

## Eastbury House (Sherborne) Limited

# Eastbury House

### Inspection report

Long Street  
Sherborne  
Dorset  
DT9 3BZ

Tel: 01935812132

Website: [www.eastburyhouser ResidentialHome.co.uk](http://www.eastburyhouser ResidentialHome.co.uk)

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### Ratings

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

# Summary of findings

## Overall summary

Eastbury House is a residential care home for 20 older people with a range of needs catered for. There were two floors as well as two people living in annexes within the grounds.

At the last inspection, the service was rated Good. At this inspection we found the service remained good but also had one domain which was outstanding.

People were valued and made to feel special by staff who went over and above their job roles to help people to realise their wishes.

People felt safe at the home and with the staff who supported them. One person told us, "I feel absolutely safe, if I want any assistance I call via my bell".

There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs in a timely manner.

People received effective care from staff who had the skills and knowledge to meet their needs monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs. One health professional told us, "This home offers the most effective care by very well trained staff, it is empowering and inclusive".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Each person who moved to the home had their needs assessed before they moved in. Staff responded to people's changing needs and supported them to maintain their independence. Care plans reflected people's needs and aspirations.

Care plans were in place to make sure staff had the information they required to deliver care to meet people's needs. Risk assessments held within the care plans identified the additional support people needed to keep them safe.

People were supported by staff who were kind and caring. There was a happy and welcoming atmosphere in the home. The registered manager led by example and constantly observed and monitored standards of care to make sure people were treated with kindness and respect.

The service was responsive to people's needs and they were able to make choices about their day to day routines. People had access to a range of organised and informal activities which provided them with

mental and social stimulation.

People were safe at the home because the provider had systems in place which minimised risks.

The provider learnt from incidents and accidents and took action to minimise further risks.

People were supported to have sufficient to eat and drink where they needed assistance with this. Staff had training in food hygiene and infection control and understood their roles and responsibilities with regard to protecting people from the risks of infection.

Relatives told us there were no restrictions on when they could visit or call and it was evident from people's photographs and the conversations we had, people were supported to stay in touch with their friends and families. One relative told us, "My [loved one] is extremely happy, the residents are given so much choice and control in their lives you never see anyone unhappy here".

People were able to follow their religious and spiritual beliefs. People told us their faith was very important to them and they attended services and were able to receive holy communion within the home if they wished.

People were treated as individuals and were supported to follow their interests and hobbies. Special trips and events were arranged for people to promote their well-being and enjoyment of life.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. Staff worked with other organisations to make sure high standards of care were provided and people received the support and treatment they wished for at the end of their lives.

People said they would be comfortable to make a complaint and were confident action would be taken to address their concerns. The registered manager and provider treated complaints as an opportunity to learn and improve.

The home was well led by an experienced registered manager and management team. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

People were safe at the home because the provider had policies and procedures which helped to minimise risks.

People were supported by adequate numbers of staff to maintain their safety and meet their needs.

People received their medicines safely from staff who were trained and competent to carry out the task.

People were protected from harm as the provider had safe processes and practice in place to safeguard them.

People were supported to live in a clean environment where infection control procedures were followed.

### Is the service effective?

Good ●

The service remains Good.

The principles of the Mental Capacity Act 2005 were understood by staff and were consistently followed in making and recording best interest decisions.

People were cared for by staff who had the skills and experience to meet their needs.

Staff supported people to live healthy lives by providing regular physical exercise, nutritious meals and making sure people had access to healthcare professionals.

### Is the service caring?

Good ●

The service remained caring.

People were cared for by staff who treated them with kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the

people they were caring for with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

### **Is the service responsive?**

The service has improved to Outstanding

The service was committed to providing care and support which was very personalised and took account of people's wishes and needs.

People were fully consulted about their care which reflected their physical, mental, emotional and social needs, including on the grounds of protected characteristics under the Equality Act.

People remained active members of their local community because they accessed local facilities and the home was open to member of the community.

**Outstanding** 

### **Is the service well-led?**

The service continued to be good.

People lived in a home which was well led because the provider had a clear vision and staff were supported to achieve the vision.

The service was well led by an experienced and exceptionally proactive provider. They had an open leadership style, promoted a positive culture, and were committed to high standards of care and continuous improvement.

People benefitted from staff who felt valued and appreciated. Staff were passionate and committed to providing quality care and were clear on their roles and responsibilities.

