Equality Care Limited

# Longbridge Deverill House and Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Outstanding |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This comprehensive inspection took place 15, 16, and 22 January 2019 and was unannounced.

At the previous inspection in November 2017, we rated the service overall as Requires Improvement. This was because mental capacity assessments did not contain enough information and the quality monitoring systems had not identified this. At this inspection, we found that the required improvements had been made and the service is now rated as Good.

Longbridge Deverill House and Nursing Home are two buildings on the same site. The house is a residential care home for up to 20 people and is located at the front of the grounds. The nursing home is situated towards the back of the grounds and up to 60 people can live there for residential, dementia, and nursing care. At the time of the inspection, 16 people were living in the house, and 56 people lived at the nursing home. Longbridge Deverill House and Nursing Home 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.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager and registered person were available throughout the inspection.

People told us they felt safe living at the home. People's relatives felt confident that their family members received safe care.

Staff understood their responsibility to identify and report any concerns of abuse. Staff received safeguarding training. They told us they felt confident that action would be taken by any member of the nursing and management team in responding to concerns.

Risks to people's safety were identified and assessed. Risk reducing measures were incorporated into people's care plans, directing staff about how to avoid risks occurring.

There were enough staff to meet people's needs. We observed staff responding to people's needs promptly. People told us staff were there when they needed them. New staff were appointed through safe recruitment and selection processes.

Accidents and incidents were reported and analysed by the registered manager. Any trends or themes were identified. Where there were opportunities to learn from accidents or incidents, this was shared with the staff team. There were clinical governance meetings with the nurses, to reflect upon different aspects of their nursing practice.

Medicines were managed safely. Where people required creams or lotions to be applied, there were detailed plans for staff to follow. Technology was used in medicines management to ensure timely communication between the home, GP, and pharmacy.

People had received a health review from the GP, two months prior to the inspection. This was to ensure that medicines and care plans were reflective of their needs. All of the health and social care professional we received feedback from, praised the quality of care at the home. We saw that health and social care referrals were made in a timely manner.

Health and social care professionals told us that people with behaviours that other services had found challenging to manage, had notably improved. The registered manager told us that they supported successfully, a lot of people who had been "failed placements elsewhere". This included reducing reliance upon medicines, where people had been overmedicated in other services.

People with diabetes received personalised care that had been effective for one person in reducing their reliance upon insulin. For another person, there had been significant improvements in their diabetic condition.

The home was well-maintained, with the required water, fire, gas and equipment safety checks completed. The majority of the home was clean and free from odours and people felt their bedrooms were kept to a good standard of cleanliness.

People were cared for by staff who received an outstanding standard of bespoke and creative training. Training programmes were designed around people's needs and staff competencies were assessed through regular training refreshers and observations.

People had been involved in the creation of dementia training. This provided a personalised insight into how people feel while living in a care home and how dementia affects them. Other people living in the home, as well as relatives, staff and professionals were invited to attend the session.

Mental capacity assessments were detailed and explained how the person had been involved in their assessment. Best interest decisions had been made with the person's legal representative, as well as involvement from professionals. Deprivation of Liberty Safeguard applications were submitted to the local authority.

People had access to food and drink throughout the day. People who required one to one support during meal times had staff sit with them to provide this. Where people needed their food and drink intake monitored to ensure their dietary needs were being met, the records reflected that targets were being met.

Equality and diversity were in the provider's policies. This included a policy on sexuality, which focussed on the importance of respecting people's choices and supporting relationships.

People told us staff respected their choices. People's choices, preferred routines, and how they communicated decisions were included in their care plans. Care plans reflected people's physical, emotional, and social wellbeing.

Staff understood how to support people by respecting their privacy and dignity. We observed examples of kind and respectful care being delivered.

The environment was designed to meet people's visual and cognitive needs. People could personalise their bedrooms, assisted by the maintenance operative when they moved in. People also had access to different areas in the home and were supported to access the community with relatives and staff.

There was an activities team, providing a set programme, as well as ad-hoc and impromptu activities, based on people's hobbies, interests and feedback received. Technology was used to enhance the activities provision, with people viewing photographs and videos via an electronic tablet.

People's visitors were welcomed to visit the home at any time. Technology was used to help people maintain contact with family overseas, through online video chats.

