

Baylham Care Centre Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

Baylham Care Centre is a care home with nursing providing care and support for younger adults and older people, some of whom have complex health needs, and offers rehabilitation to enable people to recover their health and return to their own homes. The service has capacity to take up to 55 people, but routinely only uses only 51 of the rooms. At the time of our inspection there were 48 people living in the service, some of whom were living with dementia. This is a purpose built home that was designed with care to suit the needs of the people who would be living there.

At our last inspection on 23 July 2015, the service was rated good overall and required improvement in the safe key question, during that inspection we found that the service did not have suitable arrangements in place for the safe management of medicines. Nor were the medicines stored safely for the protection of people who used the service. At this inspection we found the service had promptly made the necessary changes to the way they managed and stored medicines and had made significant improvements in the quality of service they offered people overall. They were now offering an outstanding service to the people who lived at the Baylham Care Centre, the standard of care at the home was exceptional, innovative, person centred and creative.

The service had a registered manager. 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. Statutory notifications received showed us that the registered manager understood their registration requirements.

The people who lived in the service told us that they felt safe and very well cared for. They believed that the care workers were committed to caring for them to a high standard and knew what support they needed to be well looked after.

Staff were well trained and supported to meet people's needs and to keep them safe. They were able to clearly describe their roles and responsibilities as well as the organisational structure and who they would go to for support if this was needed. The staff were highly motivated and there were ample numbers of staff on duty at every level to protect people from harm. Risks to people were assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily.

People were always asked for their consent by staff before supporting them in their day to day care. Staff were provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required. People were supported to have maximum choice and full control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice.

People's mealtime experiences were positive and an enjoyable part of their day. They were supported to eat

and drink enough to maintain a balanced diet. They were also supported to maintain good health, regain abilities after serious illness and fully access healthcare services. The service also offered rehabilitation and physiotherapy to people and had their own in house physiotherapy and occupational therapist teams.

We saw many excellent examples of positive and caring interactions between the staff and people living in the service. Staff went out of their way to make people feel that they were the centre of attention and that they got what they needed to retain control of their lives and to have their say in the running of the service. People were able to express their views openly and staff listened to what they said and took action to ensure their decisions were acted on. The service had a dignity champion who promoted the protection of people's privacy and dignity.

People received care that was extremely person centred and responsive to their needs. The service listened to people's experiences. They took steps to investigate complaints and welcomed them as a tool to drive improvements in the service offered. However, compliments and praise outnumbered the number of complaints by far.

The service was led at an outstanding level by a passionate and committed registered manager. People using the service, their relatives and the staff all told us that the registered manager was open, supportive and had superior management skills. In turn the registered manager felt they were extremely well supported by the directors, who also gained praise from the people who lived in the service and their relatives. Outside professional agencies also judged the service as offering an excellent service and they had been given several awards. There were systems in place to monitor and maintain the high quality of service the organisation offered people.

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 was safe.

Medicines were stored, managed and administered safely for the protection of people who used the service

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

Staff had been trained to recognise the signs of abuse and demonstrated their understanding of how to report incidents of concern to the relevant authorities.

Is the service effective?

Good 

The service was effective

Staff understood people's needs and preferences and received people's consent before offering them support.

Staff received training to enable them to carry out their roles effectively and were given opportunities to have meetings with their manager to discuss their performance and development.

People enjoyed their meals and were supported to maintain good health and access to healthcare services.

Is the service caring?

Outstanding 

The service was extremely caring in the way that staff attended to people's needs.

People were treated with dignity and respect and staff went out of their way to ensure these rights were protected.

People and their relatives were regularly consulted regarding the quality of their care and support needs, and said that they had exceeded their expectations.

People were consulted about how they wished to live their daily lives and this was promoted and respected by staff.

Is the service responsive?

The service was outstanding in their response to people's needs and wishes. The whole service, the staff's attitude and care plans were person centred and staff were committed in meeting the care and support needs of each individual.

People were engaged, supported to remain occupied and were able to take part in a wide range of social and leisure activities. This included maintaining strong links within the local community.

Outstanding 

Is the service well-led?

The service was led in an outstanding manner.

The registered manager was committed, used innovative thinking and was proactive in providing a high standard service which put the people who used the service at the centre of every decision made in regard to running the home.

High quality processes were in place to monitor the quality of the service and action was immediately taken when it was identified that improvements were required.

The Directors were also committed to maintain and offer a high standard of care to the people they supported.

The organisation was recognised by social care and healthcare professionals and other care providers as a centre of excellence.

Outstanding 

Baylham Care Centre Limited

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 26 June and 4 July 2017 and was unannounced. It was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used or uses this type of care service. On this occasion your expert by experience was someone who had supported their parents before and after they had moved into residential care.

Before our 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. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Many of the people living at the service were not able to tell us, in detail, their experiences of how they were cared for and supported because of their complex needs which included people living with dementia. However, we used the short observational framework tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

During our inspection we spoke with 12 people, five of their relatives, the registered manager, the provider and five care staff. We reviewed six care files, three staff recruitment files and their support records, audits

and policies held at the service.

Is the service safe?

Our findings

At our last inspection of this home on 23 July 2015 we found that the home did not have suitable arrangements in place for the proper and safe management of medicines. Nor were the medicines stored safely for the protection of people who lived there. That resulted in this key question being rated as requires improvement. During this inspection we saw that the necessary action had been taken and that medicines were now safely managed.

In their Provider Information Return (PIR), which was sent to us before this inspection the registered manager told us, 'Following our last CQC inspection, where we were found wanting in the way we managed medicines, we immediately had a multidisciplinary review with pharmacy, consultant, nurses, CCG and Directors to see what improvements we needed to make. We actioned the improvements identified, which included changing the layout of MAR charts, reviewing the front of MAR charts and protocols to ensure people's medicines were dispensed in a way that was both safe and personalised to each individual. We also carried out a comprehensive overview of all audits to include controlled medication.' This showed that when shortfalls were found within the service they offered people the management team took them seriously and dealt with them quickly and effectively.

During our inspection we found that staff had undergone regular medication training and their competencies were checked at regular intervals. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were observed administering medicines effectively; explaining to people what their medicines were and offering a drink to help the tablets down. Staff told us they were confident that people received their medicines as they were intended. One person told us, "I have Parkinsons, I keep falling asleep, they don't know why so this morning they took some blood to test it. I need my pills at particular times, it's important they get that right." Another said, "They dish my pills out when I expect them to."

