

Abbotsford Care Limited

Diamond House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 24 and 25 May 2017 and was unannounced

Diamond House is registered to provide care and support for up to 44 older people a majority of whom are living with dementia. It is situated within a residential area of Leicester. Accommodation is provided on the ground floor and first floor. There is a range of communal areas including lounges, dining rooms, and secluded gardens. At the time of this inspection there were 40 people using the service.

The overall rating of good, which was awarded following the CQC's previous inspection of 11 March 2015, was displayed throughout the service. The service has retained its rating of 'outstanding' for the key question, 'is the service caring?' At this inspection we found the service was now to be 'Outstanding'.

Diamond House 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.

People told us they felt safe in the service and that staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Where people were at risk, staff had the information they needed to help keep them safe. During the inspection visit we observed staff had the time they needed to support people safely. If people needed assistance this was provided promptly and staff were always present in communal areas to observe people and keep them safe.

Medicine was safely managed in the service and staff provided people with assistance where it was needed to take their medicine. However we found improvements would further promote its safe and consistent use; through the provision of written guidance for staff as to the circumstance and use of medicine to be taken as and when required. The registered manager took action to address to make changes at the time of the inspection visit.

Staff were regularly supervised and had their competence to perform aspects of their role assessed. Staff had undertaken training to meet people's needs and supported people with confidence and skill. Staff were observed putting their training in practice to ensure people's needs were met and that people received the reassurance they needed. Staff spoke positively about their training and spoke of the support provided by the registered manager in accessing training and the help and encouragement they received to attain qualifications in care.

People were encouraged to make decisions about their day to day lives. People's care plans provided information for staff as to what support people required, so that people's independence was recognised and not undermined by staff. We observed staff supporting people consistent with their care plan.

People we spoke with were very complimentary about the meals provided at the service. Mealtimes were a social affair and meals were enjoyed in a calm and relaxed environment. Where people were at risk of poor nutrition, advice from health care professionals was sought and their recommendations followed.

People we spoke with and their visiting relatives told us they had good access to healthcare. Records showed people were referred to the appropriate health care professionals when necessary and that their advice was acted upon. This meant people were supported to maintain good health.

The environment was decorated and adapted to meet the needs of people living with dementia. The environment was interactive and enabled and encouraged people to take part in activities and perform tasks which provided them with reassurance and a sense of purpose. The garden was accessible and provided areas of stimulation and interest and was used by people to relax and take part in activities.

People's needs were assessed prior to them moving into the service. The registered manager met with people to ensure their needs could be met by the service and spoke with them about the care they needed. People who used the service, visiting relatives and staff spoke to us about the care and support within the service and how this was personalised and reflective of people's individual needs and choices.

People were supported by very kind, caring and compassionate staff who went the extra mile to provide people with excellent, high quality care. The whole staff team were extremely passionate about providing people with support based on their individual needs and wishes. There was a strong culture within the service of treating people with dignity and respect. People and the staff knew each other well and these relationships were valued. The staff, registered manager and deputy manager were always visible and listened to people and their relatives and friends, offered them choice and made them feel that they mattered.

There were open and positive relationships between people who use the service, their relatives who visited and staff. This created a friendly, calm and welcoming environment for people to live in and visit. People were supported by staff who sought to provide companionship and social interaction in a caring manner. Where people became distressed or anxious staff offered reassurance.

Staff actively encouraged people to be involved and feel included in their environment. People were offered a variety of activities and participated in an array of social events of their choice. The staff team were fully committed to ensuring that activities were offered to meet the needs and interests of each individual living at Diamond House. Activities and social events were praised by people and their families.

Records showed people were involved in how the service was run and action was taken in response to people, comments and experiences to improve the quality of care provided. Regular meetings were held for those using the service, relatives and staff. People using the service were invited to attend staff meetings and take part in staff training to further promote an inclusive environment.

We found there was a strong emphasis on continually striving to improve, recognise, promote and implement innovative systems in order to provide a high quality service. The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices, and the enabling of people to have positive life experiences. People using the service, their relatives and staff were complimentary about the support provided by the service and its management.

The provider had an effective quality assurance system in place, which included consultation with people using the service and their relatives along with audits on a range of topics to ensure the service delivered

high quality care. The area manager appointed by the provider regularly visited Diamond House to complete audits that focused on all aspects of the service.

Staff and the service had received external accolades in recognition of the quality of care provided.

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 remained safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were enough staff on duty to keep people safe and meet their needs. Staff had been appropriately recruited to ensure they were suitable to work with people who used the service.

People received their medicines correctly and at the right time.

Is the service effective?

Good 

The service remained effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

People's consent to care and treatment was sought in line with legislation and guidance.

People had plenty to eat and drink and they were very complimentary about the meals.

People were referred to the relevant health care professionals in a timely manner, which promoted their health and well-being.

The environment had been decorated and adapted with consideration to the needs of people living with dementia.

Is the service caring?

Outstanding 

The service remained caring.

People using the service and their relatives were very complimentary about the care and approach of staff, with

positive relationships between people and staff having an impact on people's quality of life.

People using the service and their relatives were involved in decisions about their care and support.

Staff promoted and respected people's dignity.

Is the service responsive?

Outstanding ☆

The service remained responsive.

People's needs were assessed prior to them moving into the service. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

People's experiences were considered in the development of the service to bring about improvement and were encouraged to take part in the day to day running of the service. People using the service and their relatives were confident and knowledgeable in raising concerns.

Is the service well-led?

Good ●

The service remained well-led.

