

W J Yapp Bequest

Derbyshire House Residential Care

Inspection report

Derbyshire House
Station Road, East Leake
Loughborough
Leicestershire
LE12 6LQ

Tel: 01509852531

Website: www.derbyshirehouse.org.uk

Date of inspection visit:
08 January 2019

Date of publication:
15 February 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We inspected Derbyshire House Residential Care on 8 January 2019. This was the provider's first rated inspection since its new registration in 2017. The service 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.

Derbyshire House Residential Care is registered to provide personal care and accommodation for up to 31 adults, including people living with dementia. On the day of our inspection there were 31 people using the service.

A registered manager was in place and was available during 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 service clearly demonstrated the characteristics of providing excellent care in how it was responsive to people's needs and in the leadership of the service. People were at the heart of the service and staff were clearly committed and compassionate, striving to provide excellent care at all times. The registered manager had developed innovative ways of involving people in how the service developed and was a part of the local community.

People received care that respected their privacy and dignity. Staff were knowledgeable about people's needs, routines and preferences and encouraged independence. Staff were also aware about people's social history and pastimes, and the significance and importance of this in how people spent their time. Staff were compassionate and highly committed to their work and went above and beyond in providing good quality care.

Information about independent advocacy services was available. The service also employed an independent person referred to as a 'worry catcher' who visited people to act as an independent advocate. This role had extended to include a staff member employed within the service.

Staff had information to support them to understand people's needs, preferences and diverse needs. People received excellent opportunities to participate in a variety of social and recreational activities and opportunities. These included activities important to people and supported interests and hobbies. The service had many animals that lived at Derbyshire House Residential Care and people enjoyed their company and got great comfort and joy from their presence. People received opportunities to participate in their local community. The registered manager had also developed positive links with organisations and encouraged and welcomed their contribution and involvement in the development of the service.

People received excellent end of life care where they were fully supported in how they received care and

support at the end of their life. People's wishes were respected and met, staff showed great compassion and respect in how they provided care at the end of a person's life. The service followed the Gold Standard Framework in end of life care and had been recognised by external healthcare professionals for their continued commitment in providing excellent end of life care. The service also had a commitment in providing excellent care to people living with dementia. Great thought and care had been given to providing a stimulating living environment that enabled people to reminisce. Staff had completed specific training in dementia care by a well-recognised training organisation and had fully embraced the culture and approach in how care was delivered.

The provider's complaints policy and procedure had been made available to people who used the service, relatives and visitors. People, relatives, staff and professionals were positive about the service provided and how the registered manager led the service. People received opportunities to feedback their experience of the service and the provider acted to make changes to feedback received. The provider had systems and processes in place that monitored quality and safety, senior leaders visited the service to enable them to have oversight of the service provided.

People were protected from abuse and avoidable harm as far as possible, because staff used the provider's safeguarding policies and procedures to inform their practice. Staff had also completed safeguarding refresher training, to update their knowledge and were clear about their role and responsibilities. Risks associated with people's individual needs, including the environment were assessed, planned for and regularly reviewed. Where accidents and incidents had occurred, the registered manager completed a significant events analysis, to ensure lessons were learned and shared with staff to mitigate further risks.

In response to a clinical commissioning group (CCG) infection control audit in 2018, improvements had been made to the management of the prevention and control of infections. This also included how the service maintained cleaning and hygiene standards. The environment and equipment was found to be clean and staff followed best practice guidance, in the prevention and control of infections.

People were supported by sufficient numbers of staff that were deployed appropriately, to meet their individual needs. This included consideration of staff skill mix and experience. A dependency tool was used to determine the staffing levels required and this was regularly reviewed to ensure staffing levels were flexible and responsive. Additional staff were always provided to support people when they were at the end stage of their life. The provider had robust safe staff recruitment procedures to ensure as far as possible, staff employed were safe to provide care.

People received their prescribed medicines safely. Information used to provide staff with guidance of people's medicines prescribed to be taken 'as required' lacked specific detail. However, the registered manager took immediate action to address this. Staff responsible for administering medicines had received ongoing training and competency assessments, to ensure they continued to manage people's medicines safely.

Recognised assessment tools were used to assess people's needs and reflected current legislation. People's diverse needs were assessed to ensure they did not experience any form of discrimination.

