. There's always a nurse on in charge of the floor and a senior carer", "Oh my, there are staff everywhere seven days a week, that's very reassuring", "Staff on reception are always very lovely when you first enter the home". Staff we spoke with confirmed staffing was more than adequate.

The service had a clear structure of managerial and clinical responsibilities with a registered manager,

deputy, senior nurses and nurses providing clinical leadership. The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. The registered manager ensured there was a suitable mix of skills and experience during each shift. Staff escorts were also provided for people when attending appointments for health check-ups and treatments if required.

The service made every effort to ensure staff employed had suitable skills, experience and competence to fulfil their roles. In addition, the registered manager considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well. Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Staff followed the policies and procedures for the safe handling, storage and administration of medicines. Medicines were securely stored and records of administration were kept. Staff had received training in administering medicines. People received their medicines as prescribed. Some people were prescribed 'as required' medicines, for example pain relief medicines and medicines to be administered in emergencies. We observed that a nurse used an assessment tool to inform their decision to offer pain relief to a person. Another example was comprehensive guidance on the administration of medicines to be administered for a person who was at risk of life threatening seizures.

The whole home was exceptionally clean. The provider had infection prevention and control policies and staff had received training. Staff had access to the equipment they needed to prevent and control infection including; disposable gloves, aprons, sluicing facilities, and cleaning materials. Some people required assistance with moving and handling. This involved using hoists, to which are fitted a 'sling' which is designed for the person to be moved safely and comfortably. People who required hoist assistance for mobility had their own individual slings kept in their wardrobe. The provision of individual slings allow for the best possible size and type of sling to be assessed for the person. The provision of individual slings also limits the possibility of the spread of infection.

Policy and procedures to be followed in the event of an emergency were known and understood by people and staff. Care staff told us they had training in fire safety and knew what to do in the event of an emergency. The registered manager had prepared personal emergency evacuation plans (PEEP) for each person who lived at the home. A quick reference guide was available where staff could see at a glance the level of support someone would need in an emergency evacuation.

Outstanding ☆

Is the service effective?

Our findings

People were provided with an exceptionally effective service. This was because people's needs were consistently met by staff who had the right competencies, knowledge, attitudes and behaviours. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. Comments from staff included; "Training provided is very good", "The training we get is excellent' and, "The training we get helps me keep my clinical skills as a nurse up to date". In addition to staff, the service encouraged and supported people and their relatives to attend training to help raise awareness. In 2016 the service arranged for two courses to be delivered at the home by two health and social care professionals. The training was to support those people who had difficulty with eating and drinking and people who would require moving and positioning. This was attended by 25 people and relatives and was a great success.

The service constantly considered and explored innovative, creative ways to train and develop their staff. One example included the use of the Virtual Dementia Tour. PK Beville designed a simulator in 2001, with the hope that the public could experience the difficulties of living with dementia. This is a system endorsed by various organisations including Dementia UK. It demonstrated what it is like to have dementia. Large headphones cover the ears, producing disruptive background noise, makeshift sunglasses distort the central vision and thick gloves are worn to restrict finger movement and sensation. We used the 'virtual dementia tour' and found it a hard-hitting experience. Staff were extremely positive about the training and how it had helped them. Comments included, "The training was inspiring and frightening, to have your senses taken away and to truly understand how our residents feel, it's completely changed the way I work at the home. I spend a lot more time explaining what I am going to do, I do not assume they can see me doing something first", "It has given me more patience and understanding of dementia that no other course has ever given me" and "I am more patient, calmer and understanding when providing care to our residents with dementia. Everyone should do this course, I'm glad it's now part of our mandatory training so everyone can experience it".

People were cared for by staff who had received training to meet people's needs. Training provided covered the basic training care staff required, clinical skills needed by the nursing staff and specific training targeted at key staff to meet people's individual needs. Examples of basic training received by staff included; first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Clinical training provided to nursing staff included; wound care management, hydration and use of syringe drivers. To meet people's specific needs training had been provided to key staff in areas such as; supporting people with complex epilepsy and assisted eating and drinking.