People told us that they felt safe living at the home. One person told us, "I have never felt anything but safe." Another said, "I was scared sometimes when I was at home, but not anymore. I am kept safe and out of trouble." A relative told us, "Staff have responded very well to [my relative], who is now safe. They have made a traumatic situation bearable. There is cohesiveness about here."

Staff knew how to keep people safe and protect them from harm. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the organisation's safeguarding and 'whistle-blowing' policies. When concerns were raised the registered manager notified the local safeguarding authority in line with their policies and procedures and these were fully investigated.

Risks had been assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. Risks to individual people, such as falling and being at risk of developing pressure areas, had been identified and action had been taken to protect people from harm. A recent review of the falls prevention audit resulted in a change of lighting at the end of two corridors to improve people's

safety and help prevent them falling over unseen objects. The manager told us that they supported people actively to maintain their independence.

Records showed us that people who had developed eating difficulties and those that had been assessed as being at risk of not getting enough to eat to keep themselves healthy were receiving the care they needed to prevent deterioration and to eat a healthy diet.

There were more than sufficient staff on duty to keep people safe and free from harm during our inspection and rotas confirmed that this was the usual practice. As a nursing home the service employed nurses, care staff and two activities coordinators and physiotherapy and occupational therapist teams. There were also substantial kitchen, housekeeping, maintenance and administration staff.

The home offered practice placement for Students; including nursing, health & social care, physiotherapy/occupational therapy and for Japanese nursing students through the University of Suffolk. This diversity of placements offered the home an opportunity to both students and staff to learn and exchange ideas and experience with their peers. This helped staff in developing different ways of supporting people and finding creative solutions to difficulties that occurred.

Throughout our inspection we saw that staff had time to spend meaningful time with people, sitting with them, taking part in activities together and giving them time to do what they could for themselves without rushing people.

People and staff told us that they felt there were enough staff working at the home. One staff member told us, "There is so much going on and we all work together as one team." The registered manager told us that they calculated how many staff were required to support people by using a recognised dependency tool. The rotas were planned well in advance and on examination showed the staffing levels reflected what we had seen on the day of our inspection and what we had been told about the planned staffing levels. This meant there were suitable numbers of skilled staff to meet people's needs.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system. This included completion of an application form, a formal interview, previous employer references obtained and identity and criminal records checks. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills and had been assessed as safe to work within the care profession.

Is the service effective?

Our findings

At our last inspection of this home on 23 July 2015 we rated this key question as good, during this inspection we found it continued to be good.

Staff told us that they had the training and support they needed to carry out their role effectively. Records evidenced that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression.

Newly recruited staff undertook the care certificate and received a general induction. The service had a monthly training plan that covered training such as health and safety, safeguarding vulnerable adults and infection control. The training also included other topics appropriate to a service supporting older, vulnerable people such as dementia care, loss, death and bereavement training, common health conditions, hydration awareness and pressure ulcer training. This meant that staff had the skills required to meet the needs of the people they were supporting.

The manager told us that, to ensure staff were kept up to date with new information including risk assessments and incidents, messages are sent electronically to relevant staff with a read receipt, ensuring the team were fully informed about new information.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People living in the home had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff were able to demonstrate that they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently in areas they were able to. In the way staff approached and spoke with people, it was evident that they knew people well, and this enabled them to support people to make decisions regardless of their method of communication. People told us they were able to make decisions for themselves. One person told us, "I personally find it okay, there is no-one looking over your shoulder all day." Another said, "If you want to be left to yourself they let you but they keep an eye on you and try to encourage you to participate in what's going on."

People told us they were happy with the food they were served. One person told us, "Meals are always on time and beautifully served. Staff come round every day and ask what you want. It is always appetising." And another said, "The meals are very good. They used to give me big helpings but they have changed that at my request."

The registered manager told us that at mealtimes they have, "'Happy Hour', it is designated time spent by all

staff available, to engage and support residents at lunch time, but is also an observational audit by managers and dignity champions of the attitudes, behaviours and performance of staff."

We saw that at meal times all the staff on duty assisted in the various dining areas, including office staff, physiotherapist and management staff. This ensured that people were served with their meals and assisted to eat, if needed, without delay. Staff were also encouraged to sit down and eat with the people who lived in the home. The staff were also asked to bring in their own aprons to wear when they served the meal instead of the disposable blue plastic ones. This was so that they blended with the home's ethos of providing a relaxed atmosphere and to help mealtimes have a more homely feel. We saw examples of flowery, 'muscle men' and animal printed aprons and noticed one person admiring one worn by a staff member.

Menus were varied, updated seasonally and offered alternative meals; to help people choose healthier options they were highlighted on the menu by the use of an apple icon placed underneath. The home had also included information of potential allergens on the menu to protect people from eating something that may harm them. These were highlighted with appropriate icons, nuts, crab and egg for example. There were also picture menus to make it easier for people to choose what they wanted.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. One person said, "My food has just gone on to pureed, a lot of the time it comes in a bowl, each of the contents are separate and identifiable."

People were supported to maintain good health. The home offered a rehabilitation service to enable people to regain their health and return to their own homes. They also supported people with their physiotherapy needs; they had their own in house physiotherapy and occupational therapy teams. One person told us that, "I don't get out very much at the moment as I am doing intensive physiotherapy. When I first came I couldn't move my left arm or leg, now I have full use of my hand, I feel so much better now." Another person told us, "I'm a type two diabetic. I came here from hospital with my blood sugars wildly out of control and within two weeks of being here they had them stable. They keep a careful eye on it, they test my blood weekly."

A relative said, "Excellent care, when [my relative] came in here [they] had a very bad bed sore, they have healed that." Another relative told us, "The nursing staff at Baylham are very good and are proactive when they see physical conditions change they act." Records demonstrated that the home was proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

Is the service caring?

Our findings

At our last inspection of this home on 23 July 2015 we rated this key question as good, during this inspection we found improvements had been made, which led to this key question being rated as outstanding.

People and their relatives and friends were unswervingly positive about the care they received. People said they were extremely happy living in the home; they were complimentary about the staff and said they felt exceptionally well cared for. They told us that the caring attitude staff displayed while supporting people was outstanding.