The service had an open and friendly culture, which was led by a registered manager who was committed to the provision of good quality care for those living with dementia. This was achieved through the shared understanding and commitment in the implementation of the registered managers' visions and values.

The registered manager had an open and inclusive approach to management and provided a range of ways in which people's views could be sought, which included effective consultation and the sharing of information.

Quality monitoring of the service ensured people's care was of a good quality. The service and a member of staff had been awarded, by an independent body, in recognition of the quality of care provided.

Diamond House

Detailed findings

Background to this inspection

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

The inspection took place on 24 May 2017 and was unannounced. The inspection was carried out 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 uses this type of care service. Their area of expertise was in older people living with dementia. We returned on 25 May 2017 announced to complete the inspection. This was conducted by the inspector.

We gathered and reviewed information about the service before the inspection. This included the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications we had received from the provider. Notifications are information about key incidents and events within the service that the provider is required by law to tell us about. We also contacted local health commissioners who fund many of the people using the service to gather their views of the care and service.

We used a variety of methods to inspect the service. We spoke with seven people using the service, five visiting relatives, the registered manager, the deputy manager, a cook, a domestic assistant, two senior health care assistants and three health care assistants. We observed people being supported in the lounges and in the dining areas at lunch time.

We looked at the care plans and records, including medicine records of four people. We looked at the recruitment records of two staff. We looked at staff training records and minutes of meetings for staff. We viewed records in relation to the maintenance of the environment and equipment along with quality monitoring audits.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I'm very safe here." Another person commented, "I'm quite content, and I feel safe here." A visiting relative told us, "It's a great home. [family member] safe here."

All the staff we spoke with understood their responsibilities with regards to safeguarding. They knew the different types of abuse and how to identify them. They also knew who to report any concerns about abuse to, and who to approach outside the service if that was required.

The registered and deputy manager, and staff alerted the relevant agencies when potential safeguarding concerns were identified and worked with other agencies to ensure people were protected from abuse and avoidable harm.

Policies and procedures were in place where the provider had involvement with people's finances. Records were kept as to people's individual expenditure which included the receipts for items purchased and financial records were signed by staff and a member of the management team. The provider had a system for the auditing of people's monies and records; this helped to safeguard people from potential financial abuse.

People's records included risk assessments, which identified potential risk and the measures to reduce the risk. Risk assessments were regularly reviewed to ensure they contained up to date and accurate information. Risk assessments took into account how people's care and support may change, dependent on their health on a day to day basis. For example one person's care plan advised staff as to how often the person was to be checked during the day and night, which was increased when the person was unsettled to ensure their safety and well-being.

People's records contained a copy of the 'falls decision tree'. This clearly outlined the role and responsibility of staff in responding to people, should they fall. This ensured a consistent response by staff to ensure people's health and welfare was assessed and the appropriate steps taken. People who were at risk of falling had sensor mats placed by them, which alerted staff when the person moved from their chair or bed. This meant staff were able to provide the person with support to reduce the likelihood of falls.

People we spoke with told us how staff supported them to move safely, whilst promoting their independence and showed people were confident and reassured by the use of technology and the approach of staff. One person told us, "I use my walking frame to walk now; I used to be in a wheelchair. The staff help me to walk though. I worry at night because I have to get up, more than once, to go to the toilet. I have a mat (sensory mat) in my room and when I step on it the staff come to see me. They come very quickly, I feel guilty getting up at night but the staff don't mind."

Policies and procedures for the promotion of people's safety were in place. These included information about advocacy services, a fire policy and procedure, which included individual risk assessments for the

evacuation of the service in an emergency, known as PEEP's (personal emergency evacuation plan). The fire procedure was displayed so that they were accessible to people using the service and visitors. Records showed staff took part in fire drills to ensure systems for the safe evacuation of people were followed.

There were effective systems in place for the maintenance of the building and its equipment and records we viewed confirmed this. That meant people were accommodated in a well maintained building with equipment that was checked for its safety.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Prior to being employed, they had an enhanced Disclosure and Barring Service (DBS) check, two references and health screening. (A DBS is carried out on an individual to find out if they have a criminal record which may impact on the safety of those using the service). Our findings were consistent with information provided within the PIR.

We spoke with visitors, who had come to Diamond House to visit their relatives. They told us there were sufficient staff and that staff had time to spend with those using the service. Their comments included. "Even though the staff are really very busy, I do feel that there are enough staff." "One thing that is good, they always have the same staff, some have been here since my [family member] came." And, "The staff are good, sometimes they are busy but we can always have a laugh and a joke." A person using the service told us. "When I'm in my room and I press my bell they [staff] come very quickly."

We found there were sufficient staff on duty to meet people's needs and keep them safe. Staff were allocated to support people on either the ground or first floor. A member of staff was always based in specific areas of the service so that they could keep a visual check on people in order to promote their safety and ensure their needs were met.

The registered manager told us that staffing numbers were increased when people required additional support. For example, staffing levels had recently been increased for a period of time as a number of people had been unwell, and had therefore remained in their bedrooms. This showed the flexible approach to staffing meant additional staff had been required to meet people's health and welfare needs.

People we spoke with were knowledgeable about their medicine and had confidence that staff managed their medicine safely. People's comments included, "I have to take seven tablets in the morning, two at dinner time and two at night. The staff bring my medication to me. I don't do it myself; they [staff] do it properly." A second person told us, "I have to watch my sugar levels because I have type 2 diabetes. The carers give me my medication, it is done correctly. I suffer from pain in my hip, and so I just ask for co-codamol, I can take eight a day." We observed people being administered their medicine, the member of staff explained to each person the medicine they were being given.