People were cared for by well trained and competent staff. Staff received an induction and ongoing training and support to ensure their knowledge, skills and competency were safe and effective. Staff had undertaken additional training provided by external healthcare professionals who supported people living at the service. Staff were very knowledgeable about people's health conditions, they monitored people's needs and worked effectively with external professionals following any recommendations made to people's care.

People's nutritional and hydration needs were known and understood by staff. People received a choice of meals and drinks. Where people required support with eating and drinking, staff provided this in a positive and caring manner. People's meal time experience was a relaxed and social occasion.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved as fully as possible in their care. Monthly meetings were held with people to review their needs and the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were aware of how to protect people from abuse and avoidable harm. Risks associated with people's needs and the environment were assessed, planned for and monitored.

Sufficient staffing levels were deployed and robust staff recruitment processes were used.

People's medicines managed safely.

Accidents and incidents were acted upon and analysed to mitigate against further risks.

Infection control best practice guidance was followed and the service was clean.

Is the service effective?

Good 

The service was effective.

Recognised assessment tools were used in assessing people's needs. Staff received ongoing training and support and their competency was assessed.

The principles of the Mental Capacity Act 2005 were understood and used effectively.

People received support with their nutritional and hydration needs and choices of food and drink were offered and respected.

People's health needs were assessed and monitored and action was taken when changes occurred.

Is the service caring?

Good 

The service was caring.

People received care that met their individual needs and preferences. Staff were highly committed, compassionate and knew people well.

Privacy and dignity was respected and independence promoted as fully as possible.

Advocacy information was available and an independent advocate visited the service regularly. People were involved in decisions about the care they received.

Is the service responsive?

The service was exceptionally responsive.

Staff had detailed guidance about how to meet people's needs. People received opportunities to engage in social activities and opportunities that truly reflected their interest and hobbies and was meaningful to them.

The activity programme was varied and included local community engagement and was person centred.

Staff provided exceptional end of life care that was person centred and compassionate.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

People, relatives, external professionals and staff were extremely positive about the registered manager's leadership of the service. This included being involved in the development of the service.

The registered manager had developed exceptionally positive links with the community and continually strived to enhance the service people received. They had an innovative approach where people were at the heart of the service and experienced positive outcomes.

The provider had systems and processes to monitor the quality and safety of the service. An action plan showed the commitment in driving forward continued improvements.

Outstanding 

Derbyshire House Residential Care

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 comprehensive inspection took place on the 8 January 2019 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To assist us in the planning of the inspection, we used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought the views of the local authority and health commissioning teams, and Healthwatch Nottinghamshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection, we spoke with seven people who used the service, five visiting relatives and an external healthcare professional. We also spoke with the registered manager, the administrator, the cook, a housekeeper, two senior care staff, two care staff and a 'butterfly' staff member responsible for providing activities. We looked at the care records of four people who used the service. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the service ensured the quality of the service; these included the management of medicines, staff training records, staff recruitment and support, audits and checks on the safety of the environment, policies and

procedures, complaints and meeting records.

Is the service safe?

Our findings

People told us they felt safe living at Derbyshire Residential Care. A person said, "I feel safe as there is always someone around for me." A relative said, "We (family) have complete peace of mind that [relation] is safe and well looked after. They have really come out of themselves here."

People were protected from abuse and avoidable harm as far as possible, because staff used the provider's policies and procedures to inform their practice and this reflected current safeguarding legislation. Staff had received safeguarding refresher training and were aware of their responsibilities to protect them from abuse, avoidable harm and discrimination. A staff member said, "If I thought anything untoward had happened, I'd go straight to the manager they will always deal with things, they are brilliant. I've never had any problems with things not being dealt with. There are higher authorities we can go to, but we never need to."

People who used the service looked relaxed within the company of staff, this was apparent from their positive interactions and responses.

Risks associated with people's needs, including the environment had been assessed and planned for. People told us how staff managed any potential risks. For example, a person had a catheter in place and said, "They (staff) check my catheter regularly, but I only have to ask and it's done (emptied) without any fuss." We found staff were knowledgeable about the care required in the management of a catheter. This is important as people's can be at greater risk of infection that can cause illness.