People could be confident that systems in place to monitor standards helped to drive improvements to the care and support they received.

People were listened to and their ideas and suggestions were put into practice where practicable.

**Good** 

# Eastbury 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 January 2018 and was unannounced. It was carried out by two adult social care inspectors 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with the provider, registered manager and deputy manager, 10 people who lived at the home, two health professionals by telephone and received information by another professional via email contact. On the day of the inspection we also spoke with ten visitors to the home, eight members of staff and two visiting professional. Some people were unable to fully share their views with us due to their physical and mental health. We used the Short Observational Framework for the inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

The provider and registered manager and deputy manager were available throughout the day of the inspection.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included seven care and support plans, medication administration records and records relating to the quality monitoring within the home. We also looked at records relating to staff which included including six staff files, training matrix, staffing rota, recruitment records, systems and equipment maintenance records.

# Is the service safe?

## Our findings

People continued to receive safe care.

People felt safe at the home and with the staff who supported them. One person said "I feel absolutely safe, if I want any assistance I call via by bell". Another person told us, "I like to be independent, but I need some support to keep me safe. Staff stay around so if I do need the support they are there". A visitor told us, "My relative was not so safe until they moved to this wonderful home".

The provider assessed the risks to people and made sure action was taken to minimise identified risks. Where accidents or incidents had occurred, the provider learned from these and shared learning with the staff team. Care plans included risk assessments which people confirmed they had been involved in developing. These included a risk assessment for pressure areas, nutrition and mobility. Care plans also set out the medicines prescribed to people and any specific requirements or risks which staff needed to be aware of when administering their medicines. For example medicines which needed to be administered before meals, storage of medicines risks in regards people's capacity to take their medicines. Staff demonstrated they knew what action to take if errors with medicines had occurred.

Medication was managed safely. Risk assessments were in place where medication was managed by people living at the home and was held in their rooms. These were held in locked cabinets to prevent access by other people. Staff told us that new medication is checked in by the registered manager and a responsible person with experience of doing this task. Peoples care files included details about their drug allergies and sensitivities. This prevented them being given something that would cause an adverse reaction. People confirmed they received their medicines on time. One relative told us, "[title] medicines are complicated due to health conditions, we have regular medicine reviews with the GP and staff monitor everything is as it should be". Another relative told us, "The staff are very good at picking up when there are concerns such as infection they are on it straight away."

Staff understood their responsibilities to raise concerns, record safety incidents, abuse and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager and provider would listen and take suitable action. Accident and incident records were all read by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned and shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. Staff spoken with were confident any issues raised would be taken seriously and investigated to make sure people were kept safe. Where concerns had been brought to the registered manager's and provider's attention they had co-operated fully with relevant authorities to ensure people were protected.

Recruitment at the service was safe with appropriate pre-employment checks in place. Staff files included references from previous employers, identification checks and application forms. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people. The home also used agency workers from a single

agency when required. We saw evidence that the agency workers had appropriate background checks with the disclosure and barring service and had the right to work in the UK.

Recruitment practices were safe. Staff files included applications forms, interview outcomes and reference checks of two previous employers. The service had sufficient staff to meet the needs of the people living there. The provider told us they are currently fully staffed after a period of "Turbulence" due to sickness. Staff were observed throughout the inspection giving their time and patience in meeting people's needs. People told us they received support as and when they required it. One person told us, "I might have to wait a little longer at busy times, but not that long".

People lived in a well maintained home which was appropriate to meet their needs. The property was a grade listed two building with the appropriate adaptations to meet people's need such as stair lifts, and marking on floors where there were uneven floors or deep steps. One person told us, "It is difficult to get down the last two steps, but does not cause me any undue concerns, and I never feel that I might fall." There was ample signage around the home that guided people on any hazards such as wet floors or uneven surfaces. People we spoke with said the character of the building and the way they were supported provided a very homely environment.

We saw evidence that systems and equipment were regularly serviced to ensure the safety of people at the home. This included the fire system, wire installations, gas appliances, hoists and the stair lift to the first floor. Each person had a personal emergency evacuation plan in place to guide staff and fire personnel in the event of an emergency.

The home and equipment were clean. The home had an infection control policy and a hand washing policy. This aimed to prevent the spread of infection amongst staff, people and community visitors. Staff were observed washing their hands before and after supporting people and meal preparation. The home had a five star Food and Hygiene Standards rating which was displayed on the kitchen door. Hand gel was available throughout the home. Staff wore personal protective equipment when appropriate. All staff had received training on infection control.