The registered manager maintained an up to date knowledge of clinical and care skills, as well as knowing people who lived at the home. They kept their professional nursing registration and ensured that clinical governance meetings took place with the nursing team. They also completed initial and ongoing assessments for people at the home, to ensure they knew people and their relatives well.

People and their relatives, staff and professionals all felt that the registered manager was approachable, knowledgeable, and would take prompt action if needed.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Staff understood their responsibility to identify and report any safeguarding concerns.

People and their relatives told us they felt the service was safe.

There were detailed risk assessments in place, to protect people from harm.

Medicines were managed safely.

### Is the service effective?

Outstanding ☆

The service was very effective.

Technology was used to enhance the quality of care and support that people received.

Staff received a high standard of bespoke and innovative training, designed around the needs of people living at the home.

Cultural differences were embraced and supported, by staff who worked in accordance to policies that promoted equality and diversity.

People were supported to achieve positive healthcare outcomes.

### Is the service caring?

Good

The service was caring.

We observed kind and caring interactions.

Staff supported people with respect and dignity.

People chose where they wanted to spend their time.

### Is the service responsive?

Good

The service was responsive.

Staff received different methods of end of life care training.

People and their relatives felt comfortable in raising concerns with the staff team and registered manager.

Care plans reflected people's needs.

## Is the service well-led?

Good

The service was well-led.

People, relatives, staff and professionals spoke positively about the registered manager and their leadership of the home.

There were organised and up to date quality monitoring systems in place.

The staff team and registered manager spoke with enthusiasm about wanting to continually improve the home.

# Longbridge Deverill House and Nursing Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 15, 16, and 22 January 2019 and was unannounced. The inspection was conducted by two inspections and two experts-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 took place, we reviewed information that we hold about the service and the service provider. This included the statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events that the service is required to send us by law.

During our inspection we spoke with 14 people living at the service and 10 relatives. We also received written feedback from one relative after the inspection. We spoke with the registered manager and 10 members of staff, including the training manager, nurses, and care staff. We reviewed information relating to people's care. This included care plans for 13 people, and daily records for 16 people. We looked at the management of medicines, and observed people being supported in the communal areas. In addition, we looked at records relating to the management of the home. This included, audits, staff recruitment files for five members of staff, and staff training records.

Prior to the inspection the registered manager sent us their Provider Information Return (PIR). This included information about what the home was doing well and data about their notifications. We wrote to ten health and social care professionals for their feedback, five responded.

Good

# Is the service safe?

## Our findings

Without exception, every person we spoke with told us they felt safe. Their comments included, "I feel safe because the staff just come, I don't have to ask for them, they come and help me." And "I feel safe because I have everything I need around me. I can access my call bell if I want help." Also, "I am safe here because I am well looked after. If anything is the matter, I've just got to ring the call bell and there's somebody here."

Relatives told us they felt their family member received safe care. Their feedback included, "I've come to realise that [relative] is safe and well looked after. I couldn't see it at first, but I do now." And, "I can sleep at night now because I know [relative] is well looked after and safe."

Staff understood their responsibility to identify and report any safeguarding concerns. They told us they would feel comfortable raising concerns with the nurse in charge, or with the registered manager and deputy manager. Staff knew that if they felt that they wanted to raise safeguarding concerns outside of the provider, they could do so by contacting the local authority safeguarding, or CQC.

Risks to people's safety were assessed, with plans in place to reduce the likelihood of these occurring. For example, there were assessments for people at risk of falls, choking, people's behaviours and to support people's skin integrity. The risk preventing measures were woven into people's care plans, to direct staff as to how safe support should be provided to the person. For example, one person's care plan included a risk assessment regarding the safety of others when the person displayed behaviours that staff needed to support. The risk assessment linked to the care plan. This included details of the potential triggers, how staff should protect others, and how they could support people who were experiencing distressed behaviours.

There was personal emergency evacuation plans (PEEP) in place for each person. The PEEP's gave an overview of people's communication needs and whether they would be able to understand directions with regards to an evacuation. Where people would require assistance to evacuate, it was recorded how many staff would be needed and where necessary, what equipment should be used.