Staff had guidance about the action required to manage any risks and we saw this information was regularly reviewed with the person, to ensure staff had up to date information. We found staff were knowledgeable and able to easily tell us about some changes to people's needs and this reflected written guidance. We also found where equipment had been identified to manage known risks such as mobility aids, pressure relieving mattresses and cushions these were in good working order. Assistive technology was also used to assist some people in reducing the risk of falls. Sensor alarms were used to alert staff when a person was walking around independently. People also had the opportunity to wear a personal pendent alarm used to request support and some people told us this was important to them. This meant people could be assured known risks were managed safely.

We saw how staff supported people with their mobility needs. This included transferring people from their wheelchair to a chair. Staff completed this safely, using best practice guidance and provided reassurance and explanation to the person.

There were risk assessments in place in relation to the risks people faced if they needed to evacuate the building in an emergency. Staff had access to the provider's business continuity plan that advised of the action required should there be an event that affected the safe running of the service. Health and safety checks included the risks to fire and legionella. This is a water based bacteria that can cause serious illness. This meant staff had information to support them in the event the safety of the service was compromised and measures to reduce risks from occurring.

The provider had systems in place to monitor accidents and incidents including falls. The registered manager completed a significant events analysis when an accident or incident occurred, this was to consider lessons learnt to reduce reoccurrence. We were aware of measures taken from lessons learnt, this included how people were supported in the community with their wheelchair and how a person was supported with hot drinks. We found staff were knowledgeable of the action required to safely manage these risks.

People told us they had no restrictions placed upon them. People had access to all parts of the service and could easily access a large safe and secure garden. People could access kitchenette areas to make additional drinks if they required.

People were supported by skilled, experienced and competent staff that were deployed sufficiently in meeting their individual needs. People and relatives were positive about staffing levels provided. A person said, "I never have to wait long if I need help, and I have my own alarm (worn around their neck) to call for staff."

The provider's PIR informed us how people's dependency needs were assessed and this was used to determine the staffing levels required. The registered manager also gave examples of how staffing levels increased to meet people's needs such as times of illness and when a person was at the end stage of their life. Staff told us staffing levels were sufficient and we found staff were attentive and responsive to people's care and support needs. The provider had robust staff recruitment procedures they completed when new staff commenced employment at the service. This supported the provider in making safe recruitment decisions.

People received their prescribed medicines safely. People were given a choice if they wanted to manage their prescribed medicines independently and risk assessment was completed when people wished to remain independent. A person said, "I self-medicate and keep it (medicine) in a locked drawer in my room. They (staff) check it (medicines) regularly to make sure it's all in order (and being taken as prescribed)." This meant the registered manager had a positive approach to managing medicines and risk management.

We found the management and administration of medicines followed national best practice guidance. This was in relation to the ordering, storage and returns of unused medicines to the pharmacy. Staff responsible for medicines had received training, including competency assessments and had a medicines policy that provided guidance. Staff had required information about people's medicines, including people's personal preferences of how they took their medicines. Guidance on medicines prescribed 'as required' lacked specific detail, but the registered manager took immediate action to address this. A sample stock check of medicines was found to be correct and the administration records confirmed people had received their medicines as prescribed.

The service was found to be clean and hygienic. The local clinical commissioning group completed an infection control audit in 2018 and had made recommendations to improve how infection control was managed. The provider had taken some immediate action such as changing the cleaning schedules and had identified a senior staff member to be the infection control lead. We spoke with this person and found them knowledgeable of their responsibilities. Further improvements had been added to the provider's overall action plan as a way of measuring progress of what was required, by whom and when. This demonstrated ongoing action was being taken to make the required improvements.

Is the service effective?

Our findings

The provider used best practice guidance and care was delivered in line with current legislation. For example, the provider used recognised assessment tools used in the assessment and monitoring of nutritional needs and skin integrity. This was supportive to staff in effectively managing and monitoring people's needs.

Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination.

People were supported effectively by staff. People were positive about staff's competency and understanding of their needs. One relative said, "Staff have a really good understanding of [relation's] health needs, but also what's important to them." Another person said, "Staff may joke with you, but they are always respectful and they are well trained."

