

Bupa Care Homes (BNH) Limited

# Arbrook House Care Home

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### Care service description

Arbrook House Care Home is a care home that provides care, support and accommodation for a maximum of 42 older people some of whom are living with dementia. 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. At the time of the inspection 41 people were living at the service.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence supported the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We found the service had improved in the Caring, Responsive and Well Led domain.

### Why the service is rated outstanding

Staff and the management team took great steps to ensure that people and their families were at the heart of the care they provided. People were treated as individuals whose life and experiences mattered to the staff. The manager and staff went out of their way to ensure that people and their relatives were comforted and looked after in a kind and compassionate manner. People were treated with dignity and respect. People and relatives were at the centre of decision making about their care.

Staff at the service went the extra mile to find out what people had done in the past and evaluate whether they could accommodate activities that were important to people. There were a range of activities available within the service and within the community. Staff ensured that people's lives that were near to the end were provided with care and compassion and that people's last wishes were provided where possible. Complaints were used as a way of improving care to people.

The service had a strong, visible person-centred culture and was exceptional at helping people to live their lives to the fullest. People, their relatives and staff told us the registered manager and all of the senior staff were supportive, valued their input and ensured that they were included in any changes to the service provision. The registered manager and senior management took a personal interest in people and knew them well. The registered manager worked in partnership with people's families and outside organisations to improve the care and support people received. The registered manager had systems in place which monitored health and safety and the quality of people's support. The systems were responsive and had led to changes being made. The registered manager was proactive with regard to how people's support could be improved.

People told us that they felt safe and secure with staff at the service. Staff understood risks to people's care and what they needed to do to reduce the risks of injuries to people. Staff had received training in how to safeguard people and what they needed to do if they suspected abuse. Before staff started work checks were undertaken to ensure that they were suitable.

The provider had procedures in place ensure people remained safe in an emergency. Staff understood what they needed to do to prevent the risk of infections to people.

People were supported with their health needs including nutritional and hydration needs. When people were at risk of dehydration and malnutrition this was managed well by staff. Staff worked well together to ensure appropriate care was delivered. Staff understood the principles of the MCA and what they needed to do if they suspected a person lacked capacity. People's consent was gained by staff before they delivered care.

Staff received appropriate training and supervision in relation to people's needs. Clinical support was provided to staff and where health care professional advice was sought staff followed their guidance.

People's needs had been assessed both before and after admission to the service. Care plans reflected people's needs and preferences. Care plans were evaluated regularly so they contained information about people's current needs. The environment was set up to meet the needs of people so that they could live safely.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Outstanding ☆

The service was exceptionally caring

Staff went above and beyond to ensure that people were treated with kindness and compassion. Friendships developed between people and staff and the focus from staff was on ensuring that people's and relatives emotional as well as personal needs were being met.

People felt that staff always treated them with dignity and respect and we saw that this was the case.

People were able to express their opinions about the service and were involved in the decisions about their care. Care was centred on people's individual needs.

### Is the service responsive?

Outstanding ☆

The service was highly responsive.

Exceptional care and support was provided to people when they were reaching the end of their lives.

People enjoyed activities and these were personally tailored to match people's preferences and the abilities of people so that their engagement in activities promoted a sense of well-being and had positive outcomes for them.

People and relatives were actively involved in their care planning.

Systems were in place to manage and respond to complaints to improve standards of care.

## Is the service well-led?

Outstanding 

The service was exceptionally well led.

People, relatives and staff were valued by the registered manager and the leadership team were motivated and dedicated to provide excellent care to people. The service was led with an open and inclusive management style that evaluated its success based on people's experiences of care.

Systems and processes to monitor the service were focussed on people's experiences of care and improving outcomes for them. People, their relatives and staff were actively involved in developing the service.

Governance arrangements that were in place ensured that people received good standards of care.

The service worked in partnership with other agencies to ensure that people's care was provided to a high standard.