Medicine was safely managed in the service. We looked at the medication and medication records of some of the people who used the service and found that their medication had been stored and administered safely. This meant people's health was supported by the safe administration of medication. Our findings were consistent with information provided within the PIR.

People's care plans included information about the medication they were prescribed, which included information as to potential side effects. Where people had been prescribed topical (applied direct to the skin) medicine, which included patches for pain relief, staff followed guidance, to ensure that the patch was placed on different areas of the person's body, to avoid the person's skin reacting and becoming sensitive.

We spoke with a senior health care assistant about a person's medication who was administered insulin as they had diabetes. The senior carer had a clear understanding as to the management of the person's diabetes, which included the administration of their insulin.

People who were prescribed PRN (medicine that is taken as and when needed) did not have written protocols in place. However we found staff responsible for the administration of medicine had a comprehensive understanding of when they would administer the medicine. We spoke with the registered and deputy manager about putting into place PRN protocols to ensure clear written guidance was available. The deputy manager took immediate action, by organising a meeting with the pharmacist who supplied the medicine to people at Diamond House to discuss the issue.

Is the service effective?

Our findings

People using the service told us that they thought staff had the skills and knowledge to meet their care needs. "The staff know what they're doing, they know all about my needs and the care I require." A visiting relative told us, "The staff are professional. My [family member] has improved since moving here, so I would think that the staff are well trained and know what they are doing."

A recently recruited member of staff spoke to us about their induction. They told us they had worked alongside experienced staff and had had the opportunity to read people's care plans, which had helped them to gain an insight into people's needs, their personality and how they liked their care to be provided. They told us their competence had been assessed to ensure they had the appropriate skills, knowledge and approach to support people consistent with their wishes and their care plans. Staff were provided with a copy of the 'staff handbook', which contained information as to the provider's key policies and procedures and information about their responsibility in providing good quality care. Staff received on-going supervision and appraisal to ensure they continued to meet people's needs and understood their role and responsibilities.

Staff were encouraged to undertake the Care Certificate. This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. Staff spoke positively about the training, telling us that they had access to a wide range of topics, and that the registered manager encouraged them in their training. A member of staff told us how the registered manager was supporting them by helping them with their coursework to attain a vocational qualification in care.

We saw staff putting into practice a range of training they had received, for example, the safe moving and handling of people and dementia care. This included the appropriate use of equipment to move people safely around the service. We also saw staff respond when people became distressed or anxious, due to their dementia. Staff provided reassurance by sitting with people and talking with them about what was worrying them. They also diverted people's attention onto a topic which they knew they would enjoy talking about. Staff also distracted people by walking around the service with them, and introducing them to other people and activities such as walking in the garden.

We asked staff how they practically put in practice the training they received in dementia care. A member of staff told us how a person often declined to eat, and staff approached this by being positive and using encouraging words. For example, "Can I interest you in the 'special' we have on the menu today." A member of staff also spoke of the importance of approaching people with a smile and the need to speak with people in a confident voice to provide reassurance.

Staff told us that there was good communication between them and the management team. This meant all staff were aware of the needs of people and were able to provide timely support by responding to people's changing needs. Staff told us that all care staff attended the morning 'handover', where staff were informed as to the health and welfare of people using the service, and included information as to social activities

people had participated in and any visitors they had received.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and training records showed they had attended courses on this. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found sixteen people had an authorised DoLS in place, and others had been applied for. We looked at a person's DoLS that had conditions in place. We found the conditions were being met. Our findings were consistent with information provided within the PIR.

Records showed a person who had a DoLS in place, with conditions had regular meetings with a 'paid person's representative' (PPR). The PPR monitored the implementation of the DoLS and as part of their role they spoke with staff and viewed the person's records which recorded how staff implemented the DoLS.

We found people's records contained a mental capacity assessment, as to people's ability to make day to day decisions about their care. These had been regularly reviewed and used to influence information within people's care plans as to how staff were to provide personal care and support.

In some instances people had made an advanced decision about their care with regards to emergency treatment and resuscitation, which meant they had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) in place. This had been put into place with the involvement of the person, their relative or representative and health care professionals. This showed that people's choices and decisions were supported and would be acted upon when needed as agreed by all parties involved. Our findings were consistent with information provided within the PIR.

The dining experience for people was made positive, through the homely, friendly and welcoming atmosphere of the dining room. Staff interacted with everyone in the dining room in a personalised way. A chef spoke passionately about the provision of meals and understood the importance of meals on people's well-being. They demonstrated a commitment to the provision of high quality homemade meals. All meals were prepared using quality ingredients for people's enjoyment.

We spent time in the dining room at lunchtime. Everyone was supported to choose a seat and dining table, in some instances we saw people changed their mind and staff supported them in sitting at an alternative table. There was easy listening music playing in the background, and we saw some people singing along with the music whilst they waited for their meals to be served.

Dining tables were set, a flower arrangement was placed on each dining table, and tables were laid with a table cloth and a napkin for each person. Condiments, which included a range of sauces along with salt and paper, were on each table. Upon being seated, staff asked people what they would like to drink. We were told that some people chose to have an alcoholic beverage with their meal, such as sherry or a glass of wine.

Meals were served by staff, with a smile and an enthusiastic approach and referred to the person by their name. We heard, in some instances people telling staff that they had changed their mind about what they wished to eat and we saw staff offering alternative meals from the menu. Staff were aware of people's nutritional needs and we saw how they responded individually to people's comments. For example, a member of staff brought a meal for a person, who immediately told the member of staff, "I don't want anything." The member of staff spoke quietly to the person, advising them that they would leave the meal with them as they may change their mind. We saw the person eat their meal once the member of staff had left them. This showed that whilst staff listened to people's views they also understood that people given the opportunity could change their mind, which meant people were supported to ensure they had the opportunity to eat and drink.