Staff had received an induction that included the care certificate. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected from staff within a care environment. Staff also received ongoing training and support. In addition to training the provider had identified was required such as health and safety, fire awareness, first aid, moving and handling. Senior staff had also received additional training provided by external healthcare professionals. For example, this included wound dressing, and a bladder wash out (a technique used to flush out a catheter). Senior staff were positive about the additional training they had completed and felt this helped them to manage people's needs much more effectively. A visiting healthcare professional confirmed what we were told and spoke very highly of the staff's skills and competency.

Staff were positive about the support they received. This included opportunities to review their work, training and development needs. A staff member said, "The support and training is really good and senior staff and the manager, check your competency to make sure you can put into practice your learning."

People received a choice of meals and drinks that met their individual needs and preferences. People were positive about the menu available. A person said, "The food is good. I never go hungry." A relative said, "[Relation] needs a little encouragement to eat sometimes because of their dementia, but they (staff) always seem to have time to do that for them."

People's nutritional needs had been assessed and were known by staff. Some people required their food presented in a certain way, due to needs with eating such as having swallowing difficulties. Food moulds were used to present food in an appetising way, at the same time ensuring food met any swallowing needs. People's hydration needs were met with the serving of regular drinks and snacks and people also had access to drink making facilities. Where people required support from staff with eating and drinking, staff were seen to be organised and attentive to people's needs. Independence was promoted using adapted cutlery and crockery.

The menu was based on feedback from people and known preferences and was provided in a pictorial format to support choice making. Options included a vegetarian choice and considered any dietary needs associated with religious or cultural needs and preferences. Food stocks were stored and managed in accordance with best practice guidance. The local authority food agency inspected the service in 2018 and awarded a rating of five, this is the highest rating that can be awarded and confirmed what we found.

People's health care needs were assessed and monitored effectively and they were supported to attend health appointments. People were positive their health needs were understood by staff. A person said, "The care home organises checks on teeth and eyes. I have had a little niggle in my front lower teeth and I am due for an eye check, but I am sure they (staff) will sort that out for me." A relative said, "If [relation] needs the chiropodist, dentist, hairdresser, GP or district nurse, the home organises all that."

People's care records showed staff were responsive to fluctuations in people's health needs with input of external healthcare professionals such as the GP, dieticians, specialist nurses, opticians and chiropody. Staff used staff handover meetings to share important information with each other about people's health needs and appointments. The GP and community nurse visited the service weekly. They told us staff were always organised and provided detailed information, to assist them in supporting people's health conditions and needs.

The service participated in the red bag scheme, this is an NHS initiative that improves communication between care homes, ambulance and hospital staff in meeting people's health care needs. This is important in the ongoing care of a person.

The environment met people's needs. The service was spacious and bright with good use of signage to support people to orientate independently around the service. Flooring, lighting and layout of the environment was supportive to people with poor eyesight and mobility needs. Corridors had art works and features that people could enjoy and an interact with. People had access to a large and secure, well maintained external garden.

People were involved as fully as possible in their care. We saw how staff engaged with people ensuring they were involved in how they received their care and how they spent their time. Staff were polite and respectful in their approach and acted upon people's decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People's care records demonstrated where required, their capacity was assessed to determine whether they had capacity to make decisions. Where people had an authorisation to restrict their freedom and liberty these were without any conditions. Staff were clear about the MCA and the action required should a person be assessed as not having mental capacity to consent to their care. Relatives confirmed they were involved and consulted in best interest decision making. This meant people's rights under the MCA was understood and upheld.

Is the service caring?

Our findings

People received care from staff that were compassionate, kind and who knew them well. People, relatives and visiting professionals spoke positively about the approach of staff. A person said, "They (staff) take care of you here without being overpowering or cloying, so they never lose sight of who you are as a person. The staff get time to sit with us quite often, so you feel more like they are family." Another person said, "They (staff) love me like their own (family)." A relative said, "They (staff) really do treat Mum like they are their own Mum. They [relation] have been far more relaxed since living here." This reflected the relationships that had developed between staff and people who used the service.

Staff spoke about people with a great sense of respect and affection and this was also seen in the interactions of staff with people. A staff member said, "Residents are the most important, care is provided individually and at a pace comfortable to them. It's really important to get to know people and you do this by spending time with them." Another staff member said, "I treat people as I would my grandma, I'm so happy I can work here. Some days are busier than others, but I never feel we are rushed, we have time to spend with people."