# Arbrook House Care 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 site visit took place on 9 January 2019 and was unannounced. The inspection team consisted of three inspectors.

Prior to the inspection we reviewed the information we had about the service. We used information the provider sent us in the Provider Information Return. 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 reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law. We also gained feedback from six health care professionals before the inspection.

During the visit we spoke with the regional director (and other members of the senior management team), the registered manager, eight people, one relative and 11 members of staff. We looked at a sample of five care records of people who used the service, medicine administration records and training and supervision. We reviewed records that related to the management of the service that included minutes of staff meetings, surveys and audits of the service.

# Is the service safe?

## Our findings

When we last inspected Arbrook House we concluded the service was safe and rated it Good. Following this inspection, we found the service was still safe and our rating remains Good.

We asked people whether they felt safe at Arbrook House. One person said, "I feel safe and secure." Another told us, "I can't fault the care here, I was nervous at home but here I am looked after. I feel safe." A third said, "I've never felt unsafe here."

People were protected from the risk of abuse. Staff were aware of the responsibilities to protect people. One member of staff said, "Safeguarding is the prevention of abuse, and making sure that the rights and dignity or people are protected and we are accountable for our actions." Another told us, "There is training in place (re. safeguarding). Nothing inappropriate has ever happened in this home that I know of. The manager would take it very seriously." Staff had received training and there was information around the service reminding them of their duties to report concerns. People were also regularly spoken to about who they could speak to if they had any concerns.

Risks to people had been considered and actions were in place to mitigate them. Staff understood what the risks were and action they would take to ensure people's safety. One member of staff said, "I need to ensure that the residents are protected, and at the same time we are doing our job correctly." Where people were unable to use a call bell, staff checked them at regular intervals to ensure they remained safe and did not need anything. Where people were at risk of developing pressure sores appropriate equipment was in place. Checks were completed to maintain a safe environment. Personal emergency evacuation plans (PEEPs) were written to help ensure people continued to receive the care they needed in an emergency.

Where accidents and incidents occurred, staff responded appropriately to reduce further risks. For example, where medicine errors occurred this was discussed at team meetings and further training provided where needed. Where people had fallen they were referred to the falls clinic to review their mobility. The registered manager reviewed all accidents and incidents to look for trends and actions were taken to prevent reoccurrence.

There were appropriate levels of staff to ensure that people received care when needed. A relative said, "I've never thought there's not enough staff here. I sometimes come down to find a nurse and reception always gets someone to come right away." People's dependencies levels were reviewed regularly by the registered manager and staff levels were determined in line with this. One member of staff told us, "We always ensure that there is enough staff. We can't prevent people going off sick, but we're flexible and we've got a brilliant staffing team so we're lucky." Another told us, "If someone (staff) is sick the managers get involved if they need to. The agency are regular so they know people." We saw that when call bells were used staff responded immediately.

The provider continued to operate effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS

checks are carried out to confirm whether prospective new staff have a criminal record or are barred from working with people using care services.

We observed that the home was clean with no clutter. There were signs up reminding staff to wash their hands. We saw that soiled laundry was kept separate to non-soiled washing to prevent the risk of cross infection. Staff wore gloves where appropriate and washed their hands frequently. One health care professional told us, "I always find Arbrook House a bright and clean environment."

Medicines were managed in a safe way and people told us that they received their medicines when needed. There were medicine rooms located on each floor. Medicine that required to be kept in the fridge were stored in the fridge. Daily temperature of the fridge and room were recorded. For those people who were diabetic, staff monitored their blood sugar before the administration of insulin. Body maps were used to ensure that alternate sites were used when applying medicine patches. Staff told us (and we confirmed) that they had medication management training annually and medicine competencies. When applying cream there were body maps to indicate where the cream should be applied.

## Is the service effective?

### Our findings

When we last inspected Arbrook House we concluded the service was effective and rated it Good. Following this inspection, we found the service was still effective and our rating remains Good.