## Is the service effective?

### Our findings

People continued to receive effective care.

People told us and relatives confirmed their needs were consistently met by competent staff. People spoke very highly of the service. People told us they felt well cared for and received the care and treatment they needed to meet their needs and respect their wishes. One person said, "The support I receive is very effective and meets my needs perfectly. I am consulted and listen to every step of the way". One health professional told us, "This home offers the most effective care by very well trained staff, it is empowering and inclusive". Another health professional told us, "Very person centred care, where people's health is monitored and effective support given."

People received care from staff who were well trained and competent. The provider made sure staff received the training required to effectively and safely care for people. All staff had access to training in health and safety and subjects relevant to their work. One member of staff told us, "I have recently completed some refresher training, to be honest I was surprised how much I actually knew, but it was still interesting. I would be confident following specialist training to support someone if they needed emergency support for example if someone was choking". Another member of staff told us, "Yes we have lots of opportunity to do training". New staff had a thorough induction which included face to face training and supervision from more experienced staff. Staff told us they felt supported in their roles and through their induction and probation periods. One staff member told us, "I am feeling very supported through my induction". Another said, "We have supervisions regularly but we all work so closely and speak to each other daily."

People were supported to maintain their mobility and well-being by regular gentle exercise classes within the activity programme and with personal trainers. One visitor told us, "There is so much going on here all the time, there are exercise classes and also [loved one] has the support of a personal trainer to help to keep their mobility and independence going as much as possible". One person told us, "I should get a little fitter really". Another relative told us, "[loved one] used to be very wobbly since moving here with support their mobility has improved greatly".

People's needs were met because each person had their needs assessed before they moved to the home. People's needs were regularly reviewed to make sure care provided met their current needs. From initial assessments care plans were created which made sure staff knew how to support people in accordance with their needs and wishes. When those needs changed the support was adapted to meet the change in need. The provider told us, "We talk to people and we listen to them, if we feel people would be happy here and we can meet their needs there are no issues. To be honest most people know of us and know they would like to live here, they choose us". We met two people who were visitors to the home who told us, they hoped to one day be able to move in. They said, "It a very effective service we come here often and witness very good care and support and one day hope that we too can live here".

Technology was used to support the effective delivery of care and support. For example, pressure floor and chair mats which alarmed to alert staff when a person was up and about in their room. We saw where these

were in place, decisions had been made with people wherever possible. People unable to make these decisions had been assessed in line with the MCA and best interests process had been followed.

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).

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.

People were able to make decisions about their care and treatment options and staff sought consent from people before providing them with support. Staff explained to people what they were doing and asked permission before giving personal care, and respected peoples wishes if they refused this. For example one member of staff told us if one person did not wish to receive support they respect their wishes but, "May try again later. That normally works."

The registered manager told us that there was only one person living at Eastbury House who required a DoLS assessment, due to recent changes in their wellbeing. We observed the correct process had been followed in regards the DoLS application and best interest decision making processes.

Staff we observed throughout the day interacted well with people and provided safe and effective support. People were offered the same choices and received the support they required showing there was no discrimination based on people's perceived abilities.

People were given choice when and where they ate their meals, some preferred the less formal atmosphere of the kitchen, others their rooms whilst some enjoyed the formal setting of the dining room. All agreed they were able to have their meals at a time that suited them. In the dining room people sit at small tables and received table service from staff, conversations were friendly and interaction from staff was good. People were prompted where required for example, "Mr... [name] remember the soup is hot so the bowl may be". The atmosphere around the lunch time was relaxed with people arriving for their lunch as they were ready. "One person apologised to the people they were sitting with for being late due to talking to the inspection team. We observed lunch being served in all areas of the home. Food smelt appetising and looked attractive.

People were supported to have a good diet which met their needs and preferences. The provider told us in their PIR, "The home is very passionate about food and nutrition. The home sources local produce to support independent businesses. The home caters for all nutritional needs. There is always plenty of choice with the menus." All staff were trained in food hygiene and dealing with dietary requirements and any allergens.

People were offered a variety of alcoholic and non-alcoholic drinks to accompany their meal. People had access to food and drink throughout the day, and told us the food was good and they could have "Anything you like really".