There was much laughter, jovial exchanges and involvement of people in activities and discussions. This created a warm, friendly and relaxed atmosphere. Staff constantly held meaningful conversations with people, this included reminiscence of pastimes gone and about current events. Staff also shared information about themselves in an appropriate and meaningful way that showed people were treated as equals. People told us how staff made them feel as though they mattered. For example, a person said, "I got a present and a cake on my birthday. the staff are so kind to us all here."

The registered manager told us how Christmas was celebrated and how people were supported to spend time with their family on Christmas day. For example, 17 relatives joined their family member for Christmas dinner. Each person received an individual present in a Santa sack and breakfast served included bacon and brie sandwiches, Irish coffee and mince pies. Both the registered manager and administrator attended to help make this as enjoyable as possible for people. A person said, "Christmas was lovely. They (management) gave me a present. My favourite perfume." A relative said, "They (staff) invited us to eat with [relation] at Christmas, but we came for carols, mulled wine and mince pies instead so that we could all be here."

Staff used effective communication skills when engaging with people, this included good listening skills, picking up on non-verbal expression. A relative told us they were pleased in how staff communicated with their relation. Comments included, "[Relation] chooses not to wear a hearing aid, so staff have to take a bit more time and patience in communicating with them, but they do and they are always included, whatever they are doing."

Staff were seen to make sure people were comfortable and any requests for assistance were promptly responded to. A relative told us how their relation got upset when it was time for them to leave. They said, "Staff go out of their way to make sure [relation] doesn't get stressed when we leave and they create a nice

diversion and include them in something so that we can just slip away." We saw how staff supported this person as described to us. This showed how staff were sensitive and caring towards the person and thoughtful and supportive to the person's relatives.

People told us they had a choice of how they spent their time and this included the preferences of what time they got up and went to bed. A person said, "I had a bit of trouble sleeping the night before last, so the staff let me sleep in this morning. I wouldn't want to do it every day though."

People's meal time experience was a very positive, relaxed and a social occasion. Staff ate with people and were seen to facilitate meaningful conversations with people and provided encouragement and assistance. After people had eaten their meals, tea was served, people were seen to be relaxed and enjoyed each other's company. A staff member said, "We are encouraged to eat with the residents as it makes it feel more like family."

Staff told us how people had developed friendship groups. A person confirmed this by telling us how they often visited their friend in their bedroom or how they enjoyed tea together. People's independence was encouraged. A person said, "I really do please myself here. They (staff) know I like to get up around 8am and then to bed around 10.30pm, but if I want to go for a lay-down in the middle of the day, I can do that too. This is my home now and I still have some independence." A relative said, "It's good that the staff encourage [relation] to do as much as they can for themselves before asking if they can help them."

People received care and support that respected their privacy and dignity. A person said, "If my room door is shut, you can be 100 percent sure that they (staff) will knock before they come in here." Another person said, "Staff here are very kind and respectful. They know I like to get up at 8am and help me wash down and dress. Then I have breakfast in my room. Then they ask me what I want to do and take me there. Sometimes I visit my friend (resident) in her room and sometimes I come into the lounge if there is an activity I want to do. We have a good laugh most of the time here." Relatives were equally positive about how independence was encouraged. A relative said, "relation] has been very happy here and it's good that the staff encourage them to do as much as they can for themselves before asking if they can help them."

Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The provider also employed a 'worry catcher'. This is an independent person who visited the service once a fortnight and spoke with up to five people per visit, meaning within 12 months they spoke with a person up to four times. The registered manager told us due to the success of this role, in addition to the external 'worry catcher' they had plans to recruit a member of staff to also have this role. Following the 'worry catcher' visits, they provided feedback to senior staff who with the support of other staff, took any required action. Examples included, arranging activities important to a person and supporting people to maintain contact with their relatives and friends.

People were involved as fully as possible in their care. Relatives told us they felt involved in their relations care. People's care plans reflected people's individual needs and showed how their relative or representatives were consulted and involved. There were no restrictions on people's family and friends visiting them. A relative said, "I can visit anytime I like and they (staff) always have time to say hello and find out how I am, or let me know if anything has happened to[relation]."

People's records were stored securely to ensure their confidentiality. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and

processing of personal information of individuals

Is the service responsive?

