Gateshead Council

Shadon House Dementia Resource Centre

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

This inspection took place on 26 and 27 January 2016 and was unannounced.

We last inspected this service in June 2014. At that inspection we found the service was meeting all the legal requirements in place at the time.

Shadon House Promoting Independence Centre is a care resource providing accommodation and personal support for older people, some of whom have a mental health or dementia-related condition. Specialist dementia care is provided for people who require respite care, or assessment. It has 23 beds and had 15 people were living there at the time of this inspection.

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.

The registered manager provided strong, clear leadership and ensured an enabling and person-centred culture was firmly embedded in the service. The registered manager modelled good practice in working alongside staff and was visible and available at all times. The staff team and visiting professionals spoke very highly of the management of the service, and held the registered manager in high regard. Systems were in place to monitor the quality of the service. There was a clear commitment to continuous improvement of the service and evidence of innovation and creativity in all areas.

People spoke highly of the genuinely caring attitude of the staff team. They told us they were very well looked after and commented on the family-type homeliness of the service. People's relatives told us they were very impressed with quality of the care provided, and spoke of the positive impact that a stay at Shadon House had on their loved ones. They told us the care was very person-centred and that people were treated as individuals by the staff. All the professionals we asked confirmed this approach, and commented on the excellence of the care provision.

There was a good rapport between staff and people in the home, and the atmosphere was relaxed, friendly and affectionate. Staff had time to sit and talk with people, expressing genuine interest in each person as an individual. People and staff smiled at each other, and we heard lots of laughter. People enjoyed appropriate physical contact. Interactions were highly person-centred, were unrushed and went at the person's pace. Professionals commented on the patience and gentleness of the staff team.

People enjoyed a very stimulating environment and were able to engage in meaningful activity and express their creativity on a daily basis. The service worked closely with the local charity Equal Arts, which delivers stimulating creative projects to older people with communication difficulties. Musicians, story tellers, poets, writers, drama and guided reminiscence sessions featured prominently in the activities programme. The

therapeutic benefits of caring for animals were recognised and the service had pioneered the involvement of people in keeping hens.

The building had been customised to meet the needs of people living with dementia, in line with current research, and provided plenty of sensory and tactile stimulation. Areas were decorated with 'themes' to help people orientate around the home. Bedroom doors were personalised to assist people to locate their own rooms. Strong colours and large signs helped people focus on important aids such as handrails and to find toilets and bathrooms.

There were sufficient staff to give people prompt and personalised care at all times. The staff team was experienced, knowledgeable and well trained. They showed a real commitment to their roles and told us of the enjoyment and pride they took from their daily work. Staff received good support from the registered manager and senior team and received regular supervision and appraisal of their work. New staff were only employed after rigorous checks had been carried out regarding their suitability to work with vulnerable people.

People told us they felt safe and well protected whilst living in the service and had no concerns. Relatives said they had never seen anything which concerned them about the safety or treatment of people at any time. Risks to people were assessed and appropriate measures taken to minimise risk, without unnecessarily restricting people's independence. People received their medicines safely. All staff had been trained in the importance of recognising and responding to abuse and kept a close watch on people's well-being. The service provided a safe environment for people and regular health and safety checks were carried out.

Staff were committed to upholding people's human rights and treated everyone with great respect and dignity. Every effort was made to help people communicate their needs and wishes, including the use of communication technology, so that care could be tailored to the individual person. Where a person was unable to express their needs and preferences or give informed consent to their care, their rights under the Mental Capacity Act were respected and decisions were made in their best interests.

People were encouraged and supported to be as independent as possible, and staff worked to help people regain lost skills and abilities. Relatives told us this approach was very effective and said their relatives were more able, confident and engaged when they left the service. A befriending service was offered to support people after discharge, and staff liaised with other agencies to ensure people were supported when back in the community.

People's physical and mental health needs were assessed and met, using the full range of community health provision and specialist services. Professionals told us the service worked collaboratively with them, were responsive to advice, and had great insight and understanding about people's needs. People were encouraged to maintain a healthy diet.

People and their families were given the information and support they needed to be fully involved in deciding their care needs and agreeing how those needs were to be met. They regularly asked their views about their care in reviews and surveys. Feedback about the service from people and their families was highly positive. People told us they knew how to make a complaint but never needed to do so. Any complaints received were responded to professionally and promptly, and apologies tendered where necessary. There was a culture of mutual respect between people, their families, staff and professionals.

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. Risks to people had been assessed and appropriate steps taken to minimise harm to people, without unduly restricting their independence.

There were sufficient staff to enable safe, prompt and personalised care.

Staff were trained to recognise and respond to any actual or potential abuse.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective. The staff team was experienced, knowledgeable and well-trained.

Staff were provided with the support and supervision they needed to carry out their roles effectively.

People's rights under the Mental Capacity Act 2006 were protected and no-one was being unlawfully deprived of their liberty.