Accidents and incidents were reported by staff and reviewed by the registered manager. These were then analysed to identify if there were any patterns or trends, as well as identifying if there were any triggers for the individual. There was evidence of action being taken where areas for improvement had been identified.

Learning was taken from where areas for improvement were identified in audits. This included where an audit identified that a person's mobility needs had not been updated in their hospital passport. The audit showed that action was then taken to review every hospital passport, to ensure they were up to date. A hospital passport is a document containing details of the person's communication, health and social care needs. This is to support health care staff in providing person-centred care, in the event of a hospital admission.

Most people and their relatives told us they felt there were enough staff to meet people's needs. One person said, "Staff come quite quickly, there is not usually a wait, generally it is very good." Another person

explained, "They are busy, but the care never seems rushed and you don't feel that there aren't enough staff." We observed staff to be available to meet people's needs. Call bells were responded to promptly, and one person welcomed us to test how quick staff respond to their bell. We did and found that the staff member responded almost immediately. Staff told us that agency staff were rarely required.

Safe recruitment and selection practices were being followed. The recruitment records included staff application forms, identity checks, and references of their character and employment. New staff were also subject to a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal records and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and reduce the risk of unsuitable people working with vulnerable people.

Medicines were managed safely. Medicines were stored in temperature-controlled rooms, in secure cabinets, accessed by the lead nurse on duty. Medicine administration records were maintained. Where people required medicines to be given on an 'as and when required' (PRN) basis, there were protocols in place. The PRN protocols directed staff as to how they could identify if the person required their medicines. For example, how staff could identify if a person was experiencing pain and required pain relieving medicines.

Care plans contained detailed directions for the application of topical prescriptions, such as creams and lotions. Record keeping for topical creams was not always up to date and we saw that there were gaps in records. The registered manager explained that they were working with the lead nursing staff to improve the quality of topical cream records.

The home and the equipment were well maintained. We saw safety inspection records and checks had been completed by the maintenance operative and where required, by external contractors. These included, gas, water, and fire safety checks. Staff received fire safety training.

The home was clean, and mostly free from malodours. There was one area with a strong odour, and a wall mounted fan had been installed to reduce this. We discussed this with the registered manager and they said that this carpet had previously been replaced, and our feedback was taken on board. We saw housekeeping staff cleaning carpets during the inspection. People told us they felt the home and their bedrooms were kept clean. Their comments included, "My bedroom is clean. It is lovely and clean in the lounge too." Also, "The cleaning is very good, also my clothes are kept clean, that's been very good too."

Outstanding ☆

# Is the service effective?

## Our findings

At our previous inspection, in November 2017, we rated Effective as Requires Improvement. This was because there were shortfalls in the quality of the mental capacity assessments. At this inspection we found that the required improvements had been made.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and could apply these to their role. The 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 legally authorised under the MCA. We saw that people who lacked capacity to consent to receiving care and treatment had been assessed and there were best interest decisions in place.

People can only be deprived of their liberty to receive care and treatment when this in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications where appropriate. The DoLS applications were reviewed regularly, to ensure they remained relevant and were the least restrictive option.

Technology was used to enhance people's experience and to help them maintain contact with family overseas. The activities staff used an electronic tablet to help people make online video calls to family members. They also supported people to get used to using the technology. One person explained to us that they used the tablet to contact their relatives who lived in America. People could also use the tablet to view activities that had taken place, where they may not have been well enough to attend. We saw photographs showing one person observing the decorating and hanging of the Christmas wreath, via the tablet the next day.

Technology was also utilised in the management of medicines and in maintaining contact with the local surgery and pharmacy. The medicines system enabled the home to send electronic requests to the surgery and pharmacy when people required medicines to be administered covertly. Covert medicines administration is considered when a person lacks the mental capacity to make an informed decision regarding taking their medicines. It involves medicines being covertly disguised in food or drink and requires the authorisation of the GP and the pharmacist. Where covert medicines were being administered, there were records of approval from the GP and pharmacist.

Without exception, every health and social care professional who provided us with written feedback about the home, praised the staff approach and the quality of care provided. One professional explained that staff always 'take notes during discussions, to aid their continued learning.' Another stated, 'They are prompt and appropriate in their referrals if they have any concerns. The information they provide us with is useful and informative and they feedback regarding progress of the patients.' As well as, 'I know I can rely on them to carry out any instructions and guidance, and that they will report back to me if they are concerned about a

person.'