Assessments of people's needs took place before they moved in to the care home. This was to ensure that their needs could be met. One health care professional told us, "He [the registered manager] takes the time to listen to their [people's] questions and establish their care preferences." The assessments were comprehensive and covered all physical and psychological needs as well as people's safety, health, wellbeing and social needs.

Health care professionals were consulted regarding the ongoing care for people. One health care professional told us, "There is continuity of care as the staff here will pick up the phone to the hospice and follow up their advice." Where advice was sought from health care professionals staff incorporated this into the care being delivered. We saw from care plans that people had access to support from health care professional that included the local hospice, GPs, the SaLT team (Speech and Language Therapy Team) and occupational therapist. One member of staff said, "We do have people with some complex needs here so want to ensure all carers have knowledge of the issues and needs that people have, especially new care staff." A relative said, "[The family member] has better access here to health services than she did at home in the community."

Staff had the skills and experience required to provide the most appropriate care to people. One relative told us, "[Staff are] truly excellent. One of the best homes I have ever encountered." Staff received regular updated training and supervisions with their manager. Nurses were provided with clinical support by the service clinical leads. Nurses underwent three monthly meetings, as well as group supervision if there's any issue to be addressed. One health care professional told us, "I find the nurses at Arbrook always very on the ball about their patients and they seem to diarise visits in so they can accompany you to see patients which is really helpful."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We saw the service continued to work within these principles. There was evidence in people's care plans that assessments of people's capacity had been undertaken and a record of a best interest decision.

People were supported with their nutritional needs. People told us that they liked the food. One person said, "The food is good, everything is good." Another person said, "The food is very good here. Don't think I could do better." We saw during the lunch that people who were cared for in bed were served their meal first. The

dining room was large but with smaller tables that were set nicely. The lounge and reception had drink dispensers available and we saw people accessing these. Staff were aware of people's dietary needs. Where people were at risk of dehydration and malnutrition appropriate measures were in place to monitor this.

The adaptation of the environment was set up to meet the needs of people. One person told us, "I have a lovely room and outlook. I can go outside in nice weather." Another person said, "I like to walk about and I can find my way easily." People's rooms were personalised and individual. Rooms had adapted en-suite shower rooms. Special beds and pressure relieving mattresses were in place for those who needed them. Where required, bed rails and pressure/falls mats were in place for people. One health care professional told us, "There are long clear corridors with available hand rails to safely practice walking."

Staff worked well as a team to provide effective care to people. There was a handover every morning with nurses and care staff. Staff ensured that any changes to people's needs were mentioned and known about. One member of staff said, "When I'm not here for a few days I get a handover from a nurse. I catch up with the care staff and talk to people too." Another member of staff said, "We have good relationships, we all work together." A third said, "We support each other. It's a positive team and one thing I like about working here is that they are all people orientated."

## Is the service caring?

### Our findings

Staff and the management team were able to build considerate and caring relationships with the people they were supporting. Without exception, people were complimentary about the caring nature of the staff. One person said, "The best thing is the people who work here, I get on with all of them, they talk to me and I feel special." Another person said, "Staff are so caring. They find out about me and what's important. They see me as a human being." A third told us, "They [staff] have been so wonderful to us."

One health care professional told us, "Staff present as warm and welcoming, they stop to say hello and smile." Another said, "My personal experience finds that all members of staff are helpful, polite and friendly. Time is taken to get to know each resident as an individual. They are treated with respect and dignity and their emotional wellbeing considered."