People's health needs were assessed and monitored and appropriate referrals were made to other professionals, where necessary. People's nutritional needs were met.

Is the service caring?

Outstanding

The service was particularly caring. People and their relatives told us they were treated with great kindness, care, dignity and respect at all times.

A wide range of therapeutic techniques were used to enhance people's well-being and provide stimulation. People's spiritual needs were recognised and met.

People were encouraged to be as independent as possible, relearn skills and make their own decisions.

Is the service responsive?

Outstanding ☆

The service was highly responsive. People and their families were fully involved in assessing their needs and planning how their care should be given.

Care was delivered in a highly person-centred way. People were given the information they needed and were encouraged to make choices.

An innovative range of social activities was offered to prevent the risk of social isolation.

Any complaints were responded to professionally and promptly.

Is the service well-led?

Outstanding ☆

The service was particularly well led. The registered manager provided strong, clear leadership and ensured an enabling and person-centred culture was firmly embedded in the service.

Staff told us they were well-managed, were treated with respect and were listened to. Morale was high and staff took great pride in their work.

The service worked collaboratively with other professionals, who told us they had great respect for the service and its management.

Systems were in place to monitor the quality of the service, and there was a clear commitment from all staff to the continuous improvement of the service.

Shadon House Dementia Resource Centre

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 27 January 2016. The first day of the inspection was unannounced.

The inspection team was made up of an adult social care inspector, a specialist advisor 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.

We reviewed the information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

During the inspection we talked with nine people and five relatives. We spoke with 12 staff, including the registered manager, deputy manager, administrator, cook, domestic staff and six care staff. We asked the opinions of six visiting health and social care professionals, both on the day of inspection, and afterwards by phone. We 'pathway tracked' the care of four people by looking at their care records, talking with them and with staff about their care. We reviewed a sample of four staff personnel files; and other records relating to the management of the service, including medicines, recruitment, staff supervision and appraisal, accidents and quality monitoring systems.

Good

Is the service safe?

Our findings

People told us they felt very safe and well protected in the service. One person told us, "The staff keep a close eye on us, and keep us safe and sound." Another person said, "I have no worries whatsoever when I am at Shadon." Visitors we spoke with confirmed that they had never seen anything which concerned them about the safety or treatment of people at any time. One visitor whose relative lived in the home told us, "The staff are fantastic. We have no concerns regarding my relative's care in here." A second relative said, "We can leave the home knowing [name] is in safe hands. We never have any concerns."

The registered manager kept a safeguarding log. We saw that all concerns, however minor, were recorded in detail in the log. The registered manager told us each of these concerns was communicated to the local authority safeguarding adults team for discussion and consideration. Formal safeguarding alerts were submitted where agreed with the safeguarding team. Five concerns had been recorded in the log in the previous twelve months, two of which had resulted in safeguarding alerts being raised. A risk assessment was carried out on each concern received, to see if steps could be taken to minimise the risk in future.

All staff had been trained in safeguarding and were fully aware of their responsibilities for keeping people safe. One staff member told us, "We are alert to the risks to people being abused and we look out for things like changes in the person's behaviour or demeanour." Staff had also been trained in the need to expose any bad practice they observed (whistle blowing). A senior member of the care staff told us, "I feel confident all staff would speak up and report any poor practice to the manager." A visiting social care professional told us, "I have used this resource for 15 years and have never seen a single thing that gave me any concern." A second social care professional commented, "They provide a very safe environment."

We noted that freedom from discrimination and harassment was one of the seven commitments in the service's 'vision for care' statement. Staff spoken with told us they were fully committed to preserving people's rights.

People were encouraged to keep responsibility for their personal finances, where they had the capacity to do this. Where a person needed support with their money, an individual personal allowance record was drawn up. People were given receipts for any cash they asked the service to hold for them on arrival, and clear records were kept of any money spent on their behalf.

Risks to people entering the home were carefully assessed. General environmental and specific risk assessments were completed. More specific risk assessments were carried out, when triggered by the main assessment. These were highly detailed and subject to regular review. Pressure area risk assessments were completed and body maps were in evidence for people identified as being at risk. Appropriate measures were put in place to reduce identified risks and these were incorporated into people's care plans. Each person had a personal emergency evacuation plan in their care record. Copies of these were also held in the service's 'emergency folder', held at the front door.

Risks to staff and visitors were also assessed. These included general environmental risks, risks from moving

and transferring people, and risks from challenging behaviours. Staff had access to good supplies of personal protective equipment such as disposable gloves and aprons. Staff were required to read and sign all risks assessments, to ensure they were fully aware of the actions to be taken to minimise any dangers. The registered manager told us safety issues were regularly discussed in staff meetings and individual supervision sessions.

Accidents were recorded in detail, and analysed to identify causes. Steps were taken, where possible, to prevent accidents being repeated. An example of this was the introduction of a bed sensor that alerted staff when a person at risk of falls got out of bed. Accident reports were further analysed by the provider's health and safety officers.

