

Tracey House

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 3 April 2018 and was carried out by one adult social care inspector. We last inspected this home on 23 December 2015 when it was rated as 'Good' overall and in every key question.

Tracey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Tracey House is registered to accommodate up to 24 old people in one adapted building. Nursing care is not provided at Tracey House. This is provided by the community nursing service. At the time of this inspection in April 2018 there were 24 people living in the home.

Tracey House had a registered manager in place. 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.'

Tracey House was run with a firm purpose and a clear vision. People were held in high regard, had a good quality of life, had freedom to make choices and were supported to be independent. During our inspection we found each staff member at Tracey House, from the provider to the maintenance worker, displayed this purpose and vision.

People, relatives and external professionals praised the home and the staff's caring attitudes. Comments received included, "I think their work is outstanding" and "I have always found a consistently high quality of professionalism and care at the home. One external professional stated, "I would have no hesitation in recommending the home to anyone, and would be very happy for any of my relatives to be resident at Tracey House."

Staff treated people with respect and kindness. There was a low staff turnover at the home and this had enabled staff to build strong and meaningful relationships with people. The provider, registered manager and staff worked hard to ensure people's self-esteem was promoted by acknowledging people's skills, achievements and personalities. For example, one person's relative had brought in some vegetables they had planted in their garden before moving into Tracey House. The cook had made soup for the evening meal with those vegetables and had named the dish after the person. Staff spent the day telling people about this dish and complimenting the person's skills at gardening. This showed an admiration for this person's talents and an acknowledgment of their accomplishments.

People were provided with enough high quality food to eat. The cook had attended a number of nutritional courses and food shows and had become the nutrition champion. In this role they had taken steps to improve people's nutritional intake and create engaging activities around food to promote people's

enjoyment and wellbeing. They had introduced daily snack boxes to add additional calories to people's diets, introduced packed lunch menus for when people had to attend appointments and had sought people's feedback to tailor the menus to people's preferences.

The provider and registered manager at Tracey House excelled in creating a culture where all staff members could provide outstanding care. The registered manager had ensured the ratio of staff to people was sufficient to enable staff to provide care that went above and beyond people's everyday care needs. During our inspection we observed all different members of the staff team stopping and taking the time to speak with people and listening to what they said. People shared jokes and physical affection with staff who were calm, encouraging and humorous in their exchanges.

Staff worked hard to ensure people's specific social and mental stimulation needs were met. Staff worked hard to continually improve on the activities people were provided and regularly asked people for their ideas and feedback. Following people's feedback the home had recently hosted a dog show. People had been involved in making rosettes for the dogs as well as dog biscuits and judging the competition. People had thoroughly enjoyed this.

The registered manager was very keen for the people who lived in Tracey House to be a part of the local community. The home had hosted the local youth club, the guides and volunteer groups. Tracey House also held two open events each year in order to raise money for charity. These open events involved people making items, baking cakes, manning stalls, inviting their friends and relatives and interacting with the wider public.

The provider, registered manager and staff at Tracey House were passionate about providing the best, most compassionate and respectful end of life care to people. They had sought specialist training from external professionals and were continuously looking for new ways to improve.

People who lived in Tracey House were protected from risks relating to their health, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

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 

Tracey House was safe.

People were protected from the risk of harm and abuse and staff understood their role in keeping people safe.

Risks to people had been identified and plans had been put in place to minimise these.

Staffing numbers people's needs were met safely.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people.

Is the service effective?

Good 

Tracey House was effective.

People were supported to have enough high quality food to eat and enough to drink. The provider invested heavily in this area and staff had looked for innovative and creative ways of increasing people's enjoyment and calorie intake.

People's healthcare needs were met in ways which involved them and encouraged their independence.

Staff were quick to seek advice from a wide range of healthcare professionals in order to ensure people's changing needs were managed well.

People's rights were respected. Staff had clear understanding of the Mental Act 2005 and where a person lacked capacity to make an informed decision, staff acted in their best interests.

Staff had completed training to give them the skills they needed to meet people's individual care needs and the registered manager worked hard to continuously improve the training provided.

Is the service caring?