During the inspection we attended the handover meeting between staff working in the morning and those working in the afternoon. Information about changes was passed on to enable staff to consistently monitor people's health and well-being. For example one person had an accident the previous evening, staff were fully informed what action had been taken and what additional support the person required. Staff were knowledgeable about people they supported and shared information in a sensitive confidential manner. The registered manager told us both day and night staff are encouraged to come to team meetings. This meant staff are kept informed of changes and work in a cohesive way. Notes from these meetings showed a good level of attendance

People had access to healthcare professionals according to their individual needs. One person said, "If I wish to see my doctor or consultant I just ask the staff to arrange it," One relative told us, the home has such a great relationship with the local doctors surgeries, we never have to worry, they seem to get instant attention if there is something wrong." A visiting health professional told us, "It is always a pleasure to come to this home."

Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. A health professional told us, "I wish more homes were like Eastbury House, it is exceptional. People receive good quality effective care, my instructions are followed without question, however if the staff feel a person needs have changed they contact us. I am confident when I hear they are contacting me it will be for good reason."

The home was spacious with ample space for people who used wheelchairs or mobility aids. Communal areas were set out with easy chairs, televisions or radios were available for people to watch or listen to. Signage was in place for people to navigate their way around the home, such as toilet signage and exits. People had personalised their rooms and they were decorated as they wished. People had access to attractive gardens.

## Is the service caring?

### Our findings

People continued to receive safe care.

There was a happy and welcoming atmosphere in the home. Staff spoke to people in a friendly manner and some shared a joke and good humoured banter together. One person told us, "I am very well looked after here, all the staff are nice and kind."

We observed staff ask if they could enter people's rooms. People confirmed that they felt that staff respected their privacy and dignity. People's diversity was respected and everyone's bedrooms were personalised to reflect their own interests and had belongings and items that interested them. Staff were polite and courteous when interacting with people and information held about people was kept confidential by being stored in locked cupboards and an office.

People received care which was kind and respected them as individuals. The registered manager led by example and constantly observed and monitored standards of care to make sure people were treated with kindness and respect. One person said of the registered manager, "We see them around all the time for a chat and catch up. If I was not happy I would definitely let them know".

The provider was very visible in the home, they were warmly greeted by people and staff. One person told us, "I have known the [provider] for many years they are well known and respected within our local community. That is one of the reason I choose to live here". The provider told us, "It the little things that matter, for example I check with the staff have they remembered how Mr .. or Mrs... like to have their coffee, how is Mr.. or Mrs... going to get to their art class. Small things like this matter".

Staff knew people well and were able to chat and socialise with them in a way that was meaningful and fulfilling for people. Throughout the inspection we saw kind and caring interactions which meant people were relaxed and comfortable. People told us staff listened to them and that they felt very much involved in the home. Comments included, "They [staff] always come to help me in the morning as they know I like a bath". "I don't know where [provider] get the staff but they are amazing". "They [staff] know how to treat people". One relative told us, "My [loved one] is extremely happy, the residents are given so much choice and control in their lives you never see anyone unhappy here". People were helped to make and maintain friendships. One person told us, "There are a nice mix of men and women to get along with, we all enjoy each other's company".

Staff understood how to communicate with people in ways which were meaningful and ensured that any barriers to effective communication were managed. One person was overheard telling a member of staff they had a sore throat, the carer went to fetch the person some honey and lemon, we also heard the carer offer to go to the shop to purchase some throat sweets if they thought this would help.

Staff undertook training in equality and diversity and there was a policy in place at the service which stated that the provider was committed to the promotion of equality and opportunity. This policy is designed to

enhance and improve employee's awareness and appreciation of beliefs, values and cultures of different groups within society. The service did not support any people with protected characteristics under the equality act at the time of inspection, however people were observed to receive care and support which was non-discriminatory and respected their backgrounds, abilities and beliefs.

The provider told us in their PIR "Staff are trained to a high standard, to make sure they are providing the best service to our residents. Everyone is treated equally and are not discriminated. We have an open office, so residents, relatives, staff and visitors can come and speak to a member of management at any time of the day. We have three monthly resident meetings, where residents can share experiences, any concerns and have an update on any changes or developments within the home".

People told us they often went out and about within their local community and friends and family were welcome at any time. All visitors we spoke with told us they were always made welcome and were able to visit without any restrictions. One visitor told us, "Such a lovely home, we are always offered something to drink on arrival, we can come when we like but we do try to avoid lunchtime to respect people are eating their meals." One relative told us, "We come in at different times take [loved one] out or sometimes just sit in their room or relax wherever they want to be."