We found people made a choice as to where they wanted to eat. A small number of people chose to eat their meal within their own room and some ate in the lounge/dining area of the first floor. A person told us, "I have breakfast in the dining room, but I have my dinner and tea in my room."

People we spoke with were very complimentary about the meals. People's comments included, "The food is really good. This morning I had egg and tomato on toast for my breakfast. I always have a cold drink that I can help myself to throughout the day. In the morning they bring me a cup of tea and a biscuit. Then we have dinner. We have tea late afternoon and then we have sandwiches at bedtime." "I had two eggs on toast for breakfast. They [staff] come round and ask me what I would like for my breakfast. I also had a cuppa. We get a cuppa in the morning too. We choose our dinner in the morning." "The food is lovely. It is fresh every day. Today I'm having the cheesy pin wheel, I love cheesy pin wheel. We have the choice of three meals. Today there is also jacket potato." "The food is good. I get extra putting. I love the pudding."

People had access throughout the day to cold drink cordials in a range of flavours as well as water. These were available in jugs for people to serve themselves. We saw staff encourage people to drink and offered drinks to those who could not help themselves. Hot drinks and snacks such as biscuits were also served regularly throughout the day. Fruit was available for people to serve themselves from a number of fruit bowls that were placed in communal rooms.

A visiting relative told us, "The food is excellent, in fact it might be too good, mum has put weight on since moving here (said with humour).

The provision of meals was seen as an important aspect of the services provided by the staff of Diamond House who recognised meals as a key part of people's day to day lives and an opportunity for people to socialise. To support this, the catering staff provided food for themed events, which included 'cream teas'. Staff were committed to holding events, where food and drinks were included and encouraged people's relatives to take part in. These included evening events, such as bonfire night and celebrations of the Queen's birthday. At the time of the inspection visit, a menu was in place for the upcoming Spring bank holiday celebration, inviting relatives to book a place.

People's individual dietary requirements were known by the catering staff as a written record of people's needs was provided. Specific dietary requirements included a diet for those with diabetes, or those who were being encouraged to eat a fortified diet, which included adding rich foods, such as butter or cream to people's diet to help them gain weight. In some instances people required their diet, which included both food and fluid to be of a specific texture, to help prevent choking. In these instances all staff followed the guidance and dietary plan that had been put into place by Speech and Language Therapists (SALT), who had assessed people's ability to swallow. Care plans provided information as to people's specific dietary needs, which included where appropriate the recording of what people ate and drank, to maintain their

health. Our findings were consistent with information provided within the PIR.

We observed a range of health care professionals visiting people using the service over the course of the two day inspection visit. Health care consultations took place in the designated 'surgery' on the ground floor, which ensured people's privacy and dignity was maintained as confidential discussions and clinical examinations could be held between those using the service and health care practitioners in private. A person told us, "If I need to see a doctor I get to see one. The doctor visits me here."

Visitors told us that the health and welfare of their relatives had improved since they had moved to Diamond House. One visitor said, "When [family member] first came here [they] couldn't walk. [Family member] was in a wheelchair. [They] can now walk using a frame. [They're] doing very well." A second visitor spoke about their family member. "[They have] improved so much since [family member] been here. Since coming here [family members] have been having physiotherapy."

Records showed staff appropriately referred people to health care professionals when required to ensure people's health needs were met, which included opticians, doctors, dentists and community nurses. We found comprehensive records were kept of the involvement of health care professionals. This included who had visited, the outcome of the visit, for example if medicine had been prescribed or where staff were required to monitor people's health and update health care professionals of any changes in people. This showed the effectiveness of staff in promoting people's health and wellbeing.

People's records provided information, which included care plans, on how people's health care needs were to be promoted and met. These include care plans for specific aspects of people's health, for example the management of people's diabetes, which included monitoring by specialist services such as diabetic eye screening and by attending hospital appointments. People's records had a quick reference 'accident and emergency grab sheet' which contained essential information to be shared for the benefit of the person should they have to access health care services in an emergency.

Care had been taken to create a dementia friendly environment. The entrance foyer provided seating for those people who took an interest in visitors to the home. Notice boards, within the foyer were used to provide information about the service, which included a schedule of activities. A board also provided information as to the staff on duty each day and their photograph.

The ground and first floor had three distinctive areas, where people's rooms were located. Each area had its own name, colour scheme and decorative theme, to assist people in orientating themselves around the home. Bedroom doors had a photograph or picture, which was personal to the person to assist them in identifying their room. Lounges on the ground floor had a fire place as a centre piece, and had homely touches, to create a warm and inviting environment for people to sit and spend time. Consideration had been given to the furniture that had been purchased, which meant people could sit individually in an armchair or with another person on a sofa. Furniture was provided at different heights to meet people's needs. Communal areas on the ground floor opened directly onto the secure garden area, which meant people were able to walk outside independently. We saw people using the outdoor space to relax, sit and talk with their visitors and take part in activities.

The first floor provided two smaller lounge/dining and kitchen areas, and were used by people who chose to remain on the first floor. These smaller areas reflected the needs of some people who benefited from a more intimate area which put them at their ease. Kitchen facilities in these rooms provided a homely environment and meant staff were able to prepare drinks and snacks for people, as well as providing people with the opportunity to take part or observe everyday tasks, such as the making of a drink or the using of a

dishwasher.