Outstanding 

Tracey House was outstanding in providing caring staff to support people.

The registered manager and staff were committed to a strong person centred culture. People had positive relationships with staff that were based on respect.

People, relatives and healthcare professionals felt staff often went the extra mile to provide compassionate and sensitive care. Staff valued the people who lived in Tracey House and worked to increase their self-esteem.

People were involved in every aspect of their care and support.

People were treated with dignity and respect and their independence was encouraged.

Is the service responsive?

Tracey House was extremely responsive.

Staff responded quickly to people's changing needs and care plans contained highly personalised information to help staff provide a high quality service.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

Staff continually tried to improve on the activities provided to people. People had access to activities which met their individual needs.

The registered manager worked hard to ensure the people who lived in the home were part of the wider local community.

Tracey House continuously looked for ways to improve upon their outstanding end of life care.

People's views and opinions were sought and listened to. Feedback from people was used to drive improvements.

Outstanding 

Is the service well-led?

Tracey House was exceptionally well led.

The provider and registered manager promoted strong values and a person centred culture. Staff were committed to delivering person centred care and the registered manager ensured that

Outstanding 

this was consistently maintained.

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

There were robust systems to ensure quality and identify any potential improvements to the service.

The registered manager promoted an open and inclusive culture that encouraged continual feedback.

Tracey House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 comprehensive inspection took place on 3 April 2018 and was unannounced. One adult social care inspector carried out this inspection with an expert by experience. An expert by experience is a person who has personal experience of using services or caring for a person who uses services. In this case the expert by experience had experience in caring for a person living with dementia. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

Most people who lived in Tracey House were able to talk to us about their experience and we therefore spent time speaking with them. We did not conduct a SOFI during this inspection for those who were unable to talk to us. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. We did, however, use the principles of SOFI when conducting observations around the home.

We looked around the home, spent time with people in the lounge, the dining room and in their bedrooms. We observed how staff interacted with people throughout the inspection and spent time with people over the breakfast and lunchtime periods. We spoke with ten people and observed the other people who lived in the home being supported by staff. We spoke with six relatives, four members of staff, the registered manager and the provider. We also received feedback from seven external healthcare professionals.

We looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to three people, looking at their files and other records. We reviewed the recruitment files for three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

Is the service safe?

Our findings

The home continued to provide safe care.

People confirmed they felt safe living in Tracey House. People made comments including, "Of course I feel safe here." People told us staff involved them in any discussions about their safety and how best to minimise risks. One person said, "Staff will sit down and discuss risks and say 'what do you think?'" People's relatives confirmed the home was safe with comments including, "Without a doubt she's safe here." Healthcare professionals made comments including, "All my interactions with residents have indicated that they feel safe and well-cared for, happy, relaxed and at home" and "I would say that the service is extremely safe. We never have concerns about the care being provided, and staff at Tracey House will always contact us at the earliest opportunity if they require advice or nursing input for any of their residents."

People who lived in Tracey House had a variety of needs relating to their mobility, their skin integrity, health conditions, their nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, where people had risks relating to their eating or drinking, specialist advice had been sought from speech and language therapists. Plans and risk assessments had been created and staff had been provided with clear guidance to follow to protect people from those risks.

Accidents and incidents were recorded and where these had taken place the management and staff had discussed these and taken action in order to ensure they did not reoccur.

People were protected from risks relating to the management of medicines. All of the people living in Tracey House required support from staff to take their medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and management carried out regular medicine audits and checked the records daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Staff had received training in medicines management and had their competencies checked regularly.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in this area and had access to information they required should they need it. Safeguarding was regularly discussed at staff meetings and a recent memo had been sent to staff reminding them to be vigilant and report any concerns should they have any.

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that as far as possible, only suitable staff were employed. Staff files showed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories. This helped protect people from the risks

associated with employing unsuitable staff. People felt there were enough staff at the home all the time and made comments including, "I never have to worry, there is always someone around that I can talk to." One staff member said, "We have extra staff so we can sit and talk to people." A healthcare professional said, "Staffing levels are always excellent."

The home was clean and pleasant. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how people needed to be supported in the event of an emergency evacuation from the building.