## Is the service responsive?

### Our findings

At our last inspection in July 2015 we rated this key question good. At this inspection we found that the home were now exceeding this rating and we have rated this key question outstanding.

People were protected from the risk of social isolation from the point of admission. Activities were provided by dedicated activity coordinators who were extremely enthusiastic and passionate about the role they undertook and the support that people received. One told us, "It is really important that we talk with each other and ensure we are providing events that are meaningful to people, so we meet one afternoon a week to discuss the activity programme and make changes if they are needed". They told us the programme was led by the people who lived at Eastbury House, they said, "It is their programme, but we try to cater for all needs, we find out about likes and histories and get ideas from there".

There was a real commitment to making sure all care was personalised to people's needs, wishes preferences and known lifestyle choices. There was a strong person centred culture whereby staff supported people to express their views and choose what they wanted to do. Staff demonstrated that they continuously and consistently looked for ways to improve and provide the opportunity for meaningful experiences. For example "Looking back". Whereby people were given the opportunity to reflect and visit places they used to work or visit.

The newsletter had a page related to 'Residents stories' and 'Looking Forward' or 'Looking Back'. It showed shared experiences for people, or experiences that people wished to do alone. For example, one newsletter showed two people going "Back down memory lane" where they had worked as guides in a national trust home. Photos in the newsletter showed one person in their uniform and also the national trust house they used to work in. The activity coordinator told us, "It is lovely to take people back down memory lane. It was a sharing experience whereby people with similar or past interest get to do things together it was a lovely afternoon. People were able to try new experiences and spoke about having opportunities to experience new interests. One person had been given the opportunity of clay modelling. The person said they had really enjoyed their experience of clay modelling and was looking forward to trying it again.

Activity coordinators had set up biographies of people's likes and dislikes, wishes and aspirations. They told us where they had needed to support people who were suffering from memory loss, they had worked in partnership with the local hospital occupational health therapists to look at ways of supporting people to do exercises which would aid their memories. They gave an example of supporting someone to sort out buttons into colours. They explained time and patience had helped the person to become more engaged with some of the memory activities. Another example was given of a new person being supported in mixing and engaging with others. They told us, "We found the person was at risk of social isolation as they didn't want to mix with other residents. We found out the person had enjoyed going to concerts. We organised for a concert to be played at the home. The person met some of the other residents. We have taken it slowly but with time they are now beginning to engage more".

The November newsletter welcomed new residents and staff, and reminded all that photos of all the

activities and outings in the home could be viewed in the homes 'red activity book'. Along with the activities co-ordinators the staff supported people to participate in a range of social activities. These included both in-house activities and sessions led by external groups and entertainers. When people were out in groups they choose where they wanted to visit. Maps were given at the beginning of the trips with places of interest on route and cafes or pubs they may wish to choose to stop at.

People benefited from staff who had a common aim and purpose which was to achieve positive outcomes for people. They provided consistency which had a positive impact on people's wellbeing. People told us they enjoyed the activities at the home and said there was a good range of activities on offer, for example, keep fit, personal trainers, concerts, theatre, cinema, and poetry reading. People told us there was "Plenty of opportunities to get involved inside or outside the home. One person told us, "There are three of us who love to go into town for a coffee and cake, and some shopping."

People told us they were able to follow their own routines and staff respected their choices to ensure people had as much control as possible over their own lives. There were strong links with multi professionals inside and outside of the home. Healthcare professionals were highly complementary about the responsiveness of the management team and staff. For example, one health professional told us, "This is a very dedicated team that provide exceptional care. People are engaged and remain in control of their lives here. Myself and team are always well received and anything we asked is actioned very quickly. The team here are very focused on delivering personalised care and know and understand the people they are caring for". We observed staff were aware of the health professionals that came to the home who they had come to visit and any information they needed to provide them with. One relative told us, "They have completed an excellent assessment on [relative title], we have been closely involved including with the health professionals. The key was to keep [relative title] well, due to very complicated health issues. It has all been very closely monitored from the start. Resulting in [relative title] having so much more independence".