The manager told us that the people living in the home were the reason they were there and that meant that they got priority above anything in the service, "They [the people living in the home] come first, it's their comfort that matters.... This is their home, we move to their wishes." The directors, who were in the room at the time nodded in agreement.

The registered manager demonstrated an extensive up to date knowledge of all the people living in the home without referring to records. When we were being shown around the home soon after our arrival, they greeted people by name in a warm and friendly way and people responded in the same way. One person asked when their relative would be visiting next. The registered manager knew straight away that the next visit was planned for that day and told the person they would be coming after lunch. Saying, "You enjoy your lunch and your [relative] will be along soon after."

A staff member told us, "I have never worked in a place that was more caring. We [the staff] all work together and because of that the whole place is calm, relaxed and full of smiles."

It was obvious in the easy way staff were able to talk and communicate with people that they knew each individual person's communication needs. We saw staff conversing with people in an easy and open manner. If people were not able to speak to express their needs staff responded to body language and used their knowledge about that person to recognise what they were asking for and to offer choices and alternatives. Some people used electronic devices to communicate with staff that were kept within reach, on their wheelchair for example. Other people used word or picture cards to communicate with others and we saw staff using them. The manager told us that if it was thought that anyone would benefit from using this sort of aid they would refer them to get assessed. The speech and language team were involved with the service and people's records showed that they were referred to them if they needed input from the team.

The high standard of care provided enhanced people's quality of life and wellbeing. The consistent staff approach of treating people with compassion, kindness, dignity and respect was also reflected in the language used in their care records which showed they valued the people they cared for. Staff knew people well, including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. For example, a staff member told us that one person's ability to get up and dressed changed on a daily basis, "I always assess how they are feeling before I decide how much help they need. I

don't want to deskill [them]." A relative said, "I cannot fault the care at all, staff are very attentive. We would move [our relative] if we didn't think [they were] getting the best care possible."

We saw many examples of very positive and caring interactions between the staff and people living in the home. Staff stopped to chat with people, sitting next to them, holding their hand and sharing a joke. People they sat with smiled and responded positively to the contact, often they were still smiling when the staff member had moved on.

There was a calm, relaxed and friendly atmosphere in the home. Throughout our inspection we saw staff consistently interact with people in a kind and compassionate way adapting to meet their individual needs. For example, where people presented as distressed or confused, staff reassured them in a calm manner, reassuring them about their environment and safety.

During our observations we saw one person who had become distressed; they were calling out for help and were trying to stand. A staff member was quickly by their side and crouched to make eye contact with them. They spoke with the person softly and listened to what they had to say. In response the staff member reassured them that they would soon have their dinner, and redirected the conversation away from what the person was upset about. They were both soon in an upbeat discussion about what the person wanted for their dinner. Once the person was settled the staff member stayed with them until the meal was about to be served and when it was, the staff member brought their meal first. They chatted and encouraged the person throughout and their patience and caring approach enabled them to enjoy a full meal. This kind of support enabled people to orientate themselves to their surroundings and to feel comfortable.

If people asked for a drink, cardigan or snack it was immediately provided. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. One person said, "[The staff are] very good, lovely, very, very kind really." Another person said, "They listen to me and if I want anything they get it straight away. They make me feel they are interested in me as a person rather than as being a patient."

People's visiting relatives and friends were warmly welcomed and staff took time to update them on their relative's wellbeing and to share news about the home. One person's relative was supporting them with their meal. As they did, staff in turn supported them in their task. They were offered a drink, included in any conversation and were given help when their relative had finished eating and needed to freshened up.

People were supported to remain in contact with their loved ones. The home had a digital telephone system and people could have their own telephone in their bedroom and make and receive calls at no extra charge. Some people stayed in contact with family abroad through regular online video chats. The registered manager told us how one person really looked forward to seeing their relative, who lived abroad, every week. The registered manager showed us a 'post it' on the side of their computer monitor to remind them when it was due. They told us, "I know how important this call is to [the person] I really don't want to ever forget it."

Everyone had access to the internet and were supported in using their electronic devices. Some of the people living in the home were younger adults and this was important to them, having access to the internet helped them maintain their social interactions with friends, family and the greater community. A relative told us "I brought [my relative] in a tablet and they [the staff] did everything they could to enable [my relative] to keep connected, including putting a booster in the loft especially for them."

People were able to have their belongings close to them and their rooms reflected their personality. One

younger person needed many medical devices to support them to live, however none were on show in their bedroom. On the contrary, their room reflected the character of the person, with their trainers on the floor, music and personal belongings on display around the room along with posters and pictures on the wall. This allowed the person to remain an individual with history and not just to be seen as a patient who needed intensive support in all aspects of their life.

The home held a Mother's Day celebration which they invited family members to. One family member told us it had been, "A lovely cooked lunch with beautiful table settings." Another relative told us, "My [relative] has always been treated with love and respect, but on Mother's Day the staff went above and beyond normal care standards." There were also Mother's Day themed activities and the home gave Mother's Day cards and flowers for all the mums whose family members were not able to attend on the day.

People's birthdays and special events were celebrated in the home, a birthday cake was cooked and staff gave people cards. There was an attractive room that could be used by families privately to hold their own family events and celebrations.

We saw the compliments folder and comments made on an online forum that displayed many compliments by relatives that were extremely happy with the quality of service their family members received. The comments included, 'The atmosphere of the home is amazing.' And, '[My relative] has always been treated with love and respect.... When we visit we're cosseted and spoilt alongside [them]. One relative who was visiting the home with their relative to see if they would like to move in wrote, 'Baylham is homely and the staff are so kind and helpful. My [relative] said sometime after arriving that I needn't look for anywhere else, 'I like it here'.

Care reviews were held regularly and professionals involved with their care, relatives and others important to the people living in the home were invited to take part. If relatives were not able to attend the meeting, it was made possible for them to attend through online video conference calls. One person told us, "I'm asked if I'm happy with my care, of course I am! They [the staff] are lovely people." A relative said, "I come in for my [relative's] care review, they [the staff] are so easy to talk to."

People's privacy and dignity was respected and promoted. The service had a dignity champion whose responsibility it was to observe care given and to promote and protect people's privacy and dignity. Relatives were complimentary about how staff treated their family members. One relative said, "The staff are so kind and caring, they show respect and deal promptly with any requests."