One of the GP's wrote to us ahead of the inspection, to pass on their feedback. They said, 'The care provided to residents at [this home] is, in my opinion, exceptional in every aspect. It is without a doubt, the best nursing home I have ever been involved with.' Also, 'The positive approach to care, warmth, humour, and kindness, I witness every week means that the time I spend at [the home] is a joy and privilege.' The registered manager and the GP had worked together to review people's needs in November 2018. This included a full review of their health and medicine needs, to ensure they were being met appropriately.

Healthcare professionals praised the home for the management and support of people's behaviours and wellbeing, and the subsequent reduction in their medicines. One professional said, 'The knowledgeable nursing care that people receive means that medication use can be minimised.' Also, '[The registered manager], [the deputy manager], and the nursing staff are thoughtful, clever, and inventive in [supporting people with] dementia.'

There was evidence of people being supported to achieve positive healthcare outcomes. One healthcare professional supporting the home with their diabetes management stated, 'My experience of the home has always been very positive. Staff take a proactive approach in the management of people's diabetes.' We saw that one person was able to stop their medicines. Another person was able to reduce the dosage of diabetes medicines.

People who had the mental capacity to be involved in their assessments, could tell us that they had been included in these. They told us that that they had been supported and understood by staff, in expressing their needs and preferences. One person told us, "I have been able to tell staff what support I need, and the staff know me now, they meet my needs." Another person's relative explained, "They involved [relative] in the assessments and they filled out the paperwork together. We can't fault the care they give."

Equality and diversity was included throughout the provider's policies and procedures. This included the medicines policy, which explained people following a vegetarian diet may require their medicines to be in a different format. Also, people from certain cultural and religious backgrounds may practice traditions that impact when they will take their medicines. As well as, some people may prefer to have their medicines handed to them by a staff member of the same gender. There was also a sexuality policy, which explained clearly that people should be welcomed to express their sexuality and supported with relationships. This included, 'Resident's sexual orientation and preferences are to be treated with respect. Gay and lesbian relationships for example are to be afforded with the same respect that is given to heterosexual relationships.'

Cultural differences were embraced and supported. This included amongst the staff team and the people they were supporting. The registered manager explained that end of life care had been provided to a person from a traveller background. The home employed staff that also had traveller heritage and the registered manager worked with them to learn about the traveller traditions and cultural needs the person may have and how they could be supported. This included welcoming the large groups of family members to visit the person once they had passed. The registered manager explained that it was a learning opportunity for them and they told us how the staff members had built bonds with the person's family. This support had ensured a respectful experience towards the person and their cultural traditions and beliefs.

People were supported by staff who had received an exceptionally high standard of bespoke and innovative training. The training manager was an experienced social care professional, who was also a qualified teacher. They had designed training programmes around the needs of the people living at the home. This

included training on dysphagia, oral health, and nutrition. Dysphagia is where people experience difficulty or discomfort in swallowing. The person may require assessment from a Speech and Language Therapist (SALT), as well as textured or soft foods, and thickened drinks. As part of the training programme, the connection between oral health and people's nutritional intake had been made. Staff understood that if a person declined food, this could be because of not receiving the correct oral health care. This training was further enforced with a training session from a healthcare professional specialising in linking dysphagia and oral care. The training manager explained that the training experience had to be relatable and personalised. As part of this process, staff were required to sample thickened drinks, and to taste pureed and soft diet meals, so they could better understand people's experiences in their care.

People were supported to understand and maintain an awareness of their dementia. The registered manager attended a dementia conference, with other care providers and had a person from the home join them. They were the only registered manager at the conference to do this, and the person enjoyed the experience. This was because there were people who had dementia doing presentations. The registered manager explained that the person felt comfort in hearing other people's experiences.