Care plans were person centred and placed the person at the heart of their care. They contained information which enabled staff to provide care in accordance with people's expressed wishes and preferences. People and those important to them had been included in the development of the plans which were subject to regular reviews. One person said, "I am in control of my own life, I choose what I want to do and when. Staff are excellent at helping me when I want it." Another person said, "Yes I am in control in regards what is written about me and I believe it is a true reflection of the support I need, which is why I signed it". They told us they had built up confidence and trust with the provider before moving to Eastbury House. They said. "There is a mutual respect, I knew of the reputation of [providers name] before I choose to live here. I have some health needs but with support we manage these well."

People were cared for by staff that knew people's individual preferences very well and valued their relationships. The home responded to people's changing physical conditions and individual needs in an extremely person centred way. This helped them to understand what was important for individuals and how to approach their care in a bespoke way. For example people were supported to remain in control of their lives and supported with decision making. One person told us how they had moved rooms due to changes with their personal circumstances. They told us staff listened and everything that could be done to support their needs had been done in a discreet and personal way. The registered manager told us, where the home had been supporting married couples when one partners needs change it was "Very important we try to respond to both residents and their changes in circumstances". We observed where circumstances had changed for one such couple, rooms had been identified which meant the couple had freedom to spend time together or alone.

People were supported to explore their spiritual aspects of their lives if this was important to them inside

and outside of the home. One person told us, "My faith has been my life, of course I still have opportunities to follow." Arrangements for people to practice their faith were in place. Staff were aware of people's beliefs and cultural preferences and told us they ensured they respected their wishes and belief. One member of staff said, "We have some very religious residents and their visitors are also religious. We make sure our residents can go to church if they wish, but we also bring religion into the home with local clergyman, priest and nuns." One visitor told us, "People have opportunities to follow their faith, different needs are definitely met." Another told us "[title] has the opportunity to take holy communion three times a week, which is what they have always done. Another told us, "It is so important that they are given the opportunity to follow their faith, it goes without question. I have no worries about that here." There were strong cultural links with local churches and schools. Religious festivals were supported inside and outside of the home by Eastbury House and members of the local communities.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The home was accredited to the Gold Standards Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives.

People who were nearing the end of their lives had care plans in place to show the care and support they would like to receive. Relatives told us they had been consulted, "Every step of the way". One relative told us, "They are making this easier for us." Staff knew how to meet people's needs at the end of life. The registered manager told us, "I often go to check on [title], the charts are completed that show half hour visits have been met, but there is normally a member of staff sitting with [title]. It the little things that matter, like the soft lights, warm room, sometimes just being there and sitting quietly holding hands and talking about the day". They told us staff often took their breaks to sit with people at end of life. One staff member told us they had downloaded a bird sounds app on their phone as they knew the person loved the sound of birds. The registered manager told us, even at busy times people are not forgotten. They shared a story of the Provider taking time to sit with one person at Christmas, they said, "The potatoes needed peeling so they got peeled in the room, so the person still had company".

Staff ensured people were comfortable and their wishes were being followed. One visiting health professional told us, "The team go the extra mile, they are very switched on in regards palliative care. They make sure everything is done in the person's best interests, and look at the bigger picture". One relative told us, "They go the extra mile for [loved one], very good at communicating with us and respecting our wishes. They have everything ready to go such as pain relief if we need to go down that route". One staff member told us, "We know people, so we know what would be important to them, even just to hear our voices. We don't know if they can hear us but we like to think they can".

In the main entrance to the home a certificate was on display which showed the home was a 'Safe haven' for dementia. The registered manager told us, "We are a dementia safe haven, which means we are known in the community and a member of public is found and are confused/unable to confirm where they live then the public or the Police can bring them to us and we will keep them safe and care for them as one of our residents for as long as needed.

The home had excellent links with the local community which helped people maintain their contacts and remain active participants in community events. When people went on trips into the local community or beyond maps were given to ensure they could follow where they were going or where they had been. People were encouraged to remain in contact with local charities they had always valued in their lives, or to maintain interest such as opera, bridge, and gardening, evening meals out or just evening drinks. The home was 'proud' of its links within the community and the support it could offer.

Charitable events were held at the home such as coffee mornings, raffles, garden parties to raise money for national and local charities. The newsletter gave details of events held or forthcoming events and informed people how much money had been raised for their chosen charities. The registered manager told us, "We support local charities as well as well-known charities; we are an active member of the local Chamber of Commerce which gives us links to the community". They informed us another innovative link was to support three students with learning disabilities to work within the home three days a week. The registered manager told us Eastbury House was able to support them with life skills with the view to them being able to find paid employment in the future. Local schools also participated in Eastbury House working toward their Duke of Edinburgh awards.