The service was well staffed. On the day of inspection, there was a deputy manager and four care workers to meet the needs of 15 people on one floor. Care staff were supported by an administrator, domestic team and a chef. The registered manager told us staffing levels were based on occupancy and people's dependency levels. They told us a ratio of one member of care staff to five people was the norm, but that extra staff were brought in if necessary. The registered manager said, "I work shifts alongside the staff team and I do people's needs assessments, so I know what the staffing needs are at all times."

Systems were in place for the recruitment of new staff. These included checks of identity, of the right to work, and of any criminal convictions. The registered manager and other senior staff had received training as recruitment officers by the provider's human resources section, and carried out shortlisting and interviews. The registered manager told us the service had a very experienced and stable staff team and that no new staff had been employed in the previous twelve months.

Systems were in place to monitor the safety of the premises. Regular weekly and monthly audits were carried regarding areas including fire safety, infection control and water safety. Detailed records were kept of the servicing, maintenance and testing of equipment and services. External safety audits were undertaken by contractors, and by the council's environmental services and health and safety departments. We saw any deficits identified were addressed promptly.

The service had detailed plans in place to allow it to respond appropriately to any emergencies or other threats to the smooth running of the service. Emergency drills were carried out at least annually. Senior staff were on 24 hour call to give advice and guidance to staff.

We looked at how the service managed the safe administration of people's medicines. The Medicines Administration Records (MARs) were examined in detail. We found the MARs to be clearly recorded, up to date and to contain no omissions. With one exception, we saw each person's MAR included a photograph for identification purposes. Appropriate protocols were in place regarding the administration of 'when required' medicines. These gave clear and specific directions to staff. We judged there was appropriate use of such medicines. The capacity of the person to consent to the administration of their medicines was assessed and recorded. Regular medication audits were conducted by the service manager. An annual medication audit was conducted by the supplying pharmacist and we saw evidence that the service had acted on any areas identified as being in need of improvement.

Good

Is the service effective?

Our findings

People told us they felt their needs were met very effectively. Typical comments included, "They are so good at their jobs and really know what they are doing"; "Yes, they do everything very well. They know what I need and they make sure I get it"; and, "You just have to ask, and they will do it. Sometimes you don't even have to ask, they know you so well." A relative told us, "The staff are very efficient and very helpful." The 'compliments' file held many more positive statements from relatives, including, "[Name] was reluctant to come to Shadon, but they were even more reluctant to leave, because they enjoyed it so much"; and, "I felt [name] was a different person compared to what they were like when they were admitted."

A social care professional told us, "You couldn't get a better home than this. They have a 'can do' mentality, very supportive and very flexible." A second social care professional said, "We call this our specialist resource for respite and assessment, because of their excellent management of people with dementia. Staff seem well trained, and their skills and knowledge are excellent." Another professional commented, "The staff have really 'upped their game' with people with dementia. They are very knowledgeable about people's needs. This is an excellent service." A health care professional said, "They have always been good, but the staff team has really grown in skills and abilities in the past five years or so."

The registered manager told us new staff were supernumerary to the roster for as long as it was necessary, and did not commence unsupervised work until their competency to do had been formally assessed. A structured induction programme was in place, which included a comprehensive work book. New staff continued on to undertake the Care Certificate when their in-house induction was completed. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

Records were kept detailing what training individual staff members had received and when they were due for areas to be repeated. A training needs analysis was in place and we saw that courses had been booked in advanced to meet the identified needs. We noted that, following all training courses, staff members were required to reflect upon their learning and practice and this was checked and recorded by senior staff in the training record.

As well as providing all training required by legislation, the service gave training focussed on the needs of people using the service. Dementia-specific training was given to all staff by the registered manager and other senior staff who had attended specialist courses at Stirling University. A number of staff members had been given further training to become 'dementia champions' within the staff team and these staff held regular 'dementia awareness' courses for staff.

The registered manager told us the service got very good support from the provider's organisational development section and its training advisory group. The registered manager said that staff were committed to improving their knowledge and skills base, and told us, "Lots of staff do extra training (distance learning), in their own time, and for their own personal development." Developmental needs were also identified in the regular supervision sessions staff shared with senior staff, and in their annual appraisal. Examples of

individual training needs identified and met were level 5 Diploma in health and social care; advanced risk assessment training; and doll therapy. A health professional commented, "There is a real culture of learning at Shadon House."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people were unable to give their consent to being accommodated in the service, appropriate applications had been lodged with the authorising authority for the use of such safeguards. The outcomes of these applications were clearly recorded.