People had been involved in the development of personalised dementia training. We observed a DVD showing a training presentation, where three people who had good insight into their own dementia discussed their experiences. The people explained how they had felt living in their own homes, and in other care services, particularly if other people and staff did not acknowledge them. They also spoke openly about the social isolation they had experienced in different settings, as well as how the staff at the home made them feel. One person said in the DVD that living at this home, they felt "respected". The people in the presentation also all agreed that not knowing what day of the week it is, or time of the day was disorientating and contributed to feeling a lack of control while in previous settings. One person in the presentation said that at this home they knew the day of the week, because they always received their daily paper. We also observed that there were multiple clocks in lounge spaces, so people could see the time, regardless of where they sat. Staff, relatives, advocates, and other people living at the home had been invited to attend the session, to learn more about the perspective of people living with dementia.

The training manager explained, "Training is not the be all and end all, unless it is transferred into practice." There was a thorough training schedule in place, and monitoring systems ensuring that all staff were up to date in their completion. The training manager told us that they designed different formats for training delivery, based on the strengths and learning preferences of different staff. They said, "Some staff don't like the group sessions, it might not be how they learn best. They may prefer one to one sessions, or paper-based learning." In addition, we saw that training observations were completed for each member of staff. These were practice based, as well as observations and feedback around each completed training module. In addition to the mandatory training areas including mental capacity and safeguarding, there were also specific training programmes, tailored to the needs of people at the home. These included training in asthma, and chronic obstructive pulmonary disease.

Nursing staff were motivated in continually developing their clinical governance and professional skills. The registered manager held weekly clinical meetings, with an agenda for discussion, such as weights and falls. The nurses were asked to produce their own competency checks, based on who they supported and to evaluate their own skills. The registered manager said, "I want the nurses to look at themselves and be empowered to recognise what they do well and any areas where they would benefit from training or development."

People were involved in planning meetings about developments at the home. This included, a garden meeting, where people discussed what they would like to see. Based on people's feedback, the sensory

garden was created. Staff told us how frequently used this was during the warmer weather. We inspected during poor weather, so the garden was not in use, but we could see that people's feedback from the meeting minutes had been incorporated into the design.

People's bedrooms were personalised, and they could bring items with them to make the room feel more homely. One relative explained that their family member was moving to the home at short notice, as an emergency admission. They told us that the maintenance operative had worked through the night to ensure that the bedroom was freshly painted and decorated. They said that when their relative moved into the home, the maintenance operative was there and ready to put up any shelves or photo frames they may want. One person explained, "I have been able to get my room just the way I want it. If I want I can have it repainted and I can choose the colour."

The environment was designed to support people's needs. The main corridors had colourful and tactile wall displays. There were memory boxes outside of each bedroom, these included pictures depicting the person's interests, or of significant memories and people of importance to them. These help people to reminisce, but to also identify that the bedroom is theirs when faced with a corridor of bedroom doors. The doors were painted in high contrast colours and the handrails contrasted to the walls. These features can help those with visual and cognitive impairment to orientate and navigate around the home.

Relatives and visitors praised the staff team for how they utilised their knowledge and experience to deliver a high standard of care. Two relatives told us about highly emotive situations, where the staff team and registered manager provided pro-active support that went above and beyond their expectations. One relative explained, "They're absolutely brilliant here, they're very watchful and observant. When [relative] was admitted to hospital due to collapsing, the staff picked up on the problem and dealt with it immediately. [Relative] needed very careful management because of low sodium levels, the staff monitored their bloods and restricted fluids very well." The second relative told us, "The [registered] manager knew how to make things happen when [relative] came here from hospital, she dealt with it all and sorted out the funding, preventing [relative] being moved to a winter pressures bed elsewhere, which we didn't want. She was able to do that for us. The [registered] manager makes sure that things are sorted out, if ever something isn't right, she will act on it and you know it will be done."

The dining experience was personalised to the needs of different people. Staff used their creativity to support people's wellbeing. They had observed that some people were experiencing periods of distressed behaviours at a similar time of the day. They introduced an earlier evening dining time, and described it as a "tea party", with finger foods, snacks, and buffet options. A staff member told us that this had resulted in "a dramatic reduction in distress." The registered manager told us, "People were so relaxed, I couldn't believe the difference. All those behaviours had gone, just through that change in the evening meal time."