Staff were highly motivated in ensuring that the care and support provided was of an exceptionally high standard. For example, one relative wanted to renew their wedding vows with the person living at the service but was having difficulties organising this. Staff arranged for the ceremony to take place at the service and invited both 'bride and groom' to hen and stag parties. The person told us, "We couldn't have asked for a better day. It was incredible." The relative told us, "What staff did was incredible. I couldn't believe it. Staff mucked in and it was wonderful." We could see from speaking with them how much this had meant to them.. Another example was one person frequently talked about the home that they lived in and often mentioned how much they would like to see it again. The registered manager contacted the new homeowner and arranged to take the person there for a visit. The homeowner also invited around some of the neighbours that the person knew. We spoke to the person about this and what it meant to them. They said, "I wept, it meant such a lot. I had to see it [the house] for one last time."

Staff were particularly sensitive when people needed compassionate support. For example, one person had a particular faith that was very important to them. They carried a small cross that they had lost. The registered manager, in their own time, had carved a new wooden cross for them made out of olive wood [the person's favourite wood]. When we arrived at the service the person showed us this cross. They told us, "I carry it every minute with me. This is beautiful. Its respecting my religion." There were regular church services held for people to attend. Another member of staff noticed that one person had stopped reading books as their sight had deteriorated. Once off duty, the member of staff took time to visit the person in their room to read books to them. One relative had become unwell and was not able to visit the family member at the service. Staff kept in constant contact with the relative, delivered shopping to them and provided meals to them. Staff also relayed messages between the person and their relative. The relative fed back, "Thank you and your team for the help you have given over the last few months...this meant that we were only separated by distance but able to keep in touch which meant a lot to us both."

Staff cared for people in a way that exceeded expectations. One person had played the violin their whole life and had played in orchestras around the world. The person was asked if they would like to teach a member of staff how to play the violin. This brought back a lot of positive memories for the person to be able to continue to teach the violin which was a big part of their life. We heard the member of staff playing tunes

they had been taught on the violin to a group of people. On another occasion it had been identified that one person, who was unable to express their views verbally became anxious around the same time of day. After discussions with their relatives it was identified that the person used to visit a club regularly at the same time when they lived in their own home. Staff contacted the friends that used to attend the club who now visit the person regularly. The registered manager told us that this had a positive impact on the person's wellbeing and they no longer became anxious. Another person had a passion for tennis and staff had arranged for a letter to be written to the person from a famous tennis player. Staff told us that the person was, "Thrilled" with this.

People, relatives and staff were involved in the development of a training video to promote dignity and respect. We asked one person what it meant to them be involved in this. They said, "I had a laugh doing it. I felt included. I like to be involved." People and relatives fed back on the video what being treated with dignity and respect meant to them. One person said, "Treat me like a human being whose fallen on hard times." A relative said, "Try and treat people as you would want to be treated." The video was being used as a training tool across other BUPA services to embed good practices. We saw throughout the inspection people being treated in a courteous and respectful way. People were at the heart of care and staff did not hesitate to interrupt interviews with us when people needed them. One person had a period in hospital and their personal appearance had deteriorated. When they returned to the home staff took the time to assist with their grooming which they knew was important to them. The person said, "I am a proper man again. When I had a beard, it was a sign that I was ill to me."

Staff thought of ways for people to be involved in their care and be supported to remain independent. One person was unable to see their relatives as frequently as they would have liked. A member of staff took them shopping to purchase a smart phone so that they could video call their relatives every day. Another person had limited eyesight but did not like to turn the toilet light left on at night as they felt it was too bright. A 'gentle glow' sensor light was purchased and placed in the bathroom. The person fed back, "I was a little scared at night because I didn't like the bright light as it kept me awake. Now I can go into the bathroom and the light guides me to exactly where I need to go. It gives me focus and I love it." Another person, who was living with dementia, could not understand why they were not paying for hairdresser when they visited them. Staff collected old money for the person to use to 'pay' the hairdresser when they came which put the person at ease. One relative told us about their family member whose mobility had decreased, "They [staff] didn't say, 'don't walk to the toilet' but rather 'we are always about and do buzz for help as you are not as strong as you were.' They didn't take over or try or restrict her independence."