The registered manager told us the issue of mental capacity was usually covered in the assessment documentation received from the referring professional. Where this was not the case, the registered manager undertook an informal initial assessment of people's capacity to make decisions about coming into the service, their medicines and personal finances. Where there was doubt about a person's capacity, the service followed the principles of the MCA and a formal mental capacity assessment was completed promptly. If it was established the person lacked capacity in certain areas, a meeting was held with the person, their representatives and involved professionals to make decisions in their best interests. Such decisions were clearly recorded in the care records we examined and were subject to review. Discussion with staff members demonstrated they had clearly retained the information relating to key training areas such as mental capacity and DoLS.

A social care professional told us the staff were adept at managing behaviours that could be challenging to the person and others around them. They said, "I have seen them handle very difficult behaviours really well." A senior health care professional, who told us they had a particular interest in challenging behaviour in dementia, said, "The service can manage people with complex needs, fairly significant levels of challenging behaviour and a variety of mental health needs."

The staff team respected the need to gain people's consent to the care they received. Where able, people were asked to sign to indicate their consent to, for example, their residency agreement, their care plans and for having their photograph taken. The registered manager told us the range of consent forms was being further developed to include areas such as sharing information with professionals, support with medicines and hospital attendance. We observed staff asked people for their permission before undertaking care tasks such as moving and handling and entering bedrooms. Staff were fully aware of people's right to refuse their proposed interventions, and told us they respected this. One staff member told us, "People are never forced. We always ask."

People's dietary needs and preferences (including religious and cultural needs) were assessed on admission, and this information was shared with the kitchen staff team. Special dietary needs were researched, where necessary (we saw the cook on the office computer looking at gluten-free diets). Appropriate referrals to dieticians and the speech and language team were evidenced in people's care records, where necessary. Meal times were set, but we saw people could have meals kept for later in the day. People were encouraged to request different meal options if they did not want the menu choices. The cook told us they were very happy to respond to any requests at any time of day, and we saw some people went

directly to see the cook with their requests. Snacks were offered between meals, and were available during the night. People were encouraged to take regular drinks to avoid the risk of dehydration.

People told us they were very satisfied with their meals and said they were offered good variety and ample portions. People's comments included, "You get a good choice", and, "We get very good food here." A visitor told us, "My relative has put on weight since coming here, and is eating better than ever." The lunch meal looked attractive and was well presented. People had the choice of eating in the dining room, the lounge or in their bedrooms. Where a person required assistance with eating their meal, this was offered discretely and sensitively.

People normally kept their own GP for the relatively short time they were in the service, but temporary registration with a local GP was arranged, where necessary. Care plans showed that appropriate referrals were made to community- based and specialist services, as required. For example, we saw, "[Name] is to have access to any healthcare professionals they may require." Information on the local 'urgent care team' was displayed for staff in the office. This team were able to provide immediate treatment, for example, for pain relief and for the prescribing of antibiotics. Contact numbers for local district nurse teams, the palliative care team and equipment services were prominent in the office. People were offered 'healthy living' and exercise classes during their stay.

The registered manager told us they checked at the pre-admission assessment stage that every person admitted to the service would come with all the aids and equipment they required to meet their needs and maintain their independence.

The service was well-adapted to meet the needs of people with dementia. It carried out bi-annual assessments of the building and services using the 'dementia design checklist' produced by leading expert bodies including the Dementia Services Development Centre. This assessed the layout and design of the premises; aids such as signage to help people find their way; safety and security; lighting; fixtures and fittings; and use of colour. We saw the service had been judged as being largely compliant with the relevant best practice guidance. Where areas for improvement had been identified, these had been addressed; by for example, providing original art works on the walls that people would recognise outside their rooms, to help them identify their personal space.

Outstanding ☆

Is the service caring?

Our findings

Without exception, people told us they were very happy with the caring approach and attitude of the staff team. One person told us, "The care we get from the staff here is superb. It is so warm and genuine, it really couldn't be better." Other people's comments included, "The staff take care of me very well. The staff take care of us all", and, "What I like about this place is that there is not a clinical atmosphere in here. It is homely."

Visitors said they could visit their relatives at any time and were always made very welcome by the staff. A relative commented, "The staff are brilliant. They have infinite patience." Other comments from relatives included, "What a friendly, caring place Shadon House is. All the staff were so happy, friendly and lovely with my relative"; and, "[Name] said she could bottle up all the staff and take them home with her." A visiting entertainer told us, "I always feel welcome every time I come in. This place is just like home." A staff member told us, "People, families, staff and professionals – we are all one big family here."

A local minister told us, "I have noted the patient and gentle manner of the staff, especially in the way in which they care for those who are most weak and vulnerable." They said staff members often visited people who had been admitted to hospital from the service, and attended people's funerals in local churches. A social care professional commented, "They are all very caring and very attentive to people." Another professional said, "The staff are very caring to residents and their families. They go out of their way to help people."