Is the service effective?

Our findings

Every person we spoke with gave exceedingly positive feedback about the care provided at Tracey House. Comments from people living in the home included, "The main attraction of coming here is the care I get, which is more than I had in early life", "I think it's very good. They are very meticulous about our care" and "It's the care you would like to receive in your own home."

Relatives made comments including, "It's absolutely fantastic", "They go out of their way to care for her wonderfully" and "They are really good with her. She is definitely happy here." External healthcare professionals said, "I think their work is outstanding", "My experience suggests excellent compassionate, holistic, and thorough care", "I have always found a consistently high quality of professionalism and care at the home" and "The service is extremely effective. High standards of individualised care are always demonstrated, and residents are happy and complimentary about their environment and the care they receive." One external professional stated, "I would have no hesitation in recommending the home to anyone, and would be very happy for any of my relatives to be resident at Tracey House."

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved. People who lived in Tracey House had gained weight where this was needed, increased their mobility, regained skills and lived more fulfilled lives. One person's relatives told us the staff had worked very hard to make their loved one less anxious and more involved. They said, "They have been amazing with her. She was very anxious before moving here and now, since she's been here, she's been at peace."

People were supported by staff who knew them well and had the skills to meet their needs. People confirmed the staff were well trained and understood their needs. Staff confirmed they received regular training whilst enabled them to competently carry out their role. The registered manager continuously looked to improve on the service by ensuring the staff received the best training possible. Staff confirmed they could always ask for more training if they wanted it. A senior member of staff told us the staff team had recently asked for some of their training to be more practical and this was being organised. They also told us about new training they were developing. This involved providing staff with real life experiences of being assisted to eat, having to use a hoist and being disoriented. This was aimed at increasing staff's understanding and empathy towards the people who lived in Tracey House.

Staff had undertaken training in areas which included dementia care, Mental Capacity Act 2005, safeguarding, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. Staff training needs were regularly reviewed. One healthcare professional commented, "I have always found the staff fully engaged with the teaching sessions and workshops we provide, and are able to voice ways they have advocated for their residents" and "The staff know the residents well, and seem to be encouraged to engage with education, forums and embed best practice."

Staff received regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and

identify any gaps and training needs.

People were supported to have enough to eat and drink in ways which met their needs and preferences. People spoke extremely highly of the food. Comments from people included, "All the food is good" and "It's delicious." Relatives' comments included, "They go out of their way if there's something she doesn't like. The cook sits down with her to talk about what she liked and didn't like."

We spoke with one of the cooks who told us the provider had supported them to attend a number of nutritional courses, as well as food shows and had supported their development to be the nutrition champion. In this role they had taken steps to improve people's nutritional intake and create engaging activities around food to promote people's enjoyment and wellbeing. They had recently introduced snackboxes which were provided for people in mid-morning and mid-afternoon. These included high calorie items that people enjoyed, such as an ice cream, biscuit or piece of fruit. These boxes had proved popular and had helped increase people's calorie intake where this was needed. They had also introduced a 'packed lunch menu'. Staff had identified that where people went out for an appointment over a meal time period they did not always eat as well. People were provided with a number of options to choose from to take with them in order to ensure they still ate a filling, tasty meal. People spoke highly of these.

During a recent residents' meeting, one person had said they found it hard sometimes to get to know new people who moved into the home. The cook had decided to start a 'getting to know you lunch', also known to people as a 'VIP' lunch. A special table was set up in the conservatory once a week and three people were invited to eat there. These lunches were attended by small numbers of people in order to ensure people had the opportunity to talk to each other. These were people who did not already sit together during meals. Each person would get a chance to go to these lunches and get to chat and get to know others over a glass of sherry. These lunches had been a great success and people spoke highly of them and the new friends they had made thanks to them.

A number of activities and events for people involved food. Where one person had told the cook they missed eating cockles, they had responded by organising an entire 'cockney knees up' day. Where a person had said they loved Spain, the home had held a Spanish themed day, involving sangria, paella and music. The home had offered to host an award presentation to a person who lived in Tracey House and had provided a meal for this. Following this celebration the person's family had sent in a thank you card which stated, "The tea provided afterwards for family and friends was extremely impressive and received many complimentary remarks."