Staff understood and respected people's confidentiality. When staff spoke with people they were courteous, open and friendly, when they referred to people they did so in a way that protected their privacy and dignity. A relative told us, "I have never heard staff talking about other people in my hearing. That's good; it means they won't be gossiping about my [relative]."

The registered manager carried out regular observations based on practices similar to the CQC's short observational framework tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. The registered manager had received training to carry out these observations and had trained staff to do them as well. The registered manager told us that staff found the observations invaluable in assessing people's wellbeing. All levels of care staff were asked to carry out this style of observation to help them understand the importance of being observant and interacting with people in an open and positive way. One staff member told us, "You really get to see new things when you just sit quietly and observe. People soon don't see you. You get to see what people are really feeling, whether they are comfortable and relaxed or not."

People were able to express their right to privacy by locking their bedroom door when they were in it and when they went out. Staff understood the need to protect people's human rights by protecting people's dignity and their right to privacy. We saw that staff always knocked on people's bedroom doors and waited for a response, even in rooms that they believed were empty. Each person had their own room with en-suite facilities, which also promoted their right to privacy. Relatives told us that they had always observed staff supporting and protecting people's privacy and promoted their dignity when supporting with personal care. One person told us, "They [the staff] are very good, lovely and very kind really. They get me washed and dressed in the morning. They put a towel round me and if I can do something myself I will." A relative told us, "My [relative] received end of life care at Baylham. In [their] last few days [they were] treated with love and dignity."

Staff were highly motivated and inspired to offer care that was kind and compassionate. The directors were committed to helping staff to reach their full potential, every month people who lived in the home and their relatives cast a vote for employee of the month and give their reasons for voting for that staff member. One person's relative told us, "I voted for [named staff member] because my [relative's] face lit up every time [they] came in. [My relative] can't talk or do much now, so it's a real comfort to see [them] smile." The nominated staff member would receive a small reward in a small public ceremony. Staff told us it felt good that their hard work was recognised, it motivated them to go that bit further for the people who lived in the home.

A high standard of end of life care was provided in the service. The registered manager and their team followed best practice on how to enable people to die well in the place and manner of their choosing. This was underpinned by appropriate training and support to staff. Effective systems were in place to reduce crisis and hospitalisation for people. This included working closely with the district nurse team and Hospice at Home team. People had individual palliative care plans where they had been identified as needing end of life care. These were individual to each person and their unique situation. They involved the wishes and preferences of the person, with input from their family, representatives and health and social care professionals where required.

The manager and provider showed empathy and understanding while caring for people close to death and towards their relatives. During our inspection one person was close to the end of their life. The registered manager asked us to respect theirs and their family's privacy during the inspection. They went on to tell us that they were supporting the family to stay with their loved one as long as they wanted to and offered food and drinks throughout their visit. However, the staff encouraged them to go home for a break from time to time. They promised that their family member would not be left alone and, if they needed to, the family would be called immediately. The registered manager told us, "Staff takes it in turn to stay with people at this time of their life. Sometimes they would come in when they're not working. I would hate to think of my mother dying alone and we don't want it for the people who are in our care either." A relative told us, 'From moving into the home until passing away, my mother was treated to an excellent standard at all times by all staff.'

When people were reaching the end of their lives, to prompt staff and visitors to be aware of this an insignia was placed outside the person's room. This helped to remind those entering or passing the room to be respectful in their behaviour. Other people living in the home were informed if someone they had developed a friendship with was seriously ill and were supported to visit the person if they were alright with having visitors.

When a person had died a red rose was placed across their bedroom door to protect the person's dignity and to let people know before they entered the room. The registered manager told us, "It is a sad time for all

of us when we lose people, but we like to show that we care by placing the rose, it also helps remind staff so they are not upset to find they have gone if they haven't been on shift for a while." The registered manager went on to say, "We phone staff that aren't on duty when someone dies to let them know. It would be upsetting if they didn't find out until they come into work."

It was the home's practice when people died for staff to line the corridor from the person's bedroom to the front door when they were being taken from the home to show their love and respect. They sent sympathy cards to people's relatives and at least one representative from the home would attend their funeral if their relatives agreed. One thank you card sent from a relative told us, "It was so nice to be treated with so much compassion when my [relative] passed on. It felt as if they had loved [them] too." In the past people's relatives had come back to visit the home and were made welcome, and some became volunteers.

Is the service responsive?

Our findings

At our last inspection of this home on 23 July 2015 we rated this key question as good. During this inspection we found that the home had made significant improvements since their last inspection in the quality of service they offered people. They were now offering an outstandingly responsive service.

People's care records were held electronically. They were highly personalised and individual to each person. They included detailed information about people, such as their hobbies, interests, preferences and a detailed life history. This information easily enabled staff to get to know people quickly and to offer support in the way they wanted to be supported. A good understanding of people's preferences and life events also helped staff to understand and support people to engage in meaningful activities they enjoyed. One person said, "I love motorbikes, they help with magazines, some staff are interested. They do an outing every so often."

Breakfasts were cooked to order and one care plan spoke of the person's enjoyment of a cooked breakfast, it said that they enjoyed eating, but asked staff to offer them a healthier alternative as they had a health condition. It was noted that the person involved had agreed that staff should discourage them from eating too much, to maintain their good health. This illustrated how the home worked in conjunction with the people who lived there to help them stay healthy.

The electronic care plan had a calendar that listed the person's upcoming healthcare appointments as well as care plan review dates, medication reviews, their birthday and the birthdays of others special to them. This was automatically populated by information put into the care plan in other areas. This was a useful tool to help staff ensure that they did not miss important appointments and that reviews of care plans and risk assessments were not missed. There was a reminder that would stay 'live' until the task was actioned, so the task could not be ignored.

The care plans also clearly reflected the person's character, preferences and personality. Pages such as 'How I like to spend my day' and 'My thoughts about the future and end of life.' gave good opportunities for the staff member completing the care plan to capture detailed and good quality information.

Being electronic, the care plans were easily updated as people's needs changed. We saw that those we looked at contained good, detailed information and were up to date; all members of staff were expected to update the electronic care records as they worked, which made them 'live' documents. The staff accessed people's care records on laptops situated in various positions in the home, they were password protected, meaning that they were kept secure and people's private information was kept safe.