Is the service caring?

Our findings

Without exception, people and their visiting relatives told us the staff were extremely caring, compassionate, attentive and dedicated in their approach. They commended the exceptional quality of the care they received. People's comments included, "I like it here. This home is excellent. The people [staff] always have time for me." "My keyworker is lovely." "The people [staff] who do things for us are very nice." "The carers are very nice and they look after us all. We talk to each other [staff name] is my friend. I like to sit and talk to [staff name].

Staff were patient and highly skilled at developing strong relationships with people; people felt that they really mattered. Visiting relatives spoke enthusiastically about the staff and their approach to providing care. There comments included, "The staff speak to [family member] as though they know [them] and like [them]. It's very good here." A visiting relative, spoke to us as to how many of the staff had worked at the service for a long period of time, which brought confidence to them as relatives, about the impact this had on the development of caring relationships.

A person, who uses the service, told us how staff reassured others when they become upset or distressed. They told us, "The lady over there gets distressed sometimes. The staff will come and talk to her to calm her down. They are very kind to her." A visitor also spoke of their seeing staff providing reassurance. "I have witnessed a resident getting distressed and a member of staff came to sit with her to help her to calm down." We heard how staff made went that extra mile to respond to people's requests. A visitor told us, that a member of staff had gone to a local eatery to purchase a take away meal for someone living at Diamond House.

We saw first-hand staff supporting people who became distressed or anxious. For example, a person at lunchtime said they didn't know where they were. A member of staff spent time with them, telling the person where they were and that they were safe. The person as time passed became distressed once again and referred to themselves as 'useless'. A different member of staff approached the person and sat with them, talking to them and providing reassurance by telling them how helpful and valued they were. This approach had a positive impact on the person; we saw the person smile at staff and talk about their family until their meal arrived. This showed how staff used information they knew about people to provide the appropriate support.

Throughout our inspection visit over the two days we observed positive interactions between people and staff. It was evident that there was a positive culture whereby people were valued and that staff were encouraged to spend time interacting and engaging with people in the service. Staff greeted people cheerfully, took an interest in people's plans for the day and stopped in communal areas and corridors to have conversations with them.

Staff interacted with people throughout the day in a happy and cheerful manner, organised their day flexibly around people's needs and wishes and noticed what was happening for people. For example, during the lunchtime meal, someone knocked over their drink on the dining table, causing it to spill over the table and

floor. A member of catering staff, approached the person, smiled at them and told them it was okay and that they would soon have the table cleaned. The member of staff as they cleaned the table and replaced the items provided continued reassurance to the person. The person responded to the member of staff and took an interest in what the member of staff did. They began to help the member of staff in re-setting the table, straightening the table cloth. The member of staff was supportive and encouraged them to straighten the fresh table cloth. They thanked them for their assistance, and the person smiled back. This showed the values of the service were understood by all staff who were motivated in their kindness and compassion to those using the service.

We observed how staff appreciated people's individual needs and how they responded to people with kindness and compassion, to provide person centre care. We observed a person, whose well-being was promoted as they talked and carried a baby doll, walking around the service and cuddling it whilst sitting on the sofa. As staff approached they smiled at the person and asked after their baby. The person smiled and told staff about their baby, staff took an active interest in what the person said, continuing to converse with them about the baby whilst congratulating the person on having a beautiful baby.

We observed staff using a person centred approach to promote people's welfare, by using their initiative to support people to provide a positive outcome. A member of staff told us how a person often declined to eat, and staff approached this by being positive and using encouraging words. For example, "Can I interest you in the 'special' we have on the menu today." A member of staff also spoke of the importance of approaching people with a smile and the need to speak with people in a confident voice to provide reassurance.

People's individuality and diversity was respected and recognised by staff that made every effort to provide people with every possible opportunity as part of their care and support. We heard from people using the service and their relatives how staff always sought to ensure people were comfortable and had everything that they needed and wanted. Staff did not consider that they were doing anything out of the ordinary in how they communicated with people, but we were told that they always made an effort and ensured they spoke in a gentle tone of voice. They often used humour as a means to support people when this was appropriate and ensured that they approached people in a way that they knew they would get the best from them. We observed one staff member who beamed with a smile when the person came back from the hairdresser, openly showing they were happy to see the person, sharing a laugh with them and commenting positively about their hair.

People told us they were involved in making decisions about care. People's comments included, "There's nothing here that I'm not happy with. They [staff] ask my opinion. They ask me what care I would like. I feel involved in my care very much." "The staff encourage me to come out of my room, I would stay in here all of the time otherwise. It was their idea that I laid the tables for dinner. They encouraged me to speak to you too." And, "We decide ourselves when we go to bed."

Visiting relatives told us they had been asked to provide information about their relatives' life in order that staff could better understand their needs and personalities so that they could provide the care and support they need. A visitor told us, "When [family member] first arrived we did fill out a questionnaire telling the home all about [them] and what [their] likes and dislikes were." The information provided had been incorporated into people's care plans and records and was used by staff to provide support and social interaction with people that they welcomed. For example, a person's care plan instructed staff that they liked to sit with a member of staff and talk about their family whilst looking at their photograph album when they had difficulty in sleeping. A number of people's records showed that they had an interest in gardening prior to moving into Diamond House. A gardening club had been set up to enable people to take part in gardening as well as providing a new experience for others. Staff we spoke with were aware of this and we

saw the photograph album in the person's bedroom.