A variety of training methods were used. These included 'in house' training delivered by staff qualified to teach the subject, using external training providers and computer based e-learning. Staff said the training they received allowed them to meet people's needs. Comments included; "Training provided is very good", "The training we get is excellent' and, "The training we get helps me keep my clinical skills as a nurse up to date". The provider and senior staff recognised individual staff learnt more effectively from different styles of training delivery and planned accordingly.

Staff said they felt supported and found individual supervision helpful. Comments included; "My supervision, is very professional and helpful" and, "Supervision is helpful, identifies strengths and helps with weaknesses". A nurse told us, "Supervisions are every two months, it works for me and hopefully for the staff I supervise, we try and make sure any discussions are constructive". Annual appraisals of staff performance were carried out and staff told us these contributed to their career development as well as helping them to improve their performance.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty, if done in the least restrictive way and, it was in their best interests to do so.

People's legal rights were respected and restrictions were kept to a minimum using the least restrictive option. Where applications had been authorised to restrict people of their liberty under the Deprivation of Liberty Safeguards (DoLS) it was to keep them safe from possible harm. There was a clear account of why referrals had been made and how a person had been supported through the process and by whom. This included GP's, best interest assessors and/or independent advocates. There were systems in place to alert staff as to when DoLs would expire and need to be re-applied for. Applications had been submitted to the appropriate authorities in a timely manner. This meant the provider was able to manage this process to ensure people would not be deprived of their liberty without the correct authorisation being sought. Clear records were kept of consultation and reviews with the relevant person's representative (RPR) as required where authorisations had been received.

There was a strong emphasis on the importance of eating and drinking well. Innovative methods had been sought to support those who were reluctant or had difficulty in eating and drinking. The service had worked extensively throughout 2016 to promote and enhance 'Dining with Dignity'. This was a programme whereby the head chef, his team and the registered manager had explored ways of improving the dining experience for those people who required a textured modified diet. Training programmes and research had afforded the head chef a wealth of knowledge and initiatives. It was understood amongst staff that eating was a multisensory experience and that texture, aroma and flavour as well presentation would impact on how something tasted and as a consequence influenced how much someone ate.

The whole process was an exact science; the head chef explained to us how it took months to refine different food types and the textures required to suit individual needs of people, in addition to not compromising on taste. The whole team were passionate about maintaining dignity and respect and that presentation of textured modified foods would promote this. One relative spoke with us, their wife required a soft diet due to swallowing difficulties. He told us, "I am very impressed with my wife's meals; the presentation is fantastic and very respectful. Because of the moulds they use, a typical meal can be identified as meat, vegetables and potatoes even though the food is pureed. I am very grateful for all their efforts to make my wife feel equal to those she lives with".

Mealtimes and the quality of choice was exceptional, individual needs were met and staff went out of their way to meet preferences. Comments from people and relatives with regards to the food included; "The food is excellent I often eat here and it's a first class dining experience", "The food is very good. The plates going back after lunch are usually empty" and, "I came in and had Christmas dinner. It was superb. My Christmas lunch was delicious including wine and champagne. The tables were beautifully laid, very tasteful. Then we had mince pies, mints and coffee in the lounge. We sat chatting and had great quality time together". People shared with us how personal preferences were met. Comments included; "The chef is very good. He came to see me and asked me what I wanted to eat at Christmas, and said he would get me anything. I

wanted prawns and I was told I could have them every day if I wanted! The deputy chef made a sauce with brandy; it was a very lovely sauce. Whatever I fancy they get me", "It's fish and chips on a Friday but I'm not really into it so they will cook me a sausage" and, "On a Friday we have 'happy hour' at lunchtime. I like to have a sherry".

If people were at risk of weight loss staff had management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food and fluid intake and body weights. The service had a hydration champion who was currently working with a nurse from the Clinical Commissioning Group (CCG). The project was about the prevention/reduction of falls and urinary tract infections and how they might link to poor hydration as a possible cause. Staff were enthusiastic about being part of the project and that it would contribute towards good healthcare outcomes and improved quality of life for people.

Outstanding ☆

Is the service caring?