People ate most of their meals in the dining room and menus were available on tables. Staff had encouraged and assisted one person who lived in Tracey House to be responsible for creating the menus and they thoroughly enjoyed this. They spoke with the cook every day and created the menus on a computer. They had decided to add a brainteaser to the menu every day in order to encourage conversations between people on their individual tables. Each table then submitted an answer and the table who had the most correct answers at the end of the month got to enjoy a box of chocolates. During our inspection we saw people engaging in joyful discussions and sharing jokes.

The cook told us the provider did not give them a budget for purchasing food and were only interested in people eating good quality food. The cook said of the providers, "They invest heavily in staff, food and equipment. They're just brilliant. They really care and value these people so much." They told us all cakes were homemade, meat was purchased from the local butcher and they sourced local milk and vegetables. They told us they always offered people choices and built the menus around people's preferences. For example, people had recently given feedback that their favourite meal was a roast dinner and therefore the

cook had organised for people to enjoy two roast dinners a week.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had undertaken training in the MCA and displayed a thorough understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, where people were not able to make decisions around ordering, storing and taking their medicines, a best interest decision had been made to allow the staff at Tracey House to manage this on people's behalf. This had been identified as the least restrictive option to ensure the person was safe whilst also respecting their rights when they were unable to make a decision for themselves.

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care. One healthcare professional said, "They are quick to make contact with outside services whenever needed. If we provide advice about equipment for example, they source it immediately."

Tracey House provided an environment which met people's needs. The inside of the building was adapted to meet people's physical needs, with a lift and large corridors for people to move through. There was signage and decorations within the home that helped people orientate themselves and promote their independence. People had free access to the attractive gardens which provided people with an area to walk around and engage in some gardening activities when the weather permitted. The home also benefitted from an outside conservatory area where people could go to take part in activities or to meet with friends or family in private.

Is the service caring?

Our findings

People, relatives and external healthcare professionals were consistently positive about the caring attitude of staff at Tracey House. Comments from people included, "They're so helpful here, caring and concerned", "I'm impressed by it, it's like a family, we all know each other" and "They're marvellous." Relatives said, "They are so patient and kind" and "They're absolutely fantastic and the staff are lovely." Comments from external healthcare professionals included, "They have a caring attitude which comes across in all contacts with the staff", "In my experience, the staff have always shown kindness, warmth and attentiveness to the those they are looking after as well as making visitors and family members welcome" and "The staff always seem to really care about their residents. Many residents have resided at Tracey House for a number of years and staff know their residents and their families really well. Staff are friendly, caring and always demonstrate compassion and show dignity to their residents."

Displayed within Tracey House was a document detailing the home's specific purpose and vision. These were, 'To hold elderly people in the highest possible esteem and to offer a rich quality of life, with the greatest freedom of choice and independence consistent with their needs and abilities, in the safety, comfort and love of our home' and 'For our residents to feel that "this is where I want to be, this is home" and for their families to be at peace. For staff to feel pleased to be at work each day and proud to be part of a successful team.'

We found during our inspection that this purpose and this vision were shared amongst the staff team and felt very strongly by the people who lived at Tracey House and their families. People confirmed they felt completely at home, were offered as much freedom as possible and felt truly cared for by the staff. Relatives confirmed they felt welcome in the home and treated as part of the family. Indeed, during our inspection two visitors came to the home. They told us their relation had previously lived at Tracey House before sadly passing away but they continued to come and visit because they felt part of the family.

Healthcare professionals commented on the vision and purpose of the home with statements including, "The staff work hard at providing a personal, homely atmosphere, and my conversations with staff have always revealed that they have a strong awareness of residents' feelings and situations, their physical and social needs. The home does its utmost to respond to the needs of residents in order to provide for their wellbeing."

Staff had got to know people well through long service and had built up truly meaningful relationships that were based on trust and respect. We saw some staff members had recently celebrated their 20 years of service at the home with a party held in the home and attended by the people who lived in Tracey House. Within the last 18 months three members of staff had got married and invited people who lived in the home to attend their weddings. We saw pictures of people smiling as they attended these weddings.