There was positive feedback from people about the food and drink options available. One person told us, "There's plenty to eat, a lot of choice, in fact I'm putting on weight because I enjoy the food so much. I've always got a drink in reach, they make sure of that." Other comments included, "On the whole, the food is very good." And, "The food is lovely, and oh yes there is plenty." Relatives told us that the staff were proactive in catering for their family member's dietary requirements. One explained, "[Relative] is dairy free and without us asking, on their own back, they have put this little fridge here for her to have her own food supply and they've provided individual portions of jam, to prevent the risk of having jam from a jar which might be contaminated with butter." Another relative explained that their own dietary needs had also been accommodated. They said, "I ate here on Christmas Day with [relative]. I am gluten free and they catered for that, they made me a special pudding, which was very nice."

Good

# Is the service caring?

## Our findings

People spoke with appreciation about the kind and caring approach of the staff team. People's comments included, "The staff are all very kind, they also do extra things for me, such as get me bits of shopping." Also, "It's lovely here, everything about it, especially the staff who are very kind." And, "I am very happy, the staff are friendly and chatty, and I get on well with all of them."

Relatives told us about the warm and considerate nature of the staff team. One relative said, "The staff are absolutely brilliant, and one thing you notice is the hugs. They often hug people and will give [our family member] a kiss on the cheek, which I think makes [family member] feel loved." Another relative said, "It's not at all unusual to see the staff sitting with someone who is agitated or upset. Just holding their hand or talking to them quietly or hugging them and calming them. That's normal. They are warm and loving." A different relative explained, "The staff are busy, and it can be noisy here, but they balance that with quality time. You often see staff sitting with people, giving them one to one time."

Staff supported people's emotional needs. We observed that one person was upset when their visiting relative had left. They were shortly joined by a staff member, who was kind in their approach and quickly was able to make the person laugh and smile. They discussed the person's family member and family pets, they clearly knew the person well and how to cheer them up when upset. We also observed another person to be upset. A staff member noticed this also and quickly went to speak with them, asking what was wrong and listening to the person's concerns before reassuring them.

We observed kind and patient interactions between people and staff. One person became upset and left the room, saying they didn't know what was wrong. They were quickly joined by a member of staff who could be heard offering to help the person in a gentle and calm manner. Another person asked a member of staff if they could stay another night. The person lived at the home but had short term memory loss. The staff member kindly said, "Of course you can stay with us, we love having you here."

People had life history information recorded in their care plans and staff knew people's backgrounds. Staff spoke fondly about people having served in the military or having worked as a teacher and other professions. They understood that people's backgrounds could contribute to behaviours, personality traits, and interests. One person had worked as a teacher and was invited to spend time doing observations of staff.

People's privacy was respected, and staff spoke to people with respect and dignity. We observed a staff member discretely helping a person to reposition their pop-socks, and to find their misplaced shoe. We saw staff knocking people's doors and introducing themselves when they entered. One staff member told us, "To ask someone if they need to go to the toilet, I would ask them as quietly and privately as possible." They also said, "we ask people if they would like their medicines in their room or in here [the lounge], especially if the person needed insulin."

Relatives told us how welcomed they felt when visiting the home. One relative explained, "I am part of the

family, that is what it feels like when I come here to visit. I can't fault the staff team at all." Another relative explained, "Sometimes the manager takes me home, as it costs me a lot to get here and that helps me a lot. I appreciate it." We saw people spending time with their relatives in the quiet dining areas, and people regularly went out with their relatives for lunch and shopping.

One person had brought their pet cat with them when they moved into the home. We observed a different person singing to and stroking the cat, while it lounged across their lap. The person was smiling broadly and clearly enjoyed the comfort the cat brought them. Other people were visited by relatives who brought pets in from home.

We saw that people were supported to maintain their appearance. One relative told us, "[family member] is always clean and tidy, clean shaven, that helps him keep his dignity." Another relative said, "I know [family member] is treated with dignity, by the way staff support them to be dressed." People could attend the in-house hairdressing salon if they wished.

People could choose where they wanted to spend their time in the home. When we first arrived at the inspection, a person was sat with the receptionist, welcoming visitors from behind the reception desk. Where possible, door locks for different units in the home had been de-activated, to allow people more freedom and independence. We saw different people using the lifts to travel to different areas of the home. One person was visited by their husband and they spent time in the 'terrace restaurant' in a different area of the home. The registered manager spoke about wanting to encourage people to feel a sense of freedom within the home.