Our findings

The service was exceptionally caring. We received endless heartfelt comments from people and their relatives throughout our inspection. People told us, "The staff are very good and very respectful. I couldn't choose a better place", "I've no wish to go anywhere else. There's a great atmosphere here" and, "The staff are very lovely, I always see staff being very attentive to fellow residents". Comments received from relatives included; "To me and my family it's a great relief that our relative is here and being so well looked after. The care is outstanding", "I cannot find sufficient words to praise the high quality in this home", "As you walk in there is a very happy atmosphere. It's perfect" and, "The staff are happy which reflects in everything they do. It is excellent."

The service had a strong, visible person centred culture and was exceptional at helping people to express their views. The service was based upon a clear philosophy of care. This was displayed prominently and had been further developed by senior staff for each of the three units. These were clearly displayed and stressed the importance of person centred care. This drew upon the notion of 'personhood' as described by Kitwood 1997. This is an idea that builds upon the need for providing individualised care by highlighting the importance of the person with dementia rather than the disease process itself. The registered manager shared with us a lovely example where this idea of personhood had allowed them to ensure one person appropriately received their "Legion d'honneur". This award was for bravery and outstanding contribution during the D Day landings on 6th June 1944. The home was instrumental in ensuring the gentleman received this honour as he was entitled to. In addition to this they arranged an afternoon where family, friends, people from the British legion and the person's old regiment attended the celebration.

Staff were exceptional in enabling people to remain independent and gain skills in independence. Through continual assessment and monitoring staff were able to identify if people's conditions had deteriorated and take appropriate action. An independent physiotherapist was employed. This meant people had on-hand expertise and continual assessment. People had easy access to help in restoring movement, rehabilitation and reducing the risk of injury or illness. The physiotherapist shared with us three examples whereby this resource had provided a positive impact for people in the home. One person received care and support that meant they were able to return to their own home and live with their husband. They were admitted to the home with reduced mobility following major surgery. Staff at the home worked with them and their husband on their rehabilitation. This involved psychological support to develop self-confidence and, skilled assistance with moving and handling and using equipment. Through working as a team and in partnership with the person and their family, they gained the strength, practical skills and confidence to return home.

Staff were highly motivated and inspired to offer care that was kind and compassionate. They were determined and creative in overcoming obstacles in achieving this. The registered manager shared with us various examples where staff had gone the extra mile. One person whose daughter lived a considerable distance away had been diagnosed with a terminal illness. They had deteriorated and asked to see their mother before they died. A staff member took the person to their daughter's home and supported them through the visit fulfilling theirs and their daughter's wishes. Another person who did not have any family had through a process of best interest decision making developed a supportive friendship with a staff

member. They spent Christmas day with the staff member and their family. An act of fulfilling someone's long held wish was realised when staff successfully traced and invited a member of the band 'Herman's Hermits' to the home to meet with them. We were shown photographs of the event which showed the person had enjoyed the experience.

Staff were proud of their approach towards people; they always made time for people and had good listening skills. We saw various examples where dignity and respect was promoted. When offering support staff spoke politely and made efforts to ensure they were at the person's eye level. They discreetly offered to help people with sensitive needs for example assistance at mealtimes and when using toilet and bathroom facilities. People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, and helping people to fasten their jewellery and weekly visits to the home's hair salon.

The home provided a high standard of care to people with palliative and end of life care needs. The home was committed to the nationally recognised Gold Standard Framework for end of life care (GSF). The GSF is a model of good practice which enables a 'gold standard' of service to be provided for people nearing the end of their lives. It aimed to ensure people lived well until they died. This meant the staff followed best practice guidance and people received care tailored to their specific needs.

The registered manager told us, "The GSF advance care plan is a vehicle, which enables discussion and facilitates resident's wishes as soon as they are admitted to the home. It has given staff the skills and confidence to address challenging issues". We saw various examples where this had supported people and their families to make sensitive decisions about how they wish to be cared for in the last years of their lives. One relative spoke with us about her father who had passed away whilst living in the home. They praised the staff for their 'compassion and kindness right to the very end' and for ensuring their father died peacefully and with dignity'. They said staff were 'extremely efficient, knowledgeable and discreet' and they had no hesitation when in September her mother became unwell and she moved into the home.