We asked staff how their knowledge and understanding of people helped them to involve them in decisions about their care. A member of staff told us about one person's care. "[Person's name], does not like to be touched, so we speak with them about what we wish to do, and encourage them to accept our help. We give them time to understand what we have said. This approach means we are more able to support the person with their personal care."

People using the service were encouraged to be involved in the running of the service and made to feel valued. Regular residents and relatives meetings had taken place and these provided people with an opportunity to discuss their likes and dislikes. Minutes of meetings showed that people had the opportunity to comment on their care and the running of the service. For example, people had expressed an interest in visiting places of interest in the wider community. Trips had been organised to a range of events, with additional outings planned for the summer. Our findings were consistent with information provided within the PIR.

A number of visitors were seen visiting relatives during our inspection visit who were made to feel welcome by staff. The registered manager was committed to the development of strong links with people's relatives' and friends; this was partly encouraged by the organising of events throughout the year, which were open to visitors. One visitor told us, "We're made to feel welcome. We feel that we can sit where we like." Whilst a second visitor said, "We're welcome here. They even offer me lunch if I come at lunch time." They went onto say, "We come to family events, we came at Christmas, there was a singer. We also came to a party for the Queen's 90th birthday." A second visitor told us. "We came to the 5th November celebration, it was very good."

People's records contained information that showed people's relatives had been consulted about the circumstances in which they wished to be contacted, for example in the event of an emergency, or should a person fall or become unwell. A visiting relative told us, "They always let us know if [family member] had a fall or has to go into hospital." Whilst another visitor said, "They [staff] always call us when [family member] is ill so that we can come in straight away. We have told them that we want to come straight away if [family member] needs us." And, "They [staff] will call us if [family member] isn't well."

To accommodate visitors and provide privacy a dedicated lounge could be used by individuals to meet with their relatives in private. In addition there was a visitor's kitchen, which meant visitors could make themselves a drink. However, we saw that staff offered visitors a drink upon welcoming them upon their arrival.

We observed people were comfortable in the presence of staff. We saw that when people were approached by staff they responded to them with smiles or by touching them on their shoulder, or holding their arm or hand. This showed people were comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them. Staff were aware of the importance of respecting people's rights to privacy and dignity. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person. One staff member told us "People have their own rooms where they can go to if they want some space."

Staff were proactive in ensuring that people were able to express themselves and communicate their needs. Care plans contained detailed information on people's communication and any support they required to be able to express themselves. For example, it was recorded in one person's care plan they communicated by key words and phrases, which meant staff knew what the person was trying to communicate so they could

provide the appropriate response.

People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included items such as books, ornaments and photographs. Supporting people to personalise their rooms created a comforting and homely feel. Staff respected people's rooms as their personal space; a member of the domestic staff team told us how individuals responded to having their rooms cleaned, and how they involved people in decisions about the cleanliness of the room. They told us how one person on occasions suggested that it wasn't for the member of staff to clean their room. The member of staff was aware that the person had in their working life worked in hospitality. The member of staff said they reassured the person that cleaning their room wasn't an inconvenience, and that the person would often respond by saying 'thank you' and agreeing for their room to be cleaned, whilst they sat and watched or in some instances joined in by dusting their personal items. This showed all staff, which included those not directly employed to provide personal care and support were aware of the needs of people using the service, respecting their wishes and promoting their independence through their caring attitude and approach.

Diamond House had received two awards in 2016 that had been awarded by Leicester, Leicestershire and Rutland. A member of staff had been awarded Dementia Carer of the Year, and Diamond House were runners up in the Care Home of the Year category.

Is the service responsive?

Our findings

A person using the service told us, "I was put here by the hospital because I kept falling. I've been here three years, I wasn't happy at first but I am happy now. I like it here. They [staff] are nice people, always willing to help. I like my room. I'm part of the family now." This showed how the approach of the service in the provision of care promoted people's well-being through the support and care they received.

A visiting relative told us, "The staff are very friendly. We come every day to see [family member] and so does my [relative]. [They have] been here since Christmas, [they] moved from another home. It's so much better here. They [registered manager] came to meet my [family member] before [they] moved here."

People's needs in a majority of instances had been assessed by a representative of social services who were responsible for the funding of the person's care. The registered manager in addition carried out assessments of people's needs, which included visiting people and their relatives in their residence at that time. The assessments contained information about people's health, personal care, and social needs. There was also information about people's chosen lifestyles, choices and preferences. This meant the registered manager was able to determine whether they could meet the needs of the person within Diamond House as well as providing an opportunity for people to talk about their expectations of their care. Our findings were consistent with information provided within the PIR.

People's care and support was planned in partnership with them. People told us and we saw that they had been involved and consulted about their care plans. People were aware of the care records kept about them. One person told us "I sit with my keyworker and talk about my care."

People's records gave staff insight into the lives of the people they were supporting. Details of people's past, which included their education, work, interests, hobbies, and family, were included. Visiting relatives told us they had completed a questionnaire. They told us, "When [family member] first arrived here we were given a questionnaire to fill in telling them about [them]. We told them a bit about [family member], you know what [they] like and things like that. Staff told us this information helped them to care for people responsively as it gave them an understanding of a person's history and how they might like their support to be provided. For example, a member of staff told us how a person who had worked with their hands, now enjoyed completing jigsaws. They went onto say how training in dementia awareness helped them to understand how encouraging people to continue using skills they had, gave them a sense of well-being and purpose.