People believed that the home was responsive to their needs. Apart from offering personal care and nursing, the home also offered rehabilitation and physiotherapy to people and had their own in house physiotherapy and occupational therapist teams. People told us these teams had a real effect on their lives and helped them keep their independence. One person told us, "They come and see me twice a week [physiotherapy]. I have been given exercises. I walk up and down with staff walking behind me with a chair. I feel alright doing

that, I just trust they will look after me and it's really helping." Another person told us, "Look I am up and about, nothing stops me. If it wasn't for those lovely physios I'd still be stuck in bed."

In a bid to help prevent people falling in the home there was a display close to the reception area, 'Fall prevention is everybody's business'. It highlighted the causes of falls and the possible outcomes. These included medication, inappropriate footwear, trip hazards and infections resulting in physical injury and loss of independence. The display offered advice on staying safe and examples of good footwear. Also displayed were the latest innovations in fall prevention and the homes facts and figures regarding falls within the home. This showed a commitment to preventing falls within the home and openness in sharing information about the home's performance in keeping people safe.

To enable people and their relatives to obtain safer footwear the home had set up a 'pop up shop' with a display of shoes and slippers designed to support people's feet and ankles and not to slip off. They could be easily ordered through the home.

The registered manager told us that a recent review of their falls prevention audit had led to improvements being made to the quality of the lighting at the end of two corridors. This was so that people could better see and avoid any obstacles that may put them in danger of falling.

The registered manager also told us that, as part of their pre admission assessment, they looked at any specialist equipment that would be needed. They said, "We are lucky enough to have our own occupational therapist and physiotherapists that reassess individual ability not just in a negative way, but to bring about positive changes to people's lives too. Our overall aim is to enable residents to maintain their independence and for several residents we have seen a positive increase in ability."

They told us that they risk-assessed positively, "We assess to empower, if people want to make tea or make their own breakfast we find ways to let that happen." Meaning that during the risk assessment process ways were actively sought to empower people to hold onto their independence. That meant that people could continue to make decisions and choices for themselves, remain active and stay safe.

One person, who liked to walk within the home, had problems with their perception, which made negotiating corners difficult for them. After taking professional advice, markings were laid down on the floor to alert the person to when corners were coming up, allowing them to negotiate them safely.

Another person who was not able to bear their own weight, so could not get about independently, became frustrated at being restricted to waiting for staff to pass to ask to be moved from one area to another. They kept trying to get up and walk unaided. This led to them falling on several occasions. The home managed to come up with an innovative solution. The person agreed to wear a clip on their clothing that was attached to a monitor, hanging on their wheelchair. If they tried to stand a pin was pulled out of the monitor, which alerted staff that the person was getting up. This enabled them to rush to their location and encourage them to sit back down for their own safety. Along with the addition of the monitor the wheelchair foot rests were removed, allowing the person to 'walk' the wheelchair along. This meant they could move around the building at will, was more relaxed and kept their independence.

Records showed that this had been planned and risk assessed and it was agreed that benefit of allowing independence outweighed the risk of the person catching their foot because of the lack of footrests.

One particularly tall person's bed was fitted with an extension to give their feet more room and allow them to be more comfortable. This also helped prevent them getting pressure ulcers on their toes from them

being pushed up against the end of the bed. Another person, who was less tall, had their easy chair fitted with a foot support to rest their feet on. This was because it is uncomfortable for people sitting if they are unable to reach the floor with their feet. This also means that people tend to slip forward, leading to them falling out of the chair and possibly hurting themselves.

The main entrance door handle was fitted with an alcohol gel dispenser that applied the disinfecting gel to people's hands as they opened the door; ensuring unavoidable clean hands on arrival, thus helping to protect people from unnecessary infections.

The registered manager told us that care staff took part in an activity whereby they were designated 'resident for the day'. This meant that they sat in one of the lounges and received support as if they lived in the home. This enabled staff to experience what it was like to be on the receiving end of the care staff provided. We saw records which evidenced that staff had taken part in this activity and had recorded their experiences and identified steps to improve the quality of care people received. One staff member told us, "I didn't realise how long a minute feels like. When I was told, 'I'm just helping someone, I'll be back in a minute, I couldn't see a clock and it seemed so long. But of course it's never a minute, more like ten.'" And another staff member said, "The whole experience of not being able to help myself and having to ask for everything really opened my eyes." And, "I'll be more thoughtful in future."

People's lives and memories were captured in memory boxes next to their bedroom door. The work staff had put into them was of a high quality. People and their families had been helped by staff to decorate them with important mementoes of their life and clues to their history and personalities. A great deal of time and effort had been put into putting them together. One person's box immediately told us that they followed a particular football team, what music they liked and that they held a religious belief. Another box told us that the person was adventurous and had owned and liked motorbikes. This made it easy for us to interact with them when we had a chat and our conversation soon became open and relaxed, making it easier for us to get their opinion on how they were cared for.

To allow people living in the home and their relatives to get to know the staff in the same way, staff also had memory boxes scattered around the home, just as much thought had been put into the staff boxes. This helped to speed up the development of good open relationships between the people who lived in the home and the staff. One person told us, "It's nice to see the staff share their lives with us, it makes me feel less of a patient."

To prompt staff to remember each person's particular needs, icons were discreetly placed on the side of their memory boxes, they were visible as staff entered people's bedrooms. The icons included a flying swallow to indicate the person had difficulty swallowing, and a small number told staff what level of soft diet they needed to protect them from choking. Another icon, a small blue flower reminded staff the person was living with dementia and another icon indicated the person needed support to drink enough to stay healthy. This helped in making sure people had their needs met and their health protected.

The activities coordinating team offered activities seven days a week, including planned outings and activities and were supported by care staff to carry them out. The coordinators were enthusiastic and positive in their outlook. They were proactive in finding out what people wanted to do and arranging activities, entertainers and outings that people enjoyed. An activities time table was posted around the home, activities on offer were varied and each activity was illustrated with an icon to match it; screw driver and hammer for the men's club, an open book for the book club and dancing lady and a glass of sherry for the sherry club/Friday knees-up for example. The petting zoo visited regularly and they got a fortnightly visit from the PAT Dog, people told us they enjoyed the animals visiting. One person told us, "We have PAT

animals come but anyone can bring in a pet. Basically you can do anything you want. I've enjoyed myself here."

Another person was speaking with us when a member of the physiotherapy team visited them and was included in the conversation. The person we were talking with said they would like to start knitting. They and the physio discussed the equipment they would need. Within 15 minutes this had been provided.