Staff spoke with us about their thoughts on the GSF. Comments included; "The gold standards framework has helped us enhance people's dignity at the end of their lives", "The GSF has meant we have been able to give people the opportunity to do things important to them before they die", "End of life care is very good here and relatives always speak very positively about how we have helped them".

Staff cared for and supported those that mattered to the person at the end of their life with empathy and understanding. They supported families through difficult conversations and offered support to bereaved families. We met with the homes bereavement champion. They had a gentle, kind, calm demeanour which lent itself to the role and provided an approach that family and friends would appreciate at such a sad time. They had these skills because of enhanced training they had received and were able to offer support and practical assistance. They took their role very seriously and told us, "To be able to help someone through this experience is an honour to be honest. We are all humans, we all have feelings and we need to respect that".

Good

Is the service responsive?

Our findings

The service was responsive. The registered manager, deputy and nurses continuously reviewed the planning, delivery and management of people's care and support. As a result people received a service that was responsive, innovative and based upon a person centred approach and best practice. This allowed for their individual health and social care needs to be met. Throughout our inspection we saw staff responding to people's needs and providing care and support in a person centred manner. Managers, nurses and care staff were particularly proud of their expertise and success in providing person centred care. Comments included; "We see it as a partnership with people and their families", "I think we are developing a real expertise in caring for people with dementia" and, "We take pride in helping people fulfil their wishes towards the end of their lives".

Care plans were person centred and holistic. People's health and social care needs were identified and planned for. Daily records were kept in people's rooms and included a summary of their needs, hobbies and interests and likes and dislikes. Information was written in a manner that emphasised the positive aspects of people's personalities and character traits. Clear guidance on how staff support must be given was evident. Nurses and care staff clearly knew people well and were able to talk with us about people's needs and preferences including the smallest of details. For example, they were able to share with us how one person liked to wear a particular perfume each day.

Nurses were particularly proud of their expertise and success around wound care and pressure management. They constantly kept up to date with current best practice and participated in clinical trials. They worked in partnership and collaboration with community nurses to help ensure joined up working and continuity of care. One person moved to the home with a significant pressure ulcer. Staff had worked closely with other healthcare professionals to treat the wound and ensure they were cared for in accordance with best practice in wound care management. The person's wound had healed and they were now leaving the home independently for certain activities.

The service was flexible and responsive in finding creative ways to enable people to live as full a life as possible. People's individual wishes and aspirations were identified with plans put in place to achieve these. Interestingly staff had worked with people and their families to identify things important to them and, in addition, things important for them. This showed they understood things people wanted to do as being important to them and, things people needed to keep them safe and healthy as being important for them. This allowed them to ensure people received a holistic service that met their health and social care needs.

These were examples of things that were important to people. Two people were planning tandem sky dives with staff members. One person had recently ridden on a steam train. Another person had a tattoo representing family done. These were examples of things people had told staff they wanted. These were then written into people's care plans, risk assessments undertaken with them and plans put in place for them to complete the activity.

An example of something important for people was one person having specific objects of reference in place.

These were objects that communicate a particular meaning, so the person who found it difficult to understand what was being said, knew what was being communicated. One staff member said, "We use objects of reference, such as a flannel when washing. He knows and understands what we are planning to do and smiles, if he's OK with this. It works really well. Other examples included healthcare support and interventions people required.

People were cared for by staff who had an excellent understanding of social and cultural diversity, values and beliefs and how they may influence people's needs and preferences regarding their care and support. The provider ensured that human rights and diversity were respected and promoted throughout the whole organisation. The social and cultural diversity and values and beliefs of staff were identified, supported and celebrated. Staff felt empowered and confident to express their personal circumstances and lifestyles including their sexual identity and orientation, race, religion and language. This demonstrated an ethos of equality and respect amongst the whole staff team. For the purpose of the report and to protect confidentiality we have not been able to share specific examples of this. This had enabled staff to adopt an approach to care that promoted individuality and embraced the differences in people they cared for and their families. Each month the home celebrated a calendar of events that's recognised different faiths and nationalities. The service had developed guidance for staff on caring for people with different faiths who were at the end of their life. The service respected and recognised the value of aging and that this brought the gifts of life experience. Several staff were employed who were over the state retirement age.