The home had received compliment letters, emails, and cards. These thanked the staff team for the care and support they provide.

Good

# Is the service responsive?

## Our findings

There was a team of activities staff who worked at the house and the nursing home. We observed an activities session where people were engaged in discussion about Hampton Court Palace. This was led by an activities coordinator who showed photographs on the electronic tablet to further the conversation and engagement. One activities coordinator explained that they planned the activities for the month. They told us this was done by speaking with people about what they like and to gain their feedback. The activities programme included music and movement sessions, visits from musical entertainers and a regular religious service. During the inspection we also saw people receiving hand and shoulder massages.

The activities coordinator spoke to us about respecting the different ways people communicated their feelings and feedback. They told us, "If a person is non-[verbal] I see how they answer, the way they say it, their body language, different signs, sometimes I can then gauge how they feel about an idea." They explained that when planning activities, they also considered people's life history documents.

Staff were knowledgeable about people and knew their interests. They knew who liked to attend group activity sessions and who enjoyed their own company, or one to one sessions. The activities coordinator explained that some people, "like to do a lot, whereas others are more reserved." They also told us that one person, "does not like to do too much activity, I found this out by chatting and that one-to-one time is enough for what she wants." One staff member told us about another person who, "liked his own company and enjoys times of solitude." One person explained, "I like it when the dogs come in, they wag their tails and are very affectionate. I don't get involved in much of the other stuff, as I like to be in my room and with my family when they visit."

Activities attendance was recorded. People had diaries outside of their bedrooms, where activities staff wrote if the person had attended the session or not. Some people were very social and had lots of records of attendance, including entries such as, "[Person] joined us for the Christmas singing today and rather enjoyed it." Attendance was monitored by the activities staff, to reduce the likelihood of people experiencing social isolation. The registered manager explained that mornings are at risk in care homes of being task focussed, and they wanted to avoid this where possible. They told us that they had introduced a "10.45 group" and explained that this was at 10.45am each day, where staff were to focus on social interactions. These included quizzes, sensory time, games and creative activities. The activities were not based solely on a set programme.

People told us their choices were respected. One person told us, "I like to follow my own interests, the TV, music, drawing or colouring. I do join in the activities sometimes, when I want to and when it interests me." Other people told us about different choices they were supported to make. Their comments included, "I can decide when I want to get up or go to bed, the staff do ask me and listen to me. They help me when I want help." Also, "I can ask for a shower, or a wash or a bath, and it is up to me and how I am feeling."

Prior to moving into the home, people were assessed by either the registered manager or deputy manager. The registered manager explained, "That way, from the beginning we know that person. I know their family,

we have made that relationship. [The deputy manager] will always discuss with me about any new admissions." The assessment process ensured that the home would be able to meet the person's needs and provide them with the necessary care.

People's emotional and communication needs were assessed, and plans were in place to support their wellbeing. In the wellbeing care plan for one person, there was detailed guidance for staff to follow when the person became agitated. Staff were instructed to "ensure they do not agitate him further by repeating requests." And that they should "use the withdraw and return method."

People's relatives said that they were kept up to date if there were any changes. One relative said, "I know they'll do what they need to do to help [relative] and they'll always tell me if there is a fall or injury."

Where complaints had been received, these were investigated and responded to appropriately. We had received one complaint anonymously to CQC relating to night time care and the quality of the food. This was passed to the registered manager, who despite the lack of detail provided in the complaint, still investigated as thoroughly as possible. This was done through communication with the night staff and observations.

People and their relatives told us they would feel comfortable raising any concerns with the staff or registered manager. One person said, "I would know how to complain. [The registered manager] is very much around and about. I do talk to her and find her easy to talk to." Another person told us, "I've never had any problems, but if I did, I'd either tell my daughter, or talk to the manager." One person's relative explained, "There's no need to complain, but you can see [the registered manager] any time. She's available and any little things are always sorted out with whoever is on duty." People and their relatives explained that they had good relationships with the staff in different departments. For example, they would also feel comfortable speaking to housekeeping if there was a laundry query.