We noted the good rapport between staff and people in the home, with lots of smiles, good eye contact and easy interactions. The atmosphere was relaxed, friendly and affectionate, with lots of chatter, jokes, laughter and appropriate physical contact. Staff had time to sit and talk with people. Interactions were highly person-centred, were unrushed and went at the person's pace. There were impromptu sing-alongs. Staff showed great empathy with people. An example of this was the fact that night staff dressed in pyjamas and dressing gowns, so if a person was confused as to what time of day or night it was, they were reassured it was night time, and could go back to bed.

Staff were noticeably attentive and observant. As an example, we saw one person was sitting alone in the dining area following breakfast and at several points during the morning was asked by a number of different staff if they were okay or if they required help to sit in a different more communal area of the home so as not to be so isolated. However the person was clear on each occasion that they were very happy where they were and would call them if they wanted to move to a different area.

The service conducted a 'Well-being/Ill-being' profile on admission to get a balanced picture of the person's state on arrival. This assessed the person's sense of purpose, sense of humour and self-respect, and how they expressed pleasure and enjoyment. The 'Ill-being' section looked at levels of anxiety, distress, anger, depression and pain, and how these might be expressed, verbally and non-verbally. This meant staff could pick up on small cues that might show a person was unhappy or distressed. This attention to well-being pervaded all areas of the service. As a senior staff member told us, "We are very aware of the well-being or

otherwise of relatives, as well as the residents. We allow relatives to talk, to off-load, and to share their sense of isolation." We were told of the 'befriending' service offered by staff to older people with learning disabilities in the community, who would otherwise be unsupported. Weekly visits were offered to give company and discretely monitor their well-being. The manager of the local authority befriending service told us they worked well with the Shadon House staff in this outreach work, and also complimented the team on their proactive approach to advocacy.

The registered manager explained the 'Laugh out Loud' scheme that had been introduced into the service in the previous year. This was a project that aimed to increase people's physiological, psychological and spiritual well-being by the use of laughter therapy. Various techniques, including pulling funny faces, mirroring another person's behaviours, and Mexican waves with funny sounds, were used to stimulate laughter in the group. The benefits of this therapeutic activity were carefully monitored by assessing people's social interactions, communication, humour, sense of self-respect and sense of purpose before, during and after people's involvement in the project. The results showed a significant increase in people's interactions and general well-being.

The registered manager told us they had introduced another innovation in the form of a 'Mum's test'. This took the form of staff members asking their own parents or loved ones to identify the areas and issues that would be important to them, should they need to come into the service. The staff group then reviewed and discussed how well or otherwise the service was meeting those personal requirements. For example, one staff member's relative said it would be important to them that staff should not speak harshly with them; should respect who they were and the life they had lived; and they should not be penalised if they complained. The staff team had considered how well they were meeting such challenges, and identified improvements they could make.

The registered manager told us of the 'Hen Power' project operating in the service. This was a scheme for the therapeutic use of hens to improve people's well-being. This had started as an attempt to modify the challenging behaviour of a person living with dementia in the home. By carrying out a thorough social assessment and life history, the staff had identified that the person used to keep hens, and that this had been very important to the person. The registered manager worked with a local charity, Equal Arts, to provide six hens to be kept in the home's garden and be cared for with the assistance of the person and other people living in the home. The results were very positive, we were told, in increasing people's well-being and sense of worth. The scheme had since been rolled out to 40 other care homes nationally; was being trialled with young people with autism; and had since been duplicated in other countries.

The staff worked hard to involve people in their care and in the day to day running of the home. A 'Granny knows best' board was used to capture and share people's sayings, tips and thoughts. Reminiscence work was a daily event, and the service had worked with the local Beamish heritage charity to involve people in a creative writing project based on old images and artefacts. This had resulted in people's work being published in an illustrated book, "The Shadon Sagas".

We were told that every staff member had trained and registered as 'dignity champions' and received regular information and updates from the Dignity in Care' charity. The role of the dignity champion is to act as a role model for treating people with respect and dignity; to challenge poor practice; and help ensure dignity and respect is at the heart of everyday care practice. The Dignity Code was prominently displayed in the service and the registered manager told us the service put on regular 'dignity days', with coffee mornings to raise the profile of this important issue. People told us they were always treated with great respect by the staff. They confirmed they were offered the choice of a female or male care worker for personal care tasks, and were asked how they preferred those tasks to be undertaken by staff.

Each person had a 'promoting independence' care plan that related to the assessments and included their strengths and abilities they wished to maintain or develop. We saw, for example, that where people were able, they were supported to be self-catering in a small domestic-style kitchen, to retain their independence. Such support as was given was proportional to the person's needs. For example, where a person was able to wash and dress independently, but needed to be prompted to do so, precisely this level of intervention was given. This was demonstrated in people's care plans. For example, "[Name] escorted to her room where she remained independently overnight." Relatives told us they believed staff worked hard to prevent people from becoming dependent during their stay at the service. One relative said, "They really encourage people to stay independent."