Entertainers came into the home regularly to engage with people and give them something to plan for. They included a singer, bell ringers and fun dancing. People told us that they looked forward to the entertainers coming and there were one or two favourites.

The home celebrated special days and cultural events such as fireworks night, Easter, Hogmanay and were proactive in finding other events to take part in, for example Dignity Action Day - Digni-tea, the Random Acts Of Kindness coffee morning and Care Home Open Day. On the day of our inspection the home's maintenance person, an American was in the process of putting up a marquee in the garden in readiness for the people living in the home to help them celebrate American Independence day with a barbeque. They planned to cook their own recipe hamburgers.

The home stayed connected with the local community and actively sought ways of building further links. People were helped and encouraged to stay involved with previous friends and interests and to remain part of the local community. People were enabled to attend church services at their own church and visit the local community café, a leisure centre café and a local pub. Local residents are invited into the home to take part in events, such as the Care Home Open Day and the annual garden party. Local school children also visit the home to spend time with people and to perform to celebrate festive events, such as Christmas carols.

The home as a whole, the people living there and staff, were keen charity supporters and enjoyed supporting events such as the Red Nose Day and a local hospice's sponsored charity walk. Some staff members did the walk and people who wanted to participate were supported to do their walk around the lake in the home's grounds or, for those that found walking harder, handrails were marked out in sections to represent the steps so people could be included in the event. The registered manager told us, "Last year residents, staff and visitors 'virtually' cycled from Lands' End to John o Groats! The aim of these events is to raise awareness and bring our community together." In 2016 the home used exercise bikes and hand operated bikes, normally used to aid people's rehabilitation, to take part in the long distance charity ride.

One person suggested the home should write to the Queen to congratulate her on her 90th birthday and invite her to be guest of honour at their celebration high tea party. An invitation was sent. To everyone's delight they received a letter from the Queen's Lady in Waiting saying that the Queen was interested to hear about their plans and apologising that the Queen could not attend due to other commitments but wished them a good time.

Planned outings were arranged and every Wednesday a mini bus trip was arranged to local attractions including a local farm and trips to the seaside. One person told us, "I'm going out tomorrow, they [the staff] wheel me about in my wheelchair, I have a coffee, it's very nice." Another person said, "I have been a bit bored I admit, but I don't need to be. There is nearly always something to do, they have things in the week, games and events but I'm not the best mixer. The staff ask me if I want to join in, explain it all, but don't push me to go."

The registered manager told us that, "We have provided an open and sensory stimulating environment

which reduces behaviours that challenge us by avoiding the feeling of enclosure."

We saw that an easy going and relaxing atmosphere was evident throughout the building. Although this was a new, purpose built property the registered manager, supported by the provider, with imagination and huge attention to detail, had created a comfortable and homely experience for the people living there. They had created areas in the home, in corners and corridors that took people back in time, allowing them to sit in familiar surroundings and take the time for comfortable reminiscence.

For example, in one corner down a corridor a domestic twenties library had been constructed; there was a typewriter set up for action, with period correspondence and dictionary beside it on the table. An easy chair was close by intended for someone to sit and relax. Further along, around another corner there was a domestic fifties era sitting room; there was a fireplace with photos on the mantel and a glowing (artificial) fire with a coal scuttle and fireguard on the hearth. There was a lamp, a potted plant, a resting cat and easy chairs with cushions and antimacassars in place. One person passing said, "It's just like my first home, lovely isn't it."

These areas of interest were placed all around the home; a sewing room, with knitting ready to be completed. A writing bureau, with car keys, Ordnance Survey maps and old snapshots on the shelves. All authentic, carefully arranged but accessible for people to handle and reminisce. We saw people sitting in the reminiscence areas, interacting with the objects there, one person had chosen an area they liked to sit and listen to the radio every day.

The whole home and gardens, and especially the unit for people living with dementia, was designed to make people feel comfortable and connected. There were places of interest which also allowed reminiscence activities. At the end of a corridor was a washing area, with laundry basket, clothes airer, washing line with washing hanging on it and an ironing board. There was an iron ready for use, safely connected to the board so that it could not be turned on or dropped, with a shirt laid on it ready to be finished. We watched while one person tidied the laundry area and told us with raised eyebrows, "The work is never done."

In the dining area there was a maid-saver, a cabinet, full of period kitchen ware with a farmhouse kitchen table and chairs similarly bedecked with period kitchen equipment, bowls, whisks and jelly moulds for example. All ready to be admired, felt and tried out. People were offered opportunities to use the equipment and make cakes and sandwiches in preparation for tea.

Another alcove had been set up as a train station waiting room, with timetables, railway posters and travel bags sitting by the seats. Quietly in the background was an atmospheric soundtrack of steam trains coming and going, tooting whistles and railway announcements. People were relaxed and engaged with their surroundings.

From the unit for people living with dementia people had access to an outside courtyard that had been made to resemble an attractive village green, with mock shop fronts for people to browse or just to sit outside and enjoy the gardens. There was also a convincing bus stop. If people became worried or concerned about needing to get home to be in for when the children came home from school for example, staff would suggest they accompany the person to the bus stop to wait for the bus together. On the way the staff member would chat and redirect people's thoughts to more comfortable topics. This showed that the home had found interesting ways divert people's attention when they become distressed to help them become settled and more relaxed.

The service used innovative and individual ways of involving people so they feel consulted, empowered, listened to and valued. The home routinely listened to people to improve the service on offer; resident's meetings were regularly held and people who felt confident to do so were invited to chair the meetings. One person said, "Residents meetings and relatives meetings [forums] are held, my [relative] and friends are welcome to come. We get copies of the notes." Another person told us, "I always go to the meetings, they are low key, everyone is free to add their twopenn'orth." The meeting notes recorded action taken regarding the previous meeting. For example which entertainers they preferred.

Annual quality assurance questionnaires were sent to people who live in the home, their relatives, healthcare professionals and staff. They were asked for their views and opinions on care and service. These resulted in people's opinions being included when creating seasonal menus, events and activities for each month.

The manager told us that they made themselves available so that people could bring their complaints straight to them, believing it was better to listen and deal with concerns before they developed into formal complaints. The home had a robust complaints policy in place that was accessible and displayed around the building. We saw that complaints were dealt with effectively and to the satisfaction of the person who made the complaint. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. One person told us, "I can't grumble. All the staff are friendly, I can't complain about any of them." Relatives also told us that they had no reason to complain.