Our findings

People received person centred, end of life care, that enabled them to experience care in a way that mattered to them and fully reflected their wishes. The National Gold Standards Framework (GSF) is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives. The service had accredited care home status in the GSF and was a recognised beacon. To achieve this, the service had to show innovative and established good practice of the frameworks standards. Staff had also received end of life care training and showed a very good understanding of how end of care should be provided. A staff member said, "We provide 24-hour support at the end stage of a person's life. All the staff treat people as family and we try and provide the best care we can."

A visiting healthcare professional described the staff's end of life care approach as, "Excellent. Very person centred." They also told us how staff had a commitment to ensure any person at the end stage of their life was never alone. This professional said, "I visited a person at the end stage of life at 8pm and found a staff member sitting with them holding their hand." The registered manager told us and staff confirmed, when a person was at the end stage of their life, they had continued staff support.

Staff showed great compassion, care and understanding of the importance of fully supporting a person in how they wished to be cared for at the end of their life. Whilst this included a plan of care that provided staff with guidance of what was important to the person for their physical needs, staff had a holistic approach. This meant consideration had been given to support all aspects of a person's needs including; body, mind, spirit and emotions. This was confirmed by a visiting professional who told how staff considered a person's 'whole needs'. This meant care provided was individual to the person.

An example was given of a person who had a love of horses, whose wish was to see a horse before they passed away. Staff arranged for a horse to visit which the person could see from their bedroom window. Staff told us of a person who enjoyed being involved in the running of the service and who also had interests in music and gardening. This person was nearing the end of life, but staff continued to support them to be fully involved in the activities they enjoyed and to voice their ideas and aspirations for the development of the service. Examples of their involvement of the service included music concerts that they held and designing an area of the garden, where they worked with the provider's handy man to achieve. This demonstrates how the service had an innovative, positive and a responsive approach to end of life care.

Staff had a positive approach to end of life and the celebration of life. This included the importance of developing opportunities for people to have memories of people that had passed away. For example, photographs of people who had lived at the service, but passed away were on the walls along a corridor, this helped people to recall happy memories. At Christmas people who had passed away that year, were remembered with a picture or initial baubles were hung on a memory tree within the service. Another example was how staff had arranged, with the support of the person's family, a memorial to celebrate what would have been the person's 100 birthday. The memorial included a service for people who used the service, the person's relative and staff. There was a buffet and fireworks and eulogy read by the church and the family reflecting on the person's life. Memory balloons were used and people had a glass of champagne.

The registered manager told us this helped the family with closure and helped the service remember the person. They added that this is something that they offered to all families as part of GSF and so far, three families had taken part.

The registered manager told us how they supported people through bereavement and the additional support that staff provided. This included supporting people to visit a loved one to say goodbye, arranging additional spiritual care and providing additional staff, to support a person at a time of loss. Staff had received many thank you cards and compliments from relatives, acknowledging their care and compassion shown towards their family members for the duration of their time at the service.

The service had also achieved the Dementia Quality Mark. This was awarded by the local authority for the high standard of care to people living with dementia. The service used a well-recognised and leading training provider in the care for people living with dementia, known as 'Dementia Care Matters'. Staff had adopted this model of approach and this was achieving positive outcomes for people. For example, separate communal environments had been developed for people to choose where to spend their time. People were also matched to a similar point of experience of living with dementia, to reduce stress and increase individual well-being. Staff used a 'butterfly' approach in their engagement with people. This meant staff had frequent short conversations with people, creating lots of positive moments of social interaction. We saw staff supported people in social activities, such as word games and reminisce opportunities and spent one to one time with people. Where people became distressed staff gave responsive and meaningful contact and reassurance. For example, a person repeatedly asked where their mother was, a staff member responded every time acknowledging the person's distress whilst giving them reassurance they were being cared for.

Staff were aware of people's past work history and for some people living with dementia, this was very important information for staff to be aware of. We saw a person folding towels as this domestic activity was part of their previous work and was important to them. Another person was seen to assist a staff member with taking the tea trolley around, they were seen to enjoy this activity from their appearance and presentation. Staff told us the person liked to do this as it was part of their role when they worked. These examples show how people were involved meaningful activities that promoted independence and self-worth.