Throughout the inspection we saw examples of really positive interactions between people and staff. One relative said, "I can hear the interactions and staff are always very kind. They know how mum likes to be spoken to. They are all gentle in the way they talk to her." Staff laughed and chatted to people and we could see that relationships had developed between them. We heard staff ask people what they wanted to watch on the television rather than assuming this for them. Staff fed back what it meant to them to care for people at Arbrook. One told us, "It's important that we give people time, they don't want to be here usually but they do settle and we make them feel better and comfortable, make them feel cared for. We can make a difference." Another told us, "On Christmas morning we all worked together to get everyone up for a special time. This year we had a concert."

Relatives and visitors were always welcomed and encouraged to visit their family members. One person said, "They welcome visitors, my family comes to see me." A relative told us, "I like the way we can go into the kitchenette area and make ourselves a cup of tea, we are completely welcomed." One health care professional told us, "The staff, and especially the nurses, carers, kitchen, and domestic staff at Arbrook House are extremely caring to the residents, and welcoming to me when I visit."

## Is the service responsive?

### Our findings

Staff at the service were dedicated to ensuring that people's end of life care was planned around people's wishes. The registered manager told us, "It is inevitable that we will have some residents passing away before we have the chance to do everything that we can do for them or before we get their last wishes granted." Examples of events arranged for people included, one person had a passion for rock music and staff arranged for a famous rock band to come and play some music for the person in their room. Their relative told us, "[Person] was thrilled especially as [the band member] left his guitar for him, it had pride of place on the wall."

Another person wanted to go to Madame Tussauds as they had never done this before. This was arranged for the person and the relative told us, "Mum's ability declined but they amazingly got her to Madame Tussauds which I didn't even know she wanted to do." A third person loved classical music and wanted to go to the Royal Albert Hall. As they became too unwell to attend staff arranged for a classical musician to come to the service to provide a private show in their room. One member of staff said, "We help relatives stay here if needed. We offer a room, and provide meals so they can stay." Relatives fed back how they felt about the care that was provided to their loved ones when they passed away. One relative fed back, "I can't express how much it meant to me that everyone was so caring and considerate at looking after mum. It really felt like I was leaving her with an extended family." Another relative said, "I wanted to express our gratitude for the care you provided to our mum at the end of her life. We felt the kindness towards her was wonderful." One health care professional told us, "We have confidence in the home to provide good palliative care."

People fed back what they thought of the activities on offer at the service. One told us, "Activities are great. There is a lot to do." Another told us, "I'm quite happy sitting in my room reading or doing my needle point." One health care professional told us, "There are often activities going on when I am there, and I see residents encouraged, but being given the option to join in."

Staff ensured that people, regardless of their mobility or condition had access to activities that were meaningful to them. Examples of this included one person who was cared for in bed that used to be a pilot. Staff organised for the person to go to an RAF Museum for a private tour. Staff also invited a volunteer who had also been a pilot to attend the museum with the person. The person's relative fed back, "Many thanks to [member of staff name] for arranging this trip." They went on to say how emotional it had been for them and their loved one. The person had been unable to verbally communicate, however staff told us that on the day of the trip the person did a "Thumbs up" to show that they enjoyed it. Another person had a background in film production and wanted to go to the cinema. Staff had arranged for the local cinema to close their lower floor for the person so that they could enjoy the experience in private with their family. Staff identified that another person had a passion for woodcraft so they arranged for the person to attend a wood turning session with the local wood turner. Their relative fed back, "I wanted to thank you for a wonderful trip out for Dad. Such a great idea to allow residents to be able to enjoy things they can connect to as previous passions." A third person used to love cycling when they were more mobile. Staff arranged for the person to attend a 'Wheelchair Tandem Cycle' centre. The person and the relative told us how much they enjoyed this.