All the members of the team, from the provider and the registered manager, to the care staff, cook and the maintenance worker, displayed caring tendencies through the relationships they had built up with people. The maintenance worker told us how they chatted with people and found out what wattage of lightbulb

they preferred in their bedrooms in order to ensure they were as comfortable as possible. They spoke with warmth about how they left the borders of the front garden un-weeded because they knew one of the people who lived in the home loved doing this. On the day of our inspection a member of staff visited the home on their day off because they were dog sitting and thought people in the home would enjoy meeting and petting the dog. People responded very positively and had fun giving the dog treats and stroking it.

During our inspection we observed all different members of the staff team stopping and taking the time to speak with people and listening to what they said. People shared jokes and physical affection with staff who were calm, encouraging and humorous in their exchanges. Staff clearly knew how best to interact with each person. One person had become slightly upset because they had felt left out of a conversation. The registered manager saw this and went to speak with this person and gently turned the conversation into a light hearted exchange and made the person laugh. Another person was becoming slightly anxious and we saw a member of staff identify this and go to sit next to the person. They drew their attention towards a different task and shared jokes and caring physical contact with the person, which made them smile and laugh.

The atmosphere at Tracey House was warm and welcoming. Relatives told us they could visit anytime they wanted and made comments including, "They make you feel comfortable and welcome" and "I can pop in anytime." One healthcare professional said, "The home is always incredibly welcoming."

The provider and registered manager at Tracey House excelled in creating a culture where all staff members could provide outstanding care. The registered manager had ensured the ratio of staff to people was sufficient to enable staff to provide care that went above and beyond people's everyday care needs. For example, one person was supported by a member of staff to walk around the local shops every Friday, other people were regularly supported to go to different local coffee shops and to support and interest groups. The ratio of staff to people also ensured staff were able to spend time with people to learn all about them and the 'little things' that mattered to them. Where people had specific religious and cultural needs, staff had identified these and had organised for these needs to be met. Tracey House held a communion service twice a month and some people attended different local churches regularly with the support they required.

The provider and registered manager ensured staff had the tools to be highly caring as a team and as individuals. The registered manager told us the people who lived in Tracey House were involved in the recruitment of new staff in order to ensure only staff with the right values and caring personalities were hired. Staff were highly motivated and inspired to offer kind and compassionate care. Staff told us the senior staff and management instilled these values in them and regularly checked they were meeting the standard expected. The registered manager ensured that where staff had provided high quality care this was celebrated and shared with the rest of the team. Staff told us they regularly received thank you cards from the provider acknowledging the good work they had done and how they had displayed the home's values. Staff told us, and we saw in a recent staff survey, they all felt appreciated and were passionate about achieving the best quality care for each person. The staff team had recently taken part in two team building days which involved crafts and an adventure activity outside of the home. The registered manager told us this helped build a strong, happy and consistent staff team.

People valued their relationships with the staff team and expressed their feelings in the form of thank you cards and joint poems. An example of this had been created by the people who lived in the home in order to express their thanks for the care provided to them by staff during the recent difficult weather conditions. This poem had been written, typed up and signed by the people who lived in Tracey House and presented to the wider staff team. It read 'A gold medal "thank you" to the faithful staff of Tracey House. So let it snow, let it snow, let it snow, (name of registered manager) and team did not let go. Their overnight bags stood

packed and ready to aid us 'old'uns our legs too unsteady. So come what may they found a way through snow and ice, so freezing, with slip and slide, or four wheel drive, they kept to their posts, non failing. [...] In spite of all failed deliveries of some essentials, they never gave up, they fulfilled their potentials. They "made do" in shortage, "came up" with new ploys, worked out solutions in all kinds of ways. [...] Whatever their business, whatever their task. They gave of their ALL for us, without them we'd have been lost."

One thank you card received by the home was from a person who lived in the service, read 'Many thanks for the lovely birthday present – quite inspired! Also for the 13 happy years that I have spent at Tracey House.' People and staff told us the provider always bought people a card and a gift on their birthday to ensure people felt loved and part of the family at Tracey House.