Information about people's likes and dislikes, hobbies and interests had been used to encourage people to continue to follow their interests and take part in social activities. One person told us, "I don't like to watch TV, there are too many repeats. I like to listen to the music, whilst I do my knitting. At the moment I'm knitting squares. My daughter is going to sew the squares together to make a blanket. Sometimes we go to the shops to have a look around. I like going out." A visitor told us staff had organised a visit out for people using the service, however people on the day had chosen not to go. The registered manager told us regular outings were organised with the involvement of people, however that on the day of the trip, some people choose not to go out.

A second person talked to us about their interests and how they spent their time. "I like to help out in the garden. During the day I like to walk around outside. I don't join in with the activities. I like to watch TV and listen to music." A gardening club had been set up and trips had been planned for visits to a local garden centre so people could choose plants, which they would be encouraged to look after themselves. Visitors were being asked to donate plant pots and we saw signs about the garden club on display within Diamond House. Whilst someone else told us. "During the day I lay the meal tables in the dining room. I knit and I join in the activities. I like bingo. We have an evening singer. I go out to the shops sometimes. I listen to my own music. I like 60's and 70's music. I like Elvis." The person went onto show us their music CD's and told us that they listened to the quieter ones at night. The person also spoke to us about their other interest. "I'm knitting this shawl at the moment (for one of the carers' babies). It's my own pattern."

In the morning a number of people visited the hair salon based on the ground floor. We sat with a group of people who were waiting or had already seen the hairdresser. The visiting hairdresser had a positive impact on people in different ways; this was expressed by one person who said. "You always feel so much better when you've had your hair done." We also saw that it provided a topic for people to sit and converse about, as we heard people sharing with each other their plans for their hair.

A topic of conversation for some people were the pets that lived at Diamond House. One person spoke about the cat, and later in the day we saw the cat come into Diamond House from the garden, where we saw people stroking it and clearly enjoyed its company. People also spoke about the two budgerigars. A person told us. "We like to have a sing song and I love the budgerigars. I call them both Joey."

In the afternoon a number of people took part in a movement to music session, this was held outside as it was a warm sunny day. One person told us, "I can't get up but I join in with what I can from my chair." We saw a member of staff encouraging people to move about to music and to wave colourful pompoms. The staff member was enthusiastic and encouraging in their approach to people, to gain and seek their interest. The activity was clearly enjoyed by those who took part. We also saw two people engage in a game of badminton on the lawn, whilst others looked on. People enjoyed sitting outside, wearing a sun hat as it was a hot day. The registered manager told us how they helped to keep people cool, by encouraging them when sitting outside to put their feet into a paddling pool of cool water. On the day of our inspection visit a member of staff had been to the local shops to buy lollies for people to enjoy after lunch.

On the first floor people sat listening to music in the lounge area, whilst another person sat at the table with a member of staff completing a jigsaw. The person told us the jigsaw was challenging but that they enjoyed it.

We saw how staff worked as a team. For example, on the second day of our inspection visit, two staff supported three people to go out for walk to the local shops. This meant the staff that remained at Diamond House worked flexibly, basing themselves in different areas of the service, to ensure the continued safety and needs of people were met.

People were supported to follow their faith and to attend religious services when they wanted to. During our inspection visit a minister and others visited Diamond House and held a Church service was held at the service, and we saw a number of people attended, taking part in prayer and the singing of hymns.

The registered manager was committed to providing opportunities for people using the service to be key part of the services being provided and included the opportunity for them to take part in training attended by staff. A person using the service told us. "We can join in with the staff training if we want to." The registered manager told us that those using the service had the option to attend staff meetings. This showed the

commitment of the registered manager to provide an inclusive service. We saw in people's records, certificates confirming their attendance at staff training events.

We contacted a health care professional following our inspection visit to seek their views. They spoke positively of the commitment of staff to promote people's health and welfare and told us that they found the caring approach of staff and their active interest in people's lives had a positive impact on people using the service. They told us that on their visits to the service they had witnessed people living at the home engaged in activities and laughing and joking with staff.

Staff we spoke with were knowledgeable about people's likes and dislikes and told us how they provided opportunities for people to take part in activities, which included colouring, painting, board games and crafts. One person told us, "We have games here, we play bingo and ludo." Whilst another person said, "We do craft activities. I made an Easter card."

The PIR stated the service had received three complaints within the last 12 months. These complaints had been investigated and were found to be unsubstantiated by the provider and registered manager. The PIR provided information as to compliments reflecting the care and kindness shown by staff when people's relatives had received end of life care.

Visiting relatives told us they knew how to raise concerns and were confident to do so. Their comments included, "I have no complaints at all. If I did have a complaint I would feel comfortable complaining. I would feel comfortable speaking to any of the staff here. When I do raise minor issues I do feel I am listened to, but I can't remember any issues I have raised." "If we have a concern we speak to the staff. They are always there to talk to us and are very helpful."

All of the relatives we spoke with told us they felt listened to and could approach the registered manager or staff with any concerns they may have. Their comments included, "They are very attentive to what I am saying and I always feel involved in all aspects of [person's name] care. Everyone is very approachable and I would feel comfortable raising any concerns I had" and "I am very happy with the care [person's name] receives. I have no concerns but would be happy to raise them if I had". And, "We have no complaints. If it wasn't for this place we'd be in a mess. They've been brilliant. They've done absolutely everything that they could do for [family member]. We are aware of the complaints procedure. We would be comfortable to make a complaint but we don't have a complaint."

The registered manager was committed to continually improving the service that people received and focussed on gathering feedback from people to identify areas where the service could be improved. People using the service and their relatives' were invited to share their views of the service, through the completion of a questionnaire, which was sent to people each year. Information gathered from questionnaires showed a high level of satisfaction with the service and questionnaires had included additional comments to reflect this. These included, 'I think the staff do a wonderful job and try to make life as pleasant as they can.' And, 'For me the carers are the most important part of a care home. I visit regularly and have always found the staff to be very patient with the residents.'