The arrangements for social activities were innovative and met people's individual needs. There was a dedicated activities team consisting of three staff. Family members of people who previously used the service volunteered to assist with activities. Young people attending a local college and secondary school also helped with planned activities. The ethos of the service was that people should be afforded every opportunity to live a normal life and enjoy those things that everyone has a right to. Ideas and initiatives to support this were constantly thought about and discussed with people and amongst staff.

Staff involved in activities told us the registered manager was very supportive of activities, they felt valued and people benefitted enormously from this. The Busy Bees Swimming Club was a new initiative set up in 2016 following requests from people living in the home. The swimming club enabled people to exercise and promote their well-being, as well as increase their community involvement.

With the use of increased technology a new 'residents' group had been formed called the Silver Surfers Club. This was available to anyone who wanted to get more out of their devices and/or be taught how to use the home's IT equipment and services. In the PIR the provider had said, 'Satellite television and wireless broadband is now available throughout the home for those 'residents' who use tablet devices, either for personal use or to assist with communication and, for the 'residents' own computer station and printer they may use in activities'. We saw people making good use of these and also noted people watched catch up television available through the home's broadband internet. One person told us how they kept in touch by email with their children in Australia and Greece. The service had installed international satellite services which was a great facility for international residents.

A fundraising group had been set up. This meant people, relatives and staff took ownership of raising funds for additional activities. The treasurer of the group was a person using the service; the secretary was a relative and, the chairperson the senior activities organiser. They decided how the money raised should be spent in consultation with people and other relatives. Recent fundraising activities included; craft fayres, sponsored walks, tea dances and theme nights. The success of the group was demonstrated by the significant amount of money raised which had all been used to fund a variety of different entertainers and additional trips out.

Activities scheduled were displayed on noticeboards and people had a copy in their rooms. There was a varied choice including arts and crafts, games, and reminiscence, flower arranging, cooking and exercise classes. Individual interests were also supported including, poetry, musical tastes, current affairs, jigsaws, beauty treatments, sports and knitting. Following feedback from people, staff and relatives, the provider had arranged for additional staff to be available to provide activities on weekends.

People and relatives said they knew how to raise any concerns or complaints they had. There was a clear procedure for staff to follow should a concern be raised. Complaints received had been managed effectively and action taken as a result. Staff received compliments individually and at team meetings. We read two written compliments which said, "Thank you for the high quality and loving care you provided. My relative was always comfortable and well looked after" and, "Our grateful thanks for the fantastic spread of delicious food and endless pots of tea you kindly provided for mum's 90th birthday celebrations. It seemed to me that a lot of care and attention to detail was made so that the afternoon was a great success".

Outstanding ☆

Is the service well-led?

Our findings

The service was exceptionally well led. Systems in place were sophisticated and contributed to the smooth, effective operation of the service whilst still retaining its personalisation. This was a large service with an equally large workforce, yet it felt inclusive and seamless. It was evident that the achievements were not down to one individual but had been achieved collectively with the involvement of the whole team. The registered manager felt supported by the providers. They visited the service twice a week and made daily contact. The registered manager was respected, trusted and empowered to make decisions and implement change in order to improve the service. Both the registered manager and providers recognised their roles and responsibilities and worked cohesively; the provider was receptive to new ideas and sought the manager's views. In addition the registered manager told us the providers 'put people at the heart of the service, were always very interested in what was going on in the home, easy to talk to, and would always help and support when asked'.

Everyone worked as a team, were individually valued and treated as equals. One relative told us, "The whole ethos of the home starts with the matron all the way through to every member of staff". The registered manager told us, "This is not a job to us; it's a way of life". Throughout the two days of our visits staff were energised and enthusiastic. They embraced the inspection, they had been looking forward to it and were excited and passionate when telling and showing us what they were proud of. One staff member told us, "It's a pleasure to work here, it's like a drug and you can't get enough of it".