The manager felt people's privacy and respect was paramount and these views were shared by staff. We observed that staff members routinely knocked on people's doors before entering and that people were confident to tell staff members they didn't want to see them, and staff respected this. Staff had spoken with one person and had identified they enjoyed their time alone first thing in the morning and had therefore purchased a 'do not disturb' sign for their bedroom door and had instructed the cleaning staff not to offer to clean their bedroom before 10.30am. This demonstrated respect for this person's specific wishes relating to their privacy and personal space. People were treated as equals and their individual needs were respected.

People were involved in all aspects of their care and support and were encouraged to share their views. Staff knew how best to communicate with people and encouraged them to make choices in as many areas as possible. Staff sought people's views. They had regular 'residents' meetings' and regularly placed a feedback card on people's breakfast trays to gain their views on a number of topics. Recently staff had created the wish tree. People were provided with labels to write in comments and attach them to the wish tree. People had enjoyed participating in this and comments ranged from ideas for activities, to food requests, to feedback about particular members of staff. Action had been taken, where appropriate, to respond to all of the comments. For example, one person had commented they wanted to try some different marmalade and staff purchased a new one the person was now thoroughly enjoying.

The provider, registered manager and staff worked hard to ensure people's self-esteem was promoted by acknowledging people's skills, achievements and personalities. Staff made comments to us which demonstrated the high respect they held for people, for example, "He's a wonderful man" and "She is so good at it (making pastry)." When the registered manager told us about Tracey House hosting an award presentation for one person they said "It was a privilege for us all to share and be present to celebrate such an achievement with (name of person) and his family." On the day of our inspection people were being offered celeriac soup for their evening meal. The cook told us the celeriac had been grown by a person who lived in the home when they still lived in their own home and their relative had brought it in. This person was very proud of their vegetables and the menu stated '(Name of person)'s celeriac soup'. We heard staff talking with people throughout the day about the soup that would be on offer that evening and how the person had grown the celeriac themselves. This showed an admiration for this person's talents and an acknowledgment of their accomplishments. Another person was very interested in collecting stamps and the staff had supported them to give a presentation to other people in the home on stamp collecting and exhibiting the ones they had. This proved to be very popular with people and the person thoroughly enjoyed the experience.

Where a person had sadly recently passed away, staff at Tracey House had demonstrated a very caring attitude. The person's key worker had asked the registered manager if they could take the person's best clothes home to wash, dry and iron before the person passed away in order to ensure these were ready, clean and pristine for them. The staff had organised a memorial at the home to enable people who were

unable to attend the funeral to mourn and reminisce. A eulogy was prepared and tea and cakes were served. Staff who were on their days off came to the memorial to pay their respects. Staff told us this brought them and people living in the home closure and a way to express their feelings of loss. One member of staff said, "We never forget people who pass away. We remember who they are and the things they say forever."

Is the service responsive?

Our findings

People, staff and healthcare professionals told us they were confident people living in Tracey House were receiving the best possible care. People who lived in the home had a variety of needs and required varying levels of care and support. Each person's care plan was regularly reviewed and updated to reflect their changing needs. People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines, histories and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for people who had communication difficulties. One external healthcare professional said, "The home does its utmost to respond to the needs of residents in order to provide for their wellbeing."

Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required. People's communication needs were met. The home was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them.

Staff provided people with exemplary care and responded to their changing needs. Where required staff had sought guidance from external professionals when people's needs had changed and had implemented this. Comments from healthcare professionals included, "They have dealt sensitively with increasing needs and deaths of several very elderly patients", "They are able to ask for advice, support and involve outside agencies when needed" and "Tracey House is very responsive to their residents' needs. They are quick to make contact with outside services whenever needed." One healthcare professional stated, "They are very good at adapting and accommodating residents needs in terms of supporting people after diagnosis of dementia".

The provider, registered manager and staff at Tracey House were passionate about providing the best, most compassionate and respectful end of life care to people. They had sought specialist training from external professionals. One of whom stated, "They have a good understanding of the personalised needs of residents they look after, asking for just in case medications, and preparing well for the on going and changing needs of their residents at end of life" and "They take time to explore with residents sensitively advance wishes." Another healthcare professional stated, "We find the end of life care they provide exceptional, and it is always a pleasure to work alongside the team at Tracey House when providing end of life care to one of their residents."