There were links with a local hospice, for staff to receive end of life training and support. The registered manager explained that the hospice had a link nurse who would visit the service when needed. They told us, "We do a lot of training [at the hospice], they do our training for syringe drivers and end of life care. We put in our own programme last year, which was also given to families as well as the nursing staff." The training manager explained that staff could receive accredited training in end of life care through the local college. We saw a poster in the care offices, promoting for staff to attend an informative learning session with the local undertakers and crematorium. This was for staff to learn more about the funeral process. Although nobody was receiving end of life care at the time of the inspection, we saw that there were best practice care plan examples available. This meant that when nursing staff were creating people's end of life care plan they had a detailed reminder of what should be incorporated and to direct staff in providing good care.

Good

# Is the service well-led?

## Our findings

At our previous inspection, in November 2017, we rated Well-Led as Requires Improvement. This was because audits regarding mental capacity documentation had not identified a shortfall found at the inspection. During this inspection we found that the required improvements had been made.

There were quality monitoring systems in place, these included detailed audits of the home. Areas audited included care plans, infection control, health and safety, as well as the dementia friendly environment. The registered manager maintained an overview of the audits and had chronological systems in place to ensure that audits were completed on time and available to review.

There was a registered manager in post and they were available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibility to share information and notifications with CQC and the local authority safeguarding team.

The registered manager explained that following the previous inspection, an action plan for improvements had been put in place. They said, "It was disappointing, but we had to move forward with it, move on and continue doing a good job. We did an improvement plan and followed it through. We will only continue to get stronger."

The staff team were motivated and invested in wanting to continually improve the quality of care. One staff member said, "The staff team are happy and much more motivated than ever before. The staff are now being innovative when problem solving and are quick at taking action when needed." The registered manager explained, "We have a good, stable staff group, a really trusting team. I have no qualms about going on annual leave as I work so well with the deputy manager. I love the dementia care here, and I think we have really moved well with this through the staff training and our overall approach."

We received positive feedback from people, their relatives about the registered manager and their leadership of the home. One person told us, "I have attended a meeting and found it very interesting and positive. I felt able to talk to [the registered manager] about things, she listens and is very supportive." People could tell us about the 'residents meetings' and felt that they would be comfortable contributing or speaking out if they needed to.

People's relatives told us they would recommend the home. One relative told us, "As soon as we came here, we knew it was the one. The staff were so friendly and welcoming, and the manager has been amazing. The manager has given us so much help and support." Another relative explained, "I recommend the home, a friend of mine is looking at the possibility of bringing their family member here because of the way I talk about it."

Staff told us they felt supported in their role. Staff in different roles told us they felt they could go to the registered manager if they had any concerns. Care staff explained that they felt leadership at all levels within the home were supportive and responsive. Staff attended meetings and told us that if any areas for improvement were raised, action would always be taken.

When recruiting for new staff, the registered manager considered people's needs in that unit of the home, as well as the staff team dynamics. They told us, "There are five very different units, and the people are also very different. I interview and look at where staff would fit best with the people they would work with and the people they would support." In doing this, they could foster the right culture within the staff team, ensuring they could meet people's needs accordingly. They told us that "with a staff team this big, you can't let problems fester", and any problems between staff were addressed with immediate effect. This was to prevent any negative impact upon the culture within the home.

The registered manager maintained an up to date knowledge of what was happening within the home. They explained that this was done through working closely with the nursing staff and leading their clinical governance meetings. They understood different people's conditions and need's and we observed them communicating with each person they met in the home, with a natural rapport. People also chose to go and spend time with the registered manager, either visiting them in their office, or socially. The registered manager explained that they were going to the local pub for lunch with a few people in the week following the inspection.

The registered manager was proactive in ensuring they remained up to date with their knowledge and skills. They explained that they maintained their nursing registration and also worked closely with the GP and Care Home Liaison nurses, as well as learning from the staff team. To share knowledge and learn from others, the registered manager attended networking opportunities.

Staff success was celebrated, and staff were encouraged to develop their skills and knowledge. We observed three members of staff being presented with their certificates and a gift of appreciation from the management team for completing their training. This was done before lunch was served, so people could join in with the celebrations. We saw people presenting staff with flowers and there was a joyous atmosphere throughout the dining room. The provider, and management team were present, as well as staff from different departments. This contributed to staff feeling valued and knowing that their commitment to their ongoing development was appreciated.