Is the service well-led?

Our findings

At our last inspection of this home on 23 July 2015 we rated this key question as good, they have been consistent in offering a good service. During this inspection we found that the registered manager and the directors of the company had made significant improvements since their last inspection in the quality of service they offered people.

They were now offering an outstandingly well-led service; a culture had been created where the care of people was the central focus. The manager had implemented innovative systems of care and support to improve the sense of wellbeing for people living with dementia.

People and their relatives were full of praise and were overwhelmingly complimentary about the management of the home and the person centred culture they had developed that ensured people were at the centre and that the home evolved around them. The manager said, "We hold regular meetings across all departments, various resident meetings and relative support groups to ensure everyone has a say and feels included."

People told us that they were extremely happy with the quality of the service, saying it was consistently well-led. One person told us, "The manager is very good, she goes that extra mile. You can talk frankly to her." Relatives agreed that the home was strongly led, one relative told us, "Personally, I think Baylham Care Centre is outstanding and I have had direct experiences with six care homes in the East of England to judge it by." Another relative told us, "I think it's excellent, I'm very impressed by the standard of care, the cleanliness is immaculate, they do their best to keep everybody occupied."

The registered manager had been in post since April 2013 and had been supported by the directors to continually promote a positive, transparent and inclusive culture within the home. There was a caring and thoughtful principle, strongly promoted by the management team which resulted in a compassionate and empathetic staff team, who told us they felt appreciated, valued and inspired to be at work. The ethos of the home was about enabling people to live their lives as they chose and this was very apparent throughout the two days of our inspection.

So that they could be active in improving the quality of the service offered to people, the registered manager had actively sought the feedback of people living in the home and staff by sitting and listening, auditing quality assurance surveys and attending meetings with people and their families. A relative said, "Nothing is too much trouble for [the registered manager], she has showed imagination to prove mental stimulation to residents."

In their provider information report, the registered manager told us that, 'In the 2016 residents and relatives' quality survey, it showed that they felt 100% respected and listened to. The feedback this year about food stated we needed to improve. Ninety percent of relatives stated they were pleased with quality and choices on the menu but 60% of the residents that could reply, stated they were not. We had several meetings with residents, listened and changed menus. For example two roast dinners a week, more condiments and

flavours. We also engaged a renowned chef who helped by looking at our menus, its nutritional content and its service and talked with the residents. The improvement plan included introducing a tureen service with vegetables as well as providing sauces and gravy boats on the table for independence and larger picture menus.' We saw that these actions had been implemented.

They went on to say, 'In the 2016 Quality assurance feedback only 60% of the residents were happy with the variety of the activity programme. We have asked one of our occupational therapists to head the activity team and spend time with them to enhance understanding of meaningful engagement, not just 'filling in time' with resident participation. Our resulting 'how I would like to spend my day' has become a care plan in itself.'

The registered manager also told us that they had stopped having a 'drinks' round and encouraged drinks and snacks on 'the go' to promote a less restrictive practice. This approach was tried across the home but people on the middle and top floor missed seeing and chatting to the kitchen team. The 'chequered hat ladies' as they were called. So the coffee and tea service was reinstated as part of meaningful engagement. This showed that the home listened to what people had to say about the quality of care they received and responded to suggestions to make improvements.

The registered manager was visible throughout the home and led by example. They monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities well. Staff were provided with the leadership they needed to develop a good team and their care working practices. A staff member told us, "[The registered manager] is a good manager, without a doubt. She is hands on; she doesn't sit in the office hiding. She is a good leader and leads by example."

If needed, the manager helped provide personal care and nursing assistance. They told us that they found this was a good way to get to know people and by working closely with them they were better able to recognise if people's support plans needed reviewing. They felt it was also a good way to check whether staffing levels were adequate and enabled them to get a good picture of the quality of service people received.

One person described how the registered manager got involved at all levels, "The manager is always about and stops to help me out if I need it." A relative told us, "Last week the manager spent a long time helping [my relative] filling in a form. There are no communication problems; she knew exactly how to get a response."

The registered manager had continued their personal development and had continued to obtain qualifications in her commitment to provide an outstanding quality of service. She had recently taken part in My Home Life, a leadership support program. My Home Life is a UK-wide initiative that promotes quality of life and helps deliver a positive change in care homes for older people.

The registered manager found innovative and creative ways to make sure people feel empowered to voice their opinions. One person living in the home wished to give back to the staff and commenced personal tutoring for some of the overseas staff in English as a foreign language. This not only empowered the person to share their knowledge, it also meant that both those staff and the people they supported would benefit, the staff by improving their language skills and the communication within the home would be improved.

Another person who had lived in the home and who referred to themselves as, "A bit of a foodie." often used the residents' meetings to talk about the quality and range of food the home offered. The registered manager asked that person to set up and chair a residents' menu committee which was attended by people

living in the home, relatives and staff members. This became a popular meeting, which not only discussed menu options and recipes to try, but also arranged food tastings and planned special evening meals. When that person was no longer living in the home a new chair person was appointed and the meetings continued. This showed that the home was committed to giving people a voice and enabled them to have their say about the running of their home.

We observed a heads of department meeting. The new chair of the residents' menu committee also attended the meeting; they took an active role in the part of the meeting concerning food and fed back the group's latest meeting. All of the participants of the meeting took part in the following discussion about the person's suggestions to improve people's mealtime experience and the chief agreed to try some suggested recipes. Once the meeting was ready to move on the person left the meeting so the department heads could move onto other topics that included personal information. Their waiting for the person to leave the meeting indicated that staff respected people's privacy and protected it.

The home supported other services and shared their knowledge with them. The directors were board members of the Suffolk Association of Independent Care Providers and attend meetings regularly to exchange ideas and share experiences.

The registered manager attended local registered managers' meetings organised by Suffolk Brokerage, which is a training brokerage, where best practice is discussed and shared. One of the directors was a board member of the brokerage and advised on appropriate training subjects which would help Suffolk's care providers. The home was also involved with the brokerage in helping to signpost training opportunities and available funding to other care providers.