The service also promoted people's independence by the design and adaptation of the building. People's bedrooms were made identifiable to them by having personalised 'memory boxes' next to the door, and their photograph on the door. Large scale signage provided help to identify where the bathroom, toilets, lounges and other facilities were. Bold colours were used to help people see handrails and identify toilet seats. Corridor walls were 'themed' to help the people orientate themselves around the home (for example, food themes were used on the way to the small café). Well-furnished and interestingly decorated alcoves gave people who liked to walk around the opportunity to sit and rest.

All staff members had been given training in equality and diversity issues. They were able to access a 'minority and ethnicity' file which contained detailed information about a wide range of religious and cultural beliefs and traditions. It gave information about diet and food preparation; personal care needs; language and communication; death and dying. We saw people's religious beliefs and practice was recorded and supported, for example, "I say my prayers in bed in private"; and, "I wish to attend the local church."

A local church minister told us, "Staff members are always fully supportive of all contributions to the spiritual life of the home and recognise these as important elements of the holistic care which they provide for the residents. They added they had delivered the training resource 'Spirituality and Dementia' to staff, and said they had been impressed by the generosity of staff in escorting people to church services and other parish events.

People and relatives were provided with ample and appropriate information about the service, and about wider support services in the community. They were given a very detailed information pack telling them of, for example, their rights, the routines of the service, fees and charges, safeguarding and the complaints process. They were given copies of the most recent Care Quality Commission inspection report and their residency agreement.

The service advised people on the availability of a wide range of advocacy services, including services for people with a disability, mental health needs, visual impairment, and hearing loss. Advocacy services were advertised around the building. The registered manager told us people were specifically assessed regarding their requirement for such services in their assessment of needs and in planning meetings.

All staff were trained in recognising the importance of confidentiality, both in their induction and as part of their ongoing professional training. This was reinforced in the staff handbook and in the provider's code of conduct. Staff gave us examples of how they maintained confidentiality, including the secure storage of personal data, finding private areas for discussions about personal care needs, and conducting staff handovers in private in the office.

Outstanding ☆

Is the service responsive?

Our findings

People told us the staff were very responsive to their needs. One person told us, "The staff are lovely. They look after me in every way." Another person commented, "I am very happy here. The staff are very helpful." A third person said they never had to wait long for help when it was needed. They told us, "The staff care for me very well. They get me what I want and when I want it. The staff take care of us all."

A relative of a person who had been in hospital for many months before being admitted to the service, had given feedback to the home, "[Name] was listless, always tired and just couldn't be bothered. Amazingly, after a few days, what a transformation! [Name] is now eating regularly, walking with an aid, and more aware of what's going on around them, thanks to the totally focused and caring staff of Shadon House."

A social care professional commented, "The staff always respond well when I have questions about my client. They give very detailed information, and really 'put the meat on the bone', because they know their residents." Another social care professional told us, "The whole team understands the needs of people with mental health issues." A senior health care professional said, "This is an excellent resource, which provides very high quality, person-centred care for people with dementia." Other comments received included, "Staff have a huge insight into the needs of people with dementia. This is a very well regarded service."

People and their relatives told us they were treated as individuals, and felt the service provided was very person-centred. One person said, "I like it here. They ask my opinion about things." Professionals confirmed this approach. One told us, "The staff go that little bit further to keep people interested and involved." Another professional said, "The staff are very, very professional, and very, very person-centred, day in, day out. I would choose this home for my relative."

A primary focus of the service was to provide the person and the other professionals involved in the person's care with a detailed assessment of their needs and capabilities. This information was used to help determine the best longer term support services the person would require after their stay in the service. To aid this process, the registered manager told us that, wherever possible, the service always required an initial assessment and care and support plan prior to admission. We saw that in emergency cases, an overview assessment was completed, in discussion with the person, their family and general practitioner. This covered the person's background and the circumstances leading to the admission.

This initial information was then augmented by the service's own comprehensive assessment of the person's physical and mental health needs, and their social and spiritual requirements. Specific areas addressed included medicines, nutrition, communication, personal care, continence, cognition and capacity, self-expression and interactions, and night time care needs. Care records showed assessments were regularly updated, as required by changing needs. Social care professionals told us they were very impressed with the quality of people's assessments. One told us, "We get a very professional assessment in six weeks. The staff are excellent at assessing people's needs."

As part of the assessment process, the service used the 'This is Me' personal assessment document. This was

a simple and practical tool that people with dementia could use to tell staff about their needs, preferences, likes and dislikes; and enabled staff to see the person as an individual and deliver person-centred care tailored specifically to their needs. Relatives told us they were involved in this process and were asked for their views about their relatives' needs and preferences. One relative said, "The whole family was involved in my relative's assessment." An advocate we spoke with told us, "The staff have really embraced the 'This is Me' approach to care." The service used a range of other aids to obtain the views of people who had difficulties in communicating their views. These included the use of the Picture Exchange Communication System (PECS), a system that uses picture symbols; and the 'Talking Mats' digital communication process.