Where people had a particular interest and hobbies staff did what they could to ensure that they were able to still take part in these. One person loved swimming and the registered manager and staff took them swimming every week. The person told us, "[The registered manager] takes me swimming. He holds my arms and encourages me saying 'you know you can do it'. It was so lovely when he offered to take me." Another person had a particular interest in astronomy and staff purchased them a telescope to use. The person often talked about what this meant to them. Staff ensured that people that were in their rooms were not socially isolated. Regular one to one visits took place that included chatting, reading and singing. When carol singers visited the service at Christmas staff ensured that they went into each person's room to sing songs.

Care plans were personalised and detailed daily routines specific to each person. People or their relatives were involved in developing their care and support plans. One relative told us, "They cater to the individual's person's needs. Mum wanted to be showered every day in the morning and night and they did that for her. It's so person centred here. We saw examples of where staff changed the care routine based on the needs of the person. For example, one person came into the service unable to mobilise. The person was provided physio and as a result their mobility has now improved. Their care plan was updated to reflect this. Staff gathered information from the time of referral from different sources in planning the person's care. For example, one person had a neurological condition which meant that they were unable to verbally communicate. There was detailed guidance in the care plan around this condition. There was also guidance on how best to communicate with the person. One health care professional told us," [Staff] Take into consideration individual differences, acknowledging these and trying to find ways to meet individual's needs." Staff were knowledgeable around the needs of people. They were able to explain in detail what people's preferred routines were.

Complaints and concerns were investigated and recorded with the actions taken. We saw that there was a complaints policy in place. We asked people and relatives what they would do if they wanted to make a complaint. One told us, "I would tell [the registered manager] if there was anything I didn't like. They always listen." We reviewed the complaints folder and found that they had all been resolved. One person had complained that their television had broken. The was fixed immediately and the person spoken with. Another person had complained about the slowness of the 'dining experience'. The registered manager met with them and agreed that they would have their meal brought to their table as soon as the food was ready.

## Is the service well-led?

### Our findings

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

People were very fond of the registered manager and the senior management team. Comments included, "He [the registered manager] is great. He is easy going, easy to get on with", "He is a good manager. He makes sure people are comfortable in what they are doing", "I can honestly say he is a kind, gentle man. He cares and at the same time encourages someone to be what they are" and "He is a good manager. He cares about you and talks to you about your problems." One relative said, "I am really impressed (by service). The leadership is visual and approachable. I see how staff relate to the manager, they respect him and can talk with him." One health care professional told us, "We often meet with the manager at Arbrook. The manager comes across as caring, knowledgeable and with empathy." Another said, "The manager is also very responsive, helpful and forward thinking." A third told us, "I am very impressed with care at Arbrook House, to the extent that it is my favoured recommended nursing home to friends and family."

The registered manager led by example and saw the potential in staff and encouraged and inspired them. One member of staff told us, "If no one was available to shower (person), the registered manager would step in and do it. That's amazing as a manager. He's on top of everyone's needs." Another member of staff told us, "He is always thinking outside of the box which makes me want to do the same." Staff told us that they presented the registered manager with a gift to show how much he meant to them. The registered manager said, "You have no idea what that meant to me. It was better than anything I could imagine. I feel very proud of the staff team here." The registered manager, in their own time, had taken people swimming every weekend and worked tirelessly to ensure that people and their families were supported.

The service had a culture which was positive, open and inclusive. The people who used the service were at the heart of everything they did. It was clear throughout the inspection that the registered manager and all senior staff that worked at the service were passionate about delivering outstanding quality care. The registered manager had "reflective sessions" involving staff to discuss best practice and how, as a staff team, they could do things differently to improve care for people. For example, staff were asked to feedback on the sorts of behaviours from people that may challenge and the ways staff could support people with this. The registered manager fed back, "Hearing from staff members about the challenging behaviours that they are managing when working with our clients made me think about how positive it is that that the team have been so committed to finding a way to manage without resorting to use of medication." One member of staff told us that, after a person had a fall, the registered manager had written to the family and shared what had happened and what they did. They said, "He asked us if there was anything they could do differently or they could improve on." A health care professional told us, "I consider that all the management team work hard to ensure that Arbrook House operates as smoothly and efficiently and possible."