One of the directors told us, "We take a lead role in advising other providers on regulatory issues and other issues around care provision. We are also involved in receiving feedback from other providers regarding how complimentary services such as GPs, paramedics, hospitals etc are performing. We also we organise and liaise with representatives from those organisations through the association meetings to drive forward improvements in how our members interact with other agencies across Suffolk. There is also a joint partnership between Suffolk County Council and SAICP [Suffolk Association of Independent Care Providers], and all discussions with the sector on issues ranging from quality of care to financial issue are all directed through this joint partnership board."

Because of its good reputation within the care community the home was often contacted by other providers asking if they could visit the home to see examples of good practice they could take back to their services. The home welcomed these visits and considered them as an opportunity to support other services and to share mutual knowledge.

The home has achieved several plaudits from other professional organisations. For example, the Innovative Dementia Friendly Environments Award for care excellence in Suffolk. This year the home entered and won three categories in the Suffolk Care Awards; Innovative Approaches to Services for Dementia, Student Placements and Culture, Creativity and Activities.

The manager told us that they had reached the 2017 National Care Finals for Dementia Care Manager of the Year. This is an award given to an outstanding manager of a service where more than 50% of the people were living with dementia. The finals will be held in November 2017.

Staff were provided with the leadership they needed to develop good team and care working practices. A recent survey carried out by the provider to gather the views of staff found that the majority of them felt

appreciated by their colleagues and management. Staff had also stated that they were supported with opportunities to have further learning and development and if they had any concerns were able to approach their manager and were listened to.

The home valued its staff. The registered manager was proud of the home's achievements and gave credit to all the staff. They told us, "The team are encouraged to think outside the box and to be courageous and creative. This is done by holding regular group meetings to brain-storm ideas. This helps establish the best way in which individuals can come together to work towards and reach their goals. We are passionate about innovative quality person centred care. Don't be surprised to see residents in the offices simply spending time or assisting with daily tasks. You may also find them working alongside the maintenance team which helps create a sense of achievement."

Monthly awards were given to staff that had been voted for by the people who they supported or their relatives. Staff told us that this made them feel valued.

The home supported other organisations and services by sharing in their knowledge and expertise and had a track record of being an excellent role model to other organisations in the care sector.

The Skills for Care organisation have established 'I Care...Ambassadors', and Baylham Care Centre had nominated several staff for that role. As ambassadors care workers, as people who had experience in the job they were promoting, gave talks at local schools and colleges to inspire and motivate people to understand more about working in social care. This not only helped them to recruit new staff, but it also made the staff feel valued, which helped in retaining existing staff. This gave continuity to people, meaning that they knew the staff supporting them and the staff knew them.

The home was also invited to present their 'dementia good practice' at the Suffolk clinical commissioning group's 'Celebrating Success' conference.

The home's therapy team of physiotherapists and occupational therapists had received specialist training to support people who experience muscle spasticity to receive injections of a botulism toxin which is used to reduce pain and increase their range of movement, therefore improving their quality of life. The therapy team worked with a local neurological consultant, which enabled people in the wider community to benefit from the therapy.

The Baylham Care Centre and Keio University in Japan, in conjunction with University of Suffolk had an annual programme which involved student nurses from Japan in their 2nd, 3rd and 4th year visiting acute and community facilities in Suffolk. Tabled in the programme was a regular visit to Baylham Care Centre, where they shared and discussed the different approaches to nursing practice in the UK and Japan. Regarding the student placement, the judges in the heats of the Suffolk Care Awards 2017 said that the home, 'Works in a multi-disciplinary way, and the diversity of placements offered an amazing opportunity to students to learn both holistically and with their peers. There was a great emphasis on encouraging students to self-research, focusing on students' own research to improve clients' lives.'

Also, the service had joined a project, with another healthcare service, to develop dementia training in the first dementia care home in China. This showed that the home's innovative views on dementia care were also recognised by other care providers.

Staff we spoke with were positive about the culture of the home and told us that they felt they were included in making decisions. They felt they could approach the registered manager if they had any problems and

that they would listen to their concerns. Staff had access to regular supervision and team meetings to discuss issues that affected them and were provided with updates as to the care and welfare of people they supported. A review of records showed us that staff performance as well as planning for improvement of the home was regularly included as agenda items. Staff were able to clearly describe their roles and responsibilities as well as the organisational structure and who they would go to for support if this was needed. A staff member told us, "The manager is good without a doubt. On any given day she will be hands on, she doesn't sit in the office hiding away, the door is never shut." Another staff member thought the registered manager was, "A lovely person, she's appreciative of what we do and never fails to tell us if we do something good. She's very good."

People were also appreciative of the commitment and openness of the directors; they were often in the home and would spend time with the people who live there, chatting and asking their opinion of how the home was run. One person's relative told us, "The owners are very good, it is all very well thought out and that is put across to staff who understand the ethos." Another said, "There is one thing, it is all good stuff here, there is no cheap and cheerful." Also, "It's all immaculate and clean and efficient, there is nothing is too much trouble for the staff. Good, helpful, polite, I haven't got a thing to find fault with."

The directors also met regularly with the registered manager to receive feedback and offer guidance and support. The registered manager told us that the directors were committed to improving the home and took on board their suggestions and requests and that, "The Directors and management team work together to ensure we lead by example."

The manager told us, "We have quarterly planning meetings to discuss the changing needs of residents and how to address these, for example menus and the service of meals. As a result of this we have had more dishes added to the table for self-service." They also said that they subscribed to an organisation that automatically sent them updates on all regulatory changes so that their policies could be updated accordingly. A new computer program had been purchased that enabled all the home's policies and procedures to be shared giving easier access to everyone who needs to see them. This showed that the home made sure that they were updated in line with legislation.

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were of a high standard that were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. The manager told us, "Compliance visits are carried out by the senior management team and external auditors. Our last environmental health officers' most recent check rated the kitchen at five, which is the highest rating they can give. The local authority Clinical Commissioning Group (CCG) and independent consultants also visited and assessed the service. We take whatever action is needed to improve the service we offer people."

The directors also carried out provider's visits; we saw records of these visits that showed they carried out a series of audits of documents such as staff files, care records, health and safety checks and equipment servicing. They also spoke with people and staff and made observations.

The directors told us that they had recently reviewed their business contingency plan, which went on to receive an excellent rating from Suffolk County Council. The directors had also been awarded the Suffolk Care's outstanding employer of the year award.