Detailed care plans were drawn up to meet identified needs. These set clear goals and desired outcomes; and included the actions to be taken by staff to meet these goals. Any monitoring tools required, such as food and fluid intake charts and records of people's weights, were put in place and completed regularly. A visiting professional told us, "The care planning here is really good." People's progress was reviewed every two weeks during their six week assessment period. Reviews included the views of the person, their family or other representatives, staff and involved professionals.

The service worked closely with the local charity Equal Arts, which delivered stimulating creative projects to older people with communication difficulties. People who used the service enjoyed visiting musicians, story tellers, poets, writers, drama presentations and guided reminiscence sessions. These featured prominently in the activities programme, and they used people's experiences and local culture as a focus. People also took part in regular arts and crafts sessions, which often included the involvement of local primary school children working alongside and with people in the service. This meant that people had the opportunity to socialise and interact with a wide range of people. A multi-sensory garden had been developed, with highly scented flowers and plants, water features, raised beds for wheelchair-accessible gardening, a hen coop and a 'sea side' beach hut, complete with deckchair. This meant that people were able to enjoy different types of outside space as they wished. Staff told us people were fully involved in the maintenance of the garden, including weeding, pruning and feeding the hens. A coat stand with hats and coats stood by the door to the garden so that people could enjoy it in all weathers.

The service had its own small cinema, which we were told was very popular with people. The registered manager told us it frequently engaged people who normally spent the majority of their day walking around the building, but who were happy to sit and watch an old film. Staff enhanced the cinema experience, by dressing as usherettes and serving refreshments in the intervals. This and other activities helped people to be able to fully immerse themselves in the experience which had positive outcomes for their sense of wellbeing and value.

The environment was very stimulating, with areas set aside throughout displaying people's art work and quiet alcoves attractively decorated to reflect ideas such as the sea side and butterflies. The walls of the corridors were well illustrated, with local pictures, old photographs and pictures of old film stars and local footballers. Areas were themed: for example, the corridor leading to the cinema had photographs of old local cinemas and posters advertising films from the 1940's and 50's; the corridor to the bar had pictures of cocktails; and there were food-themed pictures approaching the 'American Diner'-style dining room (complete with juke box). These aids helped people orientate themselves around the service. The registered manager told us people had been fully involved in developing this approach and choosing the themes used.

There was a strong emphasis on ensuring people had meaningful occupation and activity throughout the day and evening. This reduced the danger of people feeling socially isolated. A relative told us, "My relative has become more social since coming here. Before, they had become a bit withdrawn. Now they take part in lots of things." A second relative reported their pleasant surprise that their relative, who had been very

withdrawn and shy on admission to the service, began to join in with the activities, especially the singing and dancing.

People told us they were actively encouraged to make choices about how they spent their time in the service. They said they could choose when to rise and retire to bed; what they wore, what they ate, where they went within the building, whether to join in activities and how their personal care was given to them.

The registered manager told us, and staff confirmed that senior staff had been trained in the investigation of complaints and other concerns. A 'Comments, suggestions and complaints' policy was displayed in several places around the building. This policy prompted staff to consider if a complaint might require escalating to the safeguarding process. Complaints were recorded in detail, along with records of any investigation, findings, and the degree of satisfaction of the complainant with the outcome. One complaint had been logged in the previous twelve months. This had been thoroughly investigated and partially upheld. The complainant had been given a detailed written response, with appropriate apologies expressed, and reminded of their right to take the matter to the Ombudsman, if dissatisfied with the outcome. We asked people if they knew how to complain if they were dissatisfied. All said they had been told, but felt they had no need to complain. One person said, "I can't grumble. Everybody enjoys it here." Another said, "I am pleased with this place. I have no complaints. I like it here."

Outstanding ☆

Is the service well-led?

Our findings

The service had a registered manager who had been registered for five years. The registered manager was fully aware of their responsibilities under the legislation and ensured that all significant incidents were notified promptly to the Care Quality Commission. They were positive about the inspection process, valued the feedback given and saw it as an opportunity to further develop the service.

Professionals told us they had extremely good working relationships with the registered manager and staff. One social care professional told us, "The manager is excellent: very approachable, and models good practice. She is clear, can be firm, and doesn't tolerate poor practice. She has a good approach." A second social care professional said, "This is a well-managed home. The registered manager runs a tight ship, knows her people and knows her staff." Other comments from professionals included, "The registered manager is absolutely fantastic, really professional and helpful, and does a really good job"; and, "It takes consummate professionals to achieve what Shadon House staff members do: (this is) social care excellence." Relatives also spoke highly of the management of the service. One told us, "We have no concerns about how the home is run. The manager is very good, always out and about on the floor."