People's views and experiences were listened to and action taken as a result. For example, a dedicated 'GP surgery' had been put into place on the ground floor, which included an examination couch, a privacy screen, a desk and chairs and was used by visiting health care professionals. The registered manager told us this had been put into place following people's comments and experiences. They told us how one person had regular visits from a visiting health care and that due to the person's needs; they experienced discomfort when their treatment was provided. To ensure privacy and dignity health care consultations had

previously taken place within people's bedrooms. The registered manager told us this meant the person associated discomfort and an unpleasant experience with their bedroom. When in their view bedrooms should represent a safe and welcoming space for people. As a result the GP surgery had been created.

Is the service well-led?

Our findings

The service was very well led by a management team who were committed to ensuring people received personalised and good quality care. The registered manager was knowledgeable about the service and the people who used it. They had a friendly and approachable manner towards both people who lived there, their relatives and the staff.

The registered manager knew every person within the service, treating each person as an individual and took time to converse with them in communal areas. We saw people's faces light up when the registered manager spoke with them. The registered manager ensured that people received the care that they needed in the manner in which they wished to receive it.

Records showed people were involved in how the service was run. Regular meetings involving people who used the service were held to discuss aspects of Diamond House that were important to them, which included activities and menus. For example, following a recent meeting the menu had been changed to include people's comments and new meals introduced. A person using the service told us, "I've been to the resident's meeting, we discuss food choices. You know, more or less fish, meat pies, steak and kidney. I do make some suggestions in the meetings." Regular staff meetings and meeting for relatives took place.

Visiting relatives told us there was an open and inclusive approach demonstrated by the registered manager and the staff team. Relatives informed us that they were kept informed as to the well-being of those using the service and as relatives they were confident to approach staff. Visitors were aware that relative meetings took place, those we spoke with informed us they did not attend. A visiting relative told us due to their personal commitments they used the dedicated social media site for Diamond House to keep up to date with what was happening. The registered manager spoke to us about the dedicated social media site for the service and how it operated. They told us it was restricted to people using the service and their relatives and access and use of the site had to be approved by them or the deputy manager to promote confidentiality.

Newsletters were regularly produced with a view to ensuring people using the service and their relatives were kept informed about significant events and included pictures of events and celebrations that people had taken part. Newsletters highlighted involvement within the wider community, which included trips. For example, a trip on a steam train, visits of children from a local school and a Christmas party held at a local community centre.

Notice boards displayed information for those using the service, staff and visitors to promote an open and inclusive service. Articles included a board which was updated daily with the photographs and names of staff on duty. Key policies and contact details were provided, which included information on raising concerns and complaints and included contact details for the provider and external organisations such as the local authority and the CQC. Information on the procedure for whistleblowing was displayed, should people have concerns as to people's welfare.

The registered manager's passion and determination to deliver good quality care for people was clear in the

way they spoke about what they did for people and how they tried to meet people's individual needs. They told us about their approach. "To run the home for residents and not the staff. To provide a comfortable, happy and safe environment, for people to have a good quality of life. Our approach is, 'if people want to, they can'."

Staff we spoke with understood the vision and values promoted by the registered manager and how their care and support affected people's quality of life. Staff told us "We try and promote independence and help people enjoy every day, to have a good life." And, "To provide good quality care, making people's lives better helping them to have a good quality of life." The staff team worked well together. All the staff, including the domestic, catering, and maintenance staff, were aware of the needs of people living with dementia and knew how to interact with them in a way which provided reassurance.

Staff were provided with a copy the 'staff handbook', which outlined their role and responsibility in the provision of good quality care. Staff were supported by the registered manager through regular supervision and appraisal which ensured the care and support they provided reflected the visions and values of the service in the delivery of good quality care. Staff spoke positively about the registered manager and the support they provided, which included support to attain vocational qualifications in care and the development of their skills through on-going training.

We observed throughout the day that the registered manager had a 'hands on' approach to the service and its people, providing a positive role model for care staff to follow.

We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required. The previous CQC inspection report was available and the rating the service had attained was displayed at various points throughout the service.

A business continuity plan was in place and available for staff to ensure that people would continue to receive care in the event of incidents that could affect the running of the service. For example, the plan related to environmental issues, such as fire or flooding, and also recognised other factors such as staffing issues.

The provider had an effective quality assurance system in place which included daily, weekly and monthly audits of all aspects of the service; these were completed by staff with delegated areas of responsibility and were overseen by the registered manager. The area manager visited Diamond House once a month on behalf of the provider to ensure the home was running smoothly. The areas that were monitored by them had been increased, following recommendations made by the local authority as part of the local authorities' quality monitoring visit. This showed the provider was open to the continual development of the service. Our findings were consistent with information provided within the PIR.

The PIR provided information as to the provider's plans for the development of the service for the forthcoming year. These included the installation of a 'wet room' on the first floor to provide a more accessible area for people who required staff to be present and provide full support and assistance. The provider had plans to build on the site to increase the size of the service. The PIR included information as to how this would also provide further opportunities for people, through the installation of a green house, potting shed and beach hut, along with improved access to the existing caravan and car to be used by people to reminisce of their holiday experiences. We will continue to monitor the development and its impact on people.

The service had received accreditation as to the quality of the service it provided. Agencies responsible for

commissioning care for some of the people using the service had assessed the service against their outcome criteria reflective of their contract with the provider. The reports showed that the service was meeting their expectations.