The home's complaints procedure was displayed throughout the home and all complaints were fully investigated and responded to. Where complaints highlighted areas that could be improved action was taken. People said they would be comfortable to make a complaint if they were not happy with any aspect of their care. Records showed that when concerns were raised by people the registered manager had met with them to make sure they knew that action had been taken. One person said, "Of course I would complain if I was not happy, not that I am sure that would happen".

## Is the service well-led?

### Our findings

The service continued to be well led

The home was run by an experienced and skilled registered manager who demonstrated they were passionate about ensuring people received the very best care and support. The registered manager was very visible throughout the inspection promoting an open and transparent culture. This was evident in the way people staff and visitors to the home approached them throughout the day. The registered manager was supported on a daily basis by the provider. Staff felt the provider and registered manager provided strong and effective leadership whilst encouraging other senior staff in the home to fulfil their role effectively." A number of staff had worked for the provider for a number of years, some had left and returned. The provider told us, "Staff sometimes leave to take on new challenges which is good, but lots of them soon come back".

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 provider and registered manager motivated the staff to provide person centred care. They led by example, and were highly motivated had a shared vision, with open dialogue between each other, the staff team, health professionals, people using the service and their representatives. During the inspection the provider and registered manager were seen to support each other and the staff team to remain focused on their roles and to be open and honest with the inspection team. People and their relatives that we spoke with considered the leadership of the home outstanding and the culture excellent in meeting people's needs in a person centred way. We found the registered manager was very competent and knowledgeable and was successfully leading the staff team to deliver an outstanding service to people with the daily support of the provider. Both the provider and registered manager worked closely with the staff team guiding them, listening to them and working alongside them.

Staff were extremely complimentary and positive about the management and leadership which inspired them to deliver a high quality service. Staff were incredibly enthusiastic and committed to people who lived at the home and ensuring they received the very best care. This was clearly a culture that was led by the provider and registered manager. We observed excellent leadership and found both the provider and registered manager to be extremely knowledgeable about people as individuals, their families and staff team. Staff praised the provider and registered manager for their leadership, and felt the registered manager was making good improvements since being at the home. One staff member also told us, "[Registered manager] includes all staff when making decisions, and encourages staff to progress in their own roles."

People, their relatives and community professionals spoke extremely positively about the overall management of the home and their relationship with the management team. Health professionals informed us the home was "Well respected by visiting health professionals". One visiting health professional told us, "This is the best home I've supported and that's down to the owner. It is very well led." Another told us,

Eastbury House is very good, if the time came and I needed to find somewhere for a loved one, I would choose to place them here". They informed us they saw that people were safe well cared for and treated as individuals. They said, "I really enjoy coming here and I can't say that about all the homes I visit. The provider is here all the time there is a real family feel about the place There was a high level of multi professional engagement, and staff were seen to be relaxed and supportive with all health professionals that visited the home.

There was a friendly, vibrant and welcoming atmosphere within Eastbury House. People were at the heart of the home underpinned by a caring and considerate ethos, promoted by the management team and provider. Staff at all levels of the home told us they were proud to work in the home and were enthusiastic and committed to providing a high standard of care to people. One health professional wrote and told us, they had found on a recent visit the home to be warm, with an atmosphere that was relaxing and busy with activities at the same time. They told us people were happy and staff were kind, responsive and appeared to know all including visitors

People, relatives and professionals spoke about the exceptional quality of care and positive culture Eastbury House had developed to ensure people were at the heart of where they lived. One visitor told us, "I visit my on a regular basis, and often at different times of the day. What impresses me is the consistency of the atmosphere and calmness here, at any time of the day. I believe this all down to the quality of [provider's name]". There was a great respect for all people who lived at the home and visitors. Each person was called by their title unless they had requested to be called by their first names. Each visitor was also met and greeted in a friendly manner. All people and visitors to the home, were served tea or coffee in china cups. The provider told us, "We don't serve drinks in mugs, unless someone requested it, we like to make a visit or stay at Eastbury House special in lots of ways."

The provider had strong relationships with other agencies involved in supporting people, including the local authority and multidisciplinary teams. Health professionals confirmed they worked well with Eastbury House and had no concerns in regards instructions being followed. One health professional told us, "End of life care is excellent, they help their residents to be so peaceful. They told us links with the district nurses was exceptional with pain relief ready, they told us, "Staff don't panic, they make my role easy." The registered manager told us, "We work in partnership with the person family and professionals involved in the person care and support. If someone wants to remain at Eastbury House we do all we can to make that happen.