The registered manager was always looking to improve on ways to care for people at the end of their life. The registered manager and provider sought ideas from external professionals, reports of outstanding hospice services and the staff to improve on the end of life care. A recent memo to staff stated, "If anyone has any other ideas about how to be respectful and honouring our lovely residents and also to help us to say

goodbye then we would love to hear from you.'

The registered manager had recently purchased a large white lacy piece of fabric. This had been used when a person had recently sadly passed away. Staff had placed this fabric on top of the undertaker's bag before the person had been moved from their bedroom. The registered manager and staff members had then gathered around the person by the front door and each had said a few words about what that person had meant to them and what they had enjoyed and valued about them. The registered manager, the provider and staff felt this had increased the dignity of the person's transfer and had enabled the staff to share their feelings of grief. A recent memo to staff stated, "It's not an easy thing but those who took part said they felt good about it and that it was more respectful and a way to have a proper goodbye and make a better ending. It also made us think about what we did really appreciate about the resident concerned and be reflective."

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. Tracey House had an activities coordinator who worked three days a week. On these days people took part in organised group activities and individual activities to meet their needs. On the days the activities coordinator was not working, staff enabled people to engage in activities outside of the home and invited external entertainers, such as a harp player and exercise classes. There was a monthly activities plan displayed in the hallway and people told us they enjoyed taking part in the various activities provided at Tracey House. Staff were always looking to improve on the activities available for people and continuously sought feedback and ideas from them. One relative said "They research activities. They always try to find the best things for her to do." Staff made comments including, "We always ask people to give suggestions of new activities." Following the suggestion of one person, a dog show had been organised. People had been supported to make rosettes and dog biscuits. Staff had brought in their dogs and people in the home had acted as judges. We saw a number of photos taken that day and people stated they had loved it.

Staff worked hard to ensure people's specific social and mental stimulation needs were met. Where one person had always enjoyed reading the paper and whose eyesight had recently deteriorated, staff had arranged for the person to receive a talking newspaper so they could still enjoy this pastime. Where another person enjoyed cooking, following appropriate risk assessments, staff had organised for them to work in the kitchen when they wanted. This person thoroughly enjoyed taking part in the cooking and the cook told us they loved learning "great tips" from the person's long cooking experience.

Staff at Tracey House worked hard to ensure people lived as part of the wider community. The registered manager had communicated with local schools and businesses in order to ensure people had an active role in the community. Some people who lived in Tracey House went to a local primary school every two weeks in order to take part in activities. The home had hosted the local youth club, the guides and volunteer groups. The registered manager told us about how a young volunteer had helped a person living in the home to use the computer to look up their ancestry and how much this person had enjoyed this. Tracey House also held two open events each year in order to raise money for charity. The registered manager had spoken with people who had agreed that a cancer charity would be their preference as this disease had touched their lives and those of their loved ones. These open events involved people making craft items, baking cakes, manning stalls, inviting their friends and relatives and interacting with the wider public.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People and relatives confirmed they felt comfortable to raise complaints and where they had made some, these had been listened to and responded to. People

told us the staff and the management encouraged them to share their views and that regular meetings were held in order to enable people to express themselves. These meetings enabled people to voice any concerns they may have and to suggest any ideas they had to improve the service provided and the activities available.

Is the service well-led?

Our findings

Tracey House was exceptionally well-led.

Tracey House's leadership comprised of the provider, who had an active role in the home, the registered manager and a deputy manager. The registered manager had started in the home as a member of care staff and had been supported by the provider to develop their skills and take on further responsibilities until they had taken on the role. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and healthcare professionals spoke very highly of the leadership and the registered manager at Tracey House. Comments from people included, "They're all so great." External healthcare professional spoke highly of the way Tracey House was run and the quality of the leadership. Comments included "I think Tracey House is well led, professional and compassionate", "All this (excellent care) comes from the ethos instilled by the Management's style and example, and the personal commitment over the owners", "Tracey House is well led in my opinion" and "The leadership within the home is of a good standard."