Staff fed back how positive they felt about working with the leadership team and that this impacted on how

they delivered care to people. One member of staff said, "[The registered manager] is approachable, whenever you ask him something he will always find time for you. He really supports you." Another told us, "[The registered manager] is very approachable. He listens to us. So are the senior management team, they also support us. If there is a matter in the building that needs sorting, he wants to be updated and would rather know." A third said, "He's clinically involved so it makes it easier to discuss issues with him."

Steps were taken by the provider to drive improvements and to provide the best possible quality of care to enhance people's lives. The service worked with external organisations to help with this. The local Beaver group visited the service to sing to people. The leader of the group fed back, "We felt very welcome and the walk around we had was an effective way for residents and children to interact. I definitely saw a positive reaction; the singing was uplifting and some sang along with the Beavers." People were also invited by students from the local college to attend a Christmas lunch with them. Staff at the service also trialed a Relax Dementia Chair to establish whether this improved the lives of people living dementia to reduce their anxieties. One person fed back, "It felt like I was in my mother's arms again." One health care professional fed back, "The service seems to be managed well, interaction and cooperation with the [health care] team is consistent."

Staff understood their role, were happy in their work and were motivated and valued. Staff team building days were organised to better understand each other's strengths, weaknesses, and interests. One member of staff told us, "I think the team building days are brilliant as you get to talk about other things except work. It's nice to know your colleagues on a social level too. It helps you build a friendship." Another told us, "We did paintballing last week. It's brilliant team building. We're not perfect, we have conflicts as it's work. When we socialise outside of work, that conflict goes. It deepens the relationship and the bond between staff." A third said, "There's a good culture here, managers have worked differently but the essentials of good care have been there all along." Staff fed back that they felt valued and respected by both the management and staff teams. One member of staff said, "I feel valued. They [management] gave me flowers once too." Another said, "We're a family here. We don't exclude. We tell the housekeepers they are as important as the nurses."

People were involved in the running of the service. The PIR stated, "We hold resident's meetings separate from the relatives so we can ensure their voice is heard independently of their families as well as with them. Resident's, and their relatives and friends, are encouraged to provide feedback directly to staff and the Home Management team about the home. This is further supported by residents and relative's meetings and satisfaction surveys." We found this to be the case when we inspected. Where feedback was obtained this was used to improve the quality of care. For example, people were involved in a debate about table settings and their preferences. As a result, it was agreed that part of the week they would be laid in a different way to incorporate people's preferences. One person told us, "We have resident's meetings which I enjoy. It's a chance to air our views." People and staff were also involved in the development of values that were important to them. These were discussed at residents meetings and formed part of the 'Philosophy of Care' and Arbrook. These included people wanting to take an active part in making decisions about their care and to be treated at all times with compassion and respect. We saw these principles in practice on the day of the inspection.

Quality assurance arrangements were robust and the need to provide a quality service was fundamental and understood by all staff. The registered manager convened regular clinical governance meetings. These were attended by registered nurses and were used to review the clinical management of people's care in areas such as tissue viability and the management of illnesses. Internal and external audits were completed with actions plans setting time scales on how any areas could be improved. Audits were undertaken that covered health and safety, care plans, training, medicines, staffing levels, meals and environmental issues.

The manager had an ongoing home improvement plan where areas that had been identified were constantly reviewed. This included the maintenance around the service, care plans, recruitment, meal experience for people and staff training and induction. We saw that additional training had been provided to staff as a result of audits and improvements were made around the quality of the care plans.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns. The registered manager had also updated the CQC each quarter of plans to improve quality of care to people. We found at this inspection that the service was meeting these actions.