The service had many animals and pets which included; two dogs, two cats, two rabbits, chickens and fish. A person said, "I like the dogs that come. I pat them for ages." We saw people spending time with the dogs, stroking and sitting with them and from their smiles, and conversation, it was clear they got great joy from this. One person told us how it reminded them of dogs they had previously. People had the opportunity to have any animals they had when they lived at home, move to the service with them. This showed great respect, compassion and sensitivity of the importance of the relationship between people and their animals.

Throughout our inspection, we saw people participating in different activities that were clearly important to them from their conversation and smiles. For example, we saw a person playing the piano, they said, "I love being able to do this, it takes me back." Another person said, "I enjoy the outings; I play dominoes and cards and have been to Skegness, the animal centre, the cinema and much more." A third person said, "The staff take me to the pub sometimes, which I like. It's nice to get out and do something normal. They know that here." A relative said, "They [relation] have more trips out than we do. (smiling)." A staff member said, "There is always something going on for people. It's important when you are stuck indoors all day. It's a happy place to be." This shows how staff had a person centred approach in the delivery of care.

During the inspection day we saw an external zoo visited. People had the opportunity to touch and find out about reptiles and small animals. From people's response, much laughter and enjoyment was seen. We also saw some people reading daily newspapers, others were involved in knitting and participated in arts and crafts and singing. Staff were very attentive and opportunities to engage in activities were continuous and if people chose not to join in this was respected. We saw a person doing a very large 1000-piece jigsaw which was in a special foldaway box so that they could go back to it when they wanted to. These examples showed how people received opportunities to engage in a variety of activities.

A weekly activity plan was on display to remind people of the activities available. A person said, "I have a list of activities on my bedroom door, but they (staff) also remind you if you forget to look at it. They know what I like doing and encourage me to try other things too. I have made friends doing that." A relative said, "[Relation] loves the animals that live here and often has one on their lap. It's comforting for them. They have even been on a trip to Skegness. I thought it would be too (a trip) long for them but they stopped often and made it part of the fun."

A hairdresser visited the service weekly and a hairdressing salon had been developed that replicated exactly a community salon. People were positive about this and told us they could also chose to have their own hairdresser if they preferred.

People's religious and spiritual needs had been discussed with them and the support they required. A person said, "There is a church service here every week and quite a few people go to that." Staff gave examples of the arrangements made to support people with different spiritual needs, this included visits from community religious faiths leaders.

People's care plans had been developed with them and their relatives where appropriate. People received opportunities to review these monthly with senior staff. Care plans provided staff with guidance on how to meet people's needs and what people's preferences were in the care and support they received. This included preferences to morning and evening routines. Staff told us guidance was detailed and supportive and kept up to date. A relative said, "The family are involved in [relations] care planning and reviews – especially when they had a recent chest infection. They (staff) even let us know about medication changes."

People's communication and sensory needs had been assessed and care plans provided staff with guidance of people's needs. For example, the support required if a person used a hearing aid or glasses. Printed information was also provided in large font if required. This meant the provider had considered the requirements of the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

People had access to the provider's complaint procedure and were confident to raise any issues or concerns. A person said, "If I wasn't happy with anything I would talk to one of the seniors. They are the ones who sort things out." Another person said, "It runs well here. I have no complaints at all."

The registered manager told us they had not received any complaints and any minor concerns were responded and resolved immediately.

Is the service well-led?

Our findings

The provider had a clear set of values that supported the vision and culture of the service. This included delivering high-quality, person centred care that supported ongoing learning and innovation. People, relatives and visiting professionals were very positive and complimentary, about how the registered manager led and managed the service. This included the positive approach and dedication of the staff team. A relative said, "Management is excellent and on the ball." Another relative said, "I honestly think the ethos here could and should be, replicated in many other care homes." A third relative said, "It's just a special place." People told us they felt important. A person said, "You can tell from the presents you get (from the service) on your birthday and Christmas that they have given some thought to them."

The registered manager showed a great commitment in involving people in the development of the service. This included involving and consulting people when new staff were employed. For example, before staff completed their probationary period, people who used the service were invited to give their feedback on the staff member's performance. This feedback was considered by the registered manager before offering any staff member a permanent position. This demonstrated how people were treated as equals and valued, and how there was an open and transparent culture within the service.