The provider and registered manager had succeeded in ensuring people received high quality, safe, effective, caring and responsive care. Although they had achieved this they continuously sought to do better improve the service provided to people. Tracey House had a clear vision for the continued improvement of people's lives. The registered manager, the staff and the people who lived in the home all contributed to its success. The registered manager told us they sought people's views and continually sought to provide a better service. People and relatives were invited to regular meetings and were asked to fill in regular questionnaires and surveys. Staff told us they continually asked people for their feedback and for any ideas they may have to increase their day to day enjoyment. The registered manager developed, encouraged and implemented innovative ways of involving people in developing the service. Recently the home had introduced the 'wishing tree' in order to further seek people's views and wishes for the future.

The registered manager also sought ways to improve by looking outside the home and seeking ideas. They were part of a number of care home improvement groups where they shared ideas and discussed issues with other providers. They also spent time researching other services who had received outstanding ratings to pick up ideas and areas for improvement. This had recently impacted on the provision of outstanding end of life care at the home. The cook told us they were regularly asked to attend training courses and food shows because "They never stop trying to improve." Staff were regularly asked for their feedback, opinions and ideas. Staff told us that where they had made suggestions, these had been listened to and sometimes implemented if appropriate. For example, one member of staff had suggested the idea of having themed days at the home which would include specific decorations, foods, music and entertainment. Two such days had already taken place and more were being developed.

Tracey House staff had excellent relationships with external healthcare professionals as well as with the wider community. People were not isolated within the home but instead were enabled to be part of the local community. They had access to a number of community groups as well as being involved with the local school. This promoted people's respect and self-worth.

The home's purpose and values were displayed within the home and the registered manager told us these underpinned the work carried out at Tracey House. They told us staff strived to ensure people felt at home, felt cared for and were able to have as much independence as possible. From feedback we received from people, staff, relatives and healthcare professionals and from our observations during the inspection, it was clear these values were displayed in the ways people were supported.

Staff told us the registered manager and the provider led by example and demanded a very high quality from the staff. The leadership undertook regular staff supervisions and observations of practice took place in order to monitor the quality of the care being provided. Where practice had fallen short of the leadership's expectations this had been raised immediately. Where the practice observed had been in line with the home's values, the provider and registered manager had praised the staff members and highlighted their achievements. The culture of the service was caring and focused on ensuring people received person-centred care. Staff demonstrated they understood and believed in the principles of individualised, person-centred care through talking to us about how they met people's care and support needs.

The registered manager described how the approach of the provider was to provide staff with a focused career path, with opportunities for continued professional development and for promotion. The registered manager had started as a care assistant and worked their way up through continued development opportunities provided by the provider. This approach ensured that dedicated and experienced staff were in place to work with the registered manager to provide people with continued high quality care. Each member of staff at Tracey House was clear about their individual roles and responsibilities and all staff told us they felt confident in the leadership and very supported. People who lived in the home understood the management structure and who they could go to with any concerns or queries. Staff were very complimentary about the management and told us they were comfortable talking to them about anything. Comments included, "Senior staff are so supportive. They give me a lot of confidence"; "I get very well supported. I would raise any issues I had" and "They invest in you as a person. They have been so supportive. I've never worked anywhere like it."

Staff were motivated and proud to work at Tracey House and were dedicated to providing the highest possible care they could. Many had been there for a large number of years and their long service had been recognised. The provider and registered manager recognised staff skills, ensured staff were praised for their good work and offered them development opportunities.

There was an open culture at Tracey House. The registered manager told us they had an open door policy and anybody could approach them, or any other member of the management team at any time to discuss any topic. One healthcare professional said, "The registered manager is caring, open and communicative, and receptive to any advice/suggestions to enhance any aspect of their service." During our inspection we saw people stopping and speaking with the registered manager, the provider and the deputy manager in order to discuss issues or simply to have a chat with them.

People benefited from a good standard of care because Tracey House had systems in place to assess, monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, care plans, safeguarding, staffing and accidents and incidents. Regular spot checks were carried out and where these measures identified issues, action plans were created

and action was taken to improve.

The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.