The registered manager demonstrated effective leadership skills within their role. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was without doubt exemplary. The registered manager led by example and was an effective role model. All staff embraced and shared her vision which ensured the vision and values were put into practice. Nurses told us, "The manager is marvellous, so easy to talk to, very confident and capable, I couldn't wish for a better manager", "Every day we see either the manager or deputy on the units and their office door is always open", "The manager and deputy are both inspirational, the manager is very organised and supportive and the deputy is very supportive clinically and very dedicated". Care staff said, "We regularly see the manager and deputy and they are both very supportive" and, "The manager is very positive, always talks to residents and is very approachable". One relative told us, "The matron is calm, cool and collected and completely efficient in all she does".

The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities in order to further enhance the service they provided. Staff members had taken individual lead roles and become champions (experts). These roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events, training and networked with other agencies to increase their knowledge and understanding. This helped them to develop improved systems in the home and further enhance person centred care. They also delivered learning sets for staff about these particular subjects and improved auditing to ensure better quality and safety.

The service had a track record of being an excellent role model and had created and provided innovative methods to educate the wider community on the issues faced by people living with dementia and their loved ones. They had also worked in partnership with other organisations to promote good practice and to promote positive change.

The dementia champion was the driving force for the service and had worked extensively to raise awareness both within the home and the community. The aim and objective of the service was to work towards the town of Andover and the surrounding areas becoming dementia friendly. The service was a member of Dementia friends, which is an Alzheimer's society initiative and had worked with Andover Mind towards this aim. Andover Mind is the local branch of a national mental health charity. In 2016 the service had provided training to 96 members of the public on dementia awareness.

There was a strong emphasis on continually striving to improve. The service had recognised, promoted and implemented innovative initiatives to promote high quality service delivery. We were told of an initiative with a manufacturer of shaving products. This had arisen because staff had said how difficult it was to shave a person without causing injury and as closely as one would shave themselves. After researching available products, they had found there was little specialist equipment for this. They worked with staff and one person using the service to develop a prototype razor, angled specifically to be used on another person, which contained its own gel and was affordable enough to be disposable. We are unable to explain the full details of this product or the companies involved as it's still in developed and for reasons of confidentiality. However the service was excited at being part of this initiative and had participated in trials. They stated, "We wish to develop the ultimate solution not just for our residents but for elderly persons worldwide'.

There were some people living in the home who had learning disabilities, in addition to being older and requiring nursing care. The service had recognised there were often deficiencies in meeting people with learning disabilities needs in a general nursing care environment. They had made contact with and become actively involved in a research study led by the university of South Wales on 'understanding the support needs of people with learning disabilities living in long term care'. The registered manager shared with us some examples where this had a direct impact on the support people received. This included gaining a greater understanding of how people with Down Syndrome tend to develop a dementia earlier in life and how this goes hand in hand with developing epilepsy. The service provided specific Learning Disability Awareness training which enabled staff to monitor and record seizures/vacant episodes and feedback to trained staff/medical professionals. The improvement in staff recording of seizures enabled early diagnosis of epilepsy in people with Down's Syndrome.

The service identified and sustained outstanding practice and improvements and achieved recognised quality accredited schemes. In addition to working within the GSF the service welcomed reviews by professional external bodies as a way of measuring and reflecting on the service provided. An independent auditor visited the home twice a month to conduct comprehensive reviews on the service based on the CQC Key Lines of Enquiry. In addition they completed observed practices through Dementia Care Mapping (DCM). This was to further enhance the existing values and approach to personalised care. DCM is an established approach to achieving and embedding person-centered care for people with dementia and is recognised by the National Institute for Health and Clinical Excellence.

The reports we read reinforced the good practice the home was achieving and comments were very positive about staff engagement and respecting people with dementia. Written comments included, "Staff showed enormous levels of warmth towards residents", "I saw doll therapy being used for two people. This was very effective and staff called the baby by the name chosen by the resident" and, "Staff were celebrating with the person about the achievements the resident indicated her baby had made". Through guidance from the

auditor staff had looked at other ways to enhance the baby experience for the two people mentioned which would include other meaningful activities. This included washing the baby with wipes, changing the baby's clothes and using the baby as a focal point for some reminiscence discussion.

There were various systems in place to ensure services were reviewed and audited to monitor the safety and quality provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. We looked at the quality monitoring reports, which demonstrated a thorough quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the registered manager and deputy.