The registered manager led a highly committed and motivated staff team that fully embraced the provider's principles and core values. For example, all staff spoken with were positive about their work and showed great respect and empathy towards the people they cared for. They were seen to be highly motivated and their engagement with people was one of mutual respect. A staff member said, "I used to work at another care home and it wasn't a patch on this one. I love it here and really look forward to coming to work. They (people who used the service) are like family." The comment about 'family' was frequently repeated by staff, people who used the service and relatives. This reflected the approach and principles set out in Dementia Care Matters of the deliverance of feelings based care, this had become standard practice within the service.

The registered manager worked closely with the local community and had formed very positive links that had achieved positive outcomes for people. For example, children from the local nursery and primary school visited the service where the children spent time with people and performed singing and acting. A relative praised this and told us of the impact this had on their relation. They said, "They (service) have nursery children coming in, which [relation] loves as their grandchildren are older."

The registered manager approached the local school to design a garden area. The children had fun creating their designs and people who used the service judged the winner, whose design we saw was in the process of being built. This showed a great commitment and positive approach to social inclusion.

Placements were also offered to young people completing their Duke of Edinburgh award (a youth vocational awards programme). Also to The National Citizen Service (a voluntary personal and social development programme for young people). These students had designed a mini golf course in the garden that was also being developed. The local community were also invited to attend Summer and Christmas events. Local businesses and community residents were also listed in the business continuity plan, of their

offer to provide help in times of crisis. These examples show an innovative approach to social inclusion and how the service was truly part of their local community.

The service had achieved the silver award with Investors in People. This is an award that recognises outstanding management, communication and training within businesses and organisations. This demonstrated the provider's commitment in the development of the service.

The service was also recognised by the Cinnamon Trust a national charity for the care of animals. The service showed a great commitment and importance of the involvement of animals in the life of the service. In addition, the service was registered with the National activities providers association (NAPA). This is an umbrella organization that connects, signposts, encourages and motivates anyone with an interest in lifestyle, well being, life, love and laughter in the care sector. This demonstrated the registered managers commitment in providing high quality care that supported people to lead active and fulfilling lives.

The registered manager told us how they had recently completed additional leadership training with a well known recognised training provider, to develop their leadership skills. The registered manager said, "I have learnt so much from this training and my approach is not to manage, but to lead the staff team. We very much work together." This approach involved recognising staff's skills and interests, and utilizing this by giving staff additional responsibility. Staff spoke positively about working for the organisation and how the registered manager was always available, supportive and approachable. A staff member said, "We are very much involved and valued, the manager encourages us to take on lead roles which makes us feel important, we work really well as a staff team." Staff were clear about their role and responsibilities and we found them well organised, this included having good communication systems and practices to share information.

As part of the provider's quality assurance checks, people who used the service, relatives, staff and external professionals were invited to share their experience of the service by completing feedback questionnaires. Results from feedback received in September 2018 showed the action taken to improve people's meal time experience. This included a review of the menu and the layout of the dining tables. Meetings were also arranged on a regular basis as an additional method for people to share their views about the service. In a recent meeting a person expressed that they did not like the carpet in the large lounge and thought it looked old and worn. The registered manager supplied samples of carpets and people chose one which was fitted before Christmas 2018. People also expressed that they did not like the takeaway meals now and asked for them to be reduced for a while which staff had respected and put on hold. This demonstrated how the provider acted upon feedback received.

The registered manager made positive efforts to keep up to date with current research and best practice, examples were given about attending forum meetings, receiving newsletters and updates and alerts from NHS, the local authority and CQC. The registered manager told us they used this information to review the service provided to make sure it met standards and legislative changes. They also said, "Attending forums and managers meetings with other homes, helps us to constantly strive to better our practices and we use feedback from anyone involved with the service and use criticism as a tool for improving practice."

The service had submitted notifications to the Care Quality Commission that they were required to do and had policies and procedures in place to support and inform staff of standards they were expected to work to. The provider's trustees visited the service on a regular basis and met with people who used the service and relatives as part of their responsibility to review the quality and safety of the service. This also included a review of the system and processes the staff completed to monitor the service. An improvement plan was in place to continually drive forward improvements and this showed there was clear oversight and

accountability of the service by the registered manager and provider.