Staff stated that the service was well led and that they were well supported by the manager and deputy manager of the service. They had access to supervision and all commented how well the team got on together. One staff member told us, "We have excellent management. We are treated with respect. The office door is always open and we are listened to." A second staff member said, "The registered manager is very, very passionate about getting the best outcomes for people and has their best interests very much at heart. She is very 'up front' and challenges poor practice, but with the right manner and attitude. She is highly respected by the staff." We noted the registered manager regularly worked shifts in the home, in addition to her management role. They told us this allowed them to keep a close eye on every aspect of the day to day care in the service and get to know the people living there as individuals.

We found a culture of openness and transparency, combined with a dedication to providing the best possible care to people receiving its services. Staff at all levels were approachable, knowledgeable, professional, keen to talk about their work and committed to the ongoing development of the service. This was shown by the initiative staff members took in identifying their own training needs and researching new ideas and methods. There was mutual respect between the registered manager, senior and other staff, and a strong sense of teamwork. The registered manager and the staff team took an obvious pride in their work, but were not complacent, and were constantly looking to see how the service could be improved. A social care professional told us, "The staff team are responsive and follow advice given. But they also have the confidence and knowledge to challenge me and we have good debates about what is best for the person."

The registered manager and staff team were outward looking, and had formed links with other organisations such as local charities, churches, colleges and schools; Citizens Advice Bureau; and Healthwatch. They were members of agencies such as the Dementia Alliance, the Malnutrition Alliance, the Alzheimer's Society, and worked collaboratively with the local Urgent Care Teams, Advocacy services and Older Person's Mental health forum. The registered manager shared the experience of the service widely,

including publishing articles in the Journal for Dementia Care, and they had been asked to advise a new hospice on 'designing in' good dementia care practice into the building.

The registered manager and staff team made themselves aware of, and implemented, the latest developments in the care of people living with dementia. They carried out individual research and worked with bodies such as the Dementia Services Development Centre, Stirling University. Examples included improved building design and adaptation; the use of digital and pictorial communication tools; and empowerment techniques such as the 'Laugh Out Loud' scheme. The service was also innovative in the pioneering of projects such as the 'Mum's test', and the 'Hen Power' scheme, which had gained national and international attention. It celebrated people's abilities; provided a plethora of multi-sensory stimulation; and harnessed people's creativity by, for example, publishing their writings. Staff went the 'extra mile' by, for example, adopting nightwear when on night duty and providing a voluntary befriending service after discharge. Every member of staff was trained and registered as a Dementia Champion. A member of domestic staff had won a national 'Dementia Pathfinders' award for 'going above and beyond their job description' in their work with people living with dementia.

The stated vision of the service was to: 'improve people's health, well-being and quality of life; give people choice and control; help them make a positive contribution; maintain person dignity and respect; and keep them free from discrimination and harassment.' The registered manager enlarged on this statement, saying, "Our primary aim is to provide an enabling culture, focussed on improving people's well-being and addressing limiting factors. We see the whole person." Our observations, and from the feedback we received from all stakeholders during this inspection, demonstrated this aim was being achieved. Despite the high numbers of people who used the service (a projected total of 331 in 2015/6), the staff team consistently maintained a highly person-focussed approach, ensuring that people were at the heart of everything they did.

A range of systems were in place to monitor the quality of the service provided and to identify areas for development. Daily visual checks on the safety and repair of the building took place, and weekly health and safety checks were carried out with the involvement of people living in the home. There was a weekly audit of people's care plans. External audits were undertaken by a registered manager from another of the provider's services on a quarterly basis. These covered areas including staffing; health and safety; care records; quality assurance and meetings. Periodic audits of finances took place. The service also used the 'mystery shopper' approach as a means of spot checking the service, using staff from other services to phone or visit the service and report back on their experiences. All identified areas for improvement were included in the service's 'actions to be taken' plan and followed up to ensure they were completed. This demonstrated a commitment to continual development.

The views of people using the service were gathered every month, and when a person left the service. The registered manager collated the responses monthly, wrote a report summarising people's comments and identifying any areas for action (for example, putting more curries on the menu). These were few, as people's comments were overwhelmingly positive. This was mirrored in the service's 'compliments' file. This included comments such as, "Shadon House offers the most outstanding example of adult social care I have ever come across. The innovative ways they have developed to engage and improve the quality of life for service users is truly amazing. The staff show exceptional commitment and deliver the highest standards of care." We asked relatives and visitors if they could identify any improvements needed in the service. None could: all said they were very satisfied with the service as it was.

All the professionals we spoke with told us that communication with the registered manager and staff was excellent, and they were regularly asked their views on the service. A senior health care professional

commented, "There is a committed team, with strong leadership, and they are very keen to work closely with all other agencies to get the best care for people with dementia." Another professional told us they had "an excellent working relationship, with effective communication between the services."

We noted Shadon House had been voted the 'highest performing care home in Gateshead' in 2015 by a leading national care home website; and had been a finalist in the 'Dignity and Respect Care Home of the Year' awards in the same year.