The registered manager and provider were very committed to providing a service that was person centred and treated everyone as equals. The registered manager told us their ethos and values were to provide person centred support. They told us, "We want our residents to do what they want, and to live the life they choose. The vision is and has always been to extend people's abilities to live a happy life at Eastbury House." This ethos was certainly put into practice and everyone we asked said they still made choices about everything they did. Relative told us how their loved one lives had improved for the better since moving to Eastbury House. One relative told us, "We have had a number of different providers; nothing was right until we found Eastbury House. The transformation in [title] has been fantastic. When we were lucky enough to find a vacancy in this home someone from the local community told us. "If [title] doesn't settle there they will not settle anywhere".

The provider and registered manager kept themselves up to date with changes in the health and social care sector and had positive links with other providers in their local area for advice and support.

Regular audits were carried out in the home by staff at all levels, including health and safety, environment,

care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements or changes that were required. Recommendations and feedback was documented and followed up by the registered manager.

The home had forged strong links with community groups and other agencies. The provider told us, "We are well known within our local community and our reputation is highly important to us". One visitor told us the provider was very respected and well liked in the community and ensured people living at the home were fully involved in their community. They told us, "[provider's title] makes sure they attend local events with people from the home. Eastbury House is always guaranteed good seats". Comments from people showed they felt they had a good quality of life. Comments included; "The provider is amazing," "Morale in here is very high and that is down to the passion and commitment from [provider's title]." "Extremely well led and dedicated team".

People lived in a home where staff morale was good because staff felt well supported by the registered manager and the provider. This helped to create a cheerful environment for people to live in. One member of staff told us, "We can always approach them if we need them. We are all one team". The registered manager told us, "We have an open door policy myself and [provider] are around the home on a daily basis often from early morning till late at night." They told us in their PIR "The management team are open, visible and approachable. We want staff to feel they can voice any concerns at any time. We have a no blame culture within the home, sometimes mistakes happen but it is these mistakes we learn from." All staff and people we spoke with confirmed this approach and agreed the registered manager their senior team and provider were at the home on a regular basis and confirmed they found them very open and approachable. The provider recognised staff's commitment to the home to encourage staff retention and boost morale. A number of staff had worked for the provider for a number of years and told us there was a really family feel about the place.

People were positively involved in the running of the home and inventive ways were used to help people to have their say. The activity coordinator told us, "We are always looking forward ". People confirmed they enjoyed life at Eastbury House, and were always planning what to do next. The registered manager told us people were involved in regards decision in the home. They gave an example of the provider's family member wishing to marry in the ground of the home. They informed us people were consulted first. One person confirmed they told us, "There was a sense of anticipation in the run up to Easter last year as one of [provider's name] grandchildren were getting married in the grounds of the home. Each of us was invited to join in on the celebrations. After several glasses of champagne most of us were pleased to return to the house for a late team."

The home has regular meetings for people who lived there. One person we spoke with said, "They are open and receptive when I raise things at the meetings. Another person told us, "We all have our say about how we want to live and how the home is doing."

The provider sought people feedback. In 2017 the home sent questionnaires to people, relatives and their friends and health professionals to seek their views on the home and the service it provides. The majority of people living there responded that they felt things such as their rooms, activities, cleanliness, quality and choice of food, competency of staff and staff attitude were either good, very good or excellent.

There were effective systems to monitor and review the quality of the home. The registered manager told us they worked to continuously improve services and provide an increased quality of life for people who lived in the home based on the feedback that they regularly sought from people. This feedback was gathered both informally through chatting with people on a daily basis and more formally through surveys, reviews

and meetings.

The Provider told us their future plans were to look at new technology for the home. They told us they were considering whether to start using an electronic care system to help them deliver record and monitor how they meet people's care and support needs. The management team had recently attended a presentation about a particular system and is working out whether it would be beneficial for the people living at the home.

The registered manager and management team told us they had attended a conference on national changes in data protection law due to be implemented in May 2018. To safeguard people's information computers at the home are password protected and they had a system in place that only gave staff access to the level of information required to do their role. The home will be considering the potential impact of the proposed data protection requirements and use this to inform data security at the home.