

LJ Care Limited

Deansfield Residential Care Home

Inspection report

Deansfield
Kynnersley
Telford
Shropshire
TF6 6DY

Tel: 01952603267

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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?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection visit took place 14 September 2015 and was unannounced. The last inspection visit was carried out 27 November 2013. At that inspection the provider was meeting all of the requirements of the regulations we reviewed.

Deansfield is registered to provide accommodation and personal care for a maximum of 15 older people. On the day of the inspection 15 people were living at the home.

The home had a registered manager in post who was present for the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Clear guidance was in place and staff knew how to report any concerns about bad practice. Staff were trained in protecting people from harm. Risks were managed to keep people safe while promoting their independence. Care was regularly reviewed with people and their representatives where appropriate to reflect people's changing needs. People were supported by sufficient numbers of staff so that their needs as individuals were met and their preferences respected. The provider believed that people should receive care and support that was not rushed or task focused. People were valued and their views and opinions were always sought.

Staff were recruited following a robust recruitment procedure and there were clear expectations from managers about work performance of staff. People received their medicines safely and as prescribed. Staff were trained in the safe handling and administration of medicines and their competency was regularly assessed.

The provider was committed to creating and developing a skilled workforce. People spoke highly about the skills and attitude of the staff team. Staff were supported through one-to-one meetings and annual development reviews to reflect on their practice and to look at ways of developing themselves by identifying future learning needs.

The registered manager and staff understood how to protect people's human rights and worked within the current legislation to do this. People had regular access to healthcare professionals to monitor their wellbeing such as doctors, district nurse, chiropodists, dentists and via the memory clinic. We saw staff acted swiftly to engage the support of healthcare professionals where people needed specialist advice and assessments. The provider ensured the correct equipment was in place if people's needs had changed in order not to place people and staff at risk.

Everyone we spoke with was happy with the care they or their loved one received. Staff knew people well and had positive relationships with them. The registered manager ensured that staff fully understood

people's needs before they were admitted to the home. Visitors were made welcome and people were supported to keep in contact with people who were important to them. People felt their dignity was promoted by staff and that staff were respectful and polite to them at all times. The service provided home cooked food and meal times were made a relaxed sociable experience for people and their families who chose to eat with their loved ones.

The provider and staff supported people in a number of creative ways to lead a fulfilling life when they went to live at Deansfield. Their commitment and determination to promote people's quality of life was recognised in everything people told us and our observations. People told us they were able to raise any concerns they had and felt these would be acted on by the registered manager. The provider had a system to deal with any complaints.

There was strong leadership at the home which provided staff with drive and enthusiasm and ensured that there was regular evaluation of the work they carried out. The management team fully involved people and put them at the heart of everything that took place at Deansfield. They included staff and relatives in evaluating what they did and were keen to continually develop the home. The registered manager and provider were both experienced health and social care professionals who believed in focusing on individualised care and ensuring a good quality service. Staff told us they felt supported by the management team and considered the home was well managed. The provider had made sustained improvements over time and had been awarded "care home of the year" from Shropshire Partners in Care (SPIC). SPIC is a not for profit organisation committed to maintaining and improving standards by providing training, advice and guidance for care providers, managers and their staff, for the benefit of those they care for.

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 home was safe.

People were supported by staff who were knowledgeable in recognising signs of potential abuse and how to report any concerns. Risks to people were identified and plans were put into place to minimise harm to people and staff. Medicines were stored securely and administered safely.

People were supported by sufficient numbers of trained staff. Staff were recruited safely and the provider carried out necessary pre-employment checks before people started working at the home.

Is the service effective?

Good ●

The home was effective.

People were supported by staff who were trained and supported to deliver a high standard of care. Staff had a good working knowledge of respecting people's individual human rights.

Suitable arrangements were in place that ensured people received good nutrition and hydration. People were supported to maintain good health and had access to appropriate services and ongoing healthcare support.

Is the service caring?

Good ●

The home was caring.

People were provided with care and support that was tailored to their individual needs and preferences. Staff treated people with respect, privacy and dignity. Staff understood people's care needs, listened carefully to them and responded appropriately.

Is the service responsive?

Outstanding ☆

The home was highly responsive to people's individual needs.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed. People's well

being was enhanced by the provision of a way of life and range of activities that were designed to meet their individual needs and promote their individual hobbies and interests.

People knew how to raise concerns and complaints and had confidence these would be acted upon by the provider.

Is the service well-led?

The home was very well led.

The culture in the home was positive and embraced everyone. The management were open and transparent and clear about expected standards. The management team strived to put people at the centre of everything they did. Staff were supported and motivated to do their jobs to a high standard. The provider had received recognition for their achievements at the home including a local "care business of the year" award.

Outstanding 

Deansfield Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection visit 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 home, and to provide a rating for the home under the Care Act 2014.

This inspection visit took place on 14 September 2015 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the home. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided. We used this information to help us plan the inspection.

During the inspection visit we spoke with 11 people who lived at the home. We also spoke with a relative, five staff, the registered manager and the provider. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to people's care. We also looked at medicine records, recruitment records and records relating to the management of the home which included quality audits.

During the inspection visit we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "The thing about being here is that you are not alone. At home I was lonely and got very frightened. Here there is always someone around which makes me feel safe all the time". Another person said, "When I wake up at night the staff come and sit with me and we have a chat, it is always nice to know they are there when you need them". A third person told us, "I feel safe because I can lock my room if I want to, I like to be alone and I am able to do that without being disturbed". One relative told us, "I visit [person's name] and always feel they are kept safe here".

Staff knew how to keep people safe because the provider had policies and procedures that staff were informed about when they started working at the home. Staff were able to tell us about these. One member of staff told us, "I was told about ways of protecting people when I started working here. I know that I can report any concerns I may have to the managers and I am confident they would act on my concerns. We have a whistle blowing policy. This means that we can report bad practice without being identified. If I had any concerns about the managers I would call CQC". Another member of staff told us, "Everyone completes training in abuse; it is our job to make sure people are not treated badly. I treat people how I would expect to be treated myself or how I would want one of my relatives to be treated". Staff were able to describe the different types of abuse to us. Where the provider had identified safeguarding concerns we saw they had acted appropriately by reporting them to the local authority safeguarding team who take a lead in investigating such matters. The provider had participated in world elder abuse awareness day and been awarded first prize locally for their awareness and opposition to abuse.

People's needs were assessed by the registered manager to see how they could be safely supported in areas they needed assistance with while promoting their independence. For example, reducing the risk of falls, moving and handling and nutrition. One example was enabling one person to maintain their independence and use of the stairs. The provider accessed physiotherapist and occupational therapist assessments and advice to put together a risk assessment and plan to support the person and guidance for staff to follow. This positive support enabled the person to use the stairs independently and safely. We saw how staff followed a moving and handling risk assessment plan with a person who required assistance to stand. Staff used the identified equipment in line with the risk assessment; the correct number of staff carried out the support and assisted the person in the way the risk assessment instructed them to. The person was unable to tell us their experience of how staff carried out the procedure but we observed staff to be confident and reassuring with the person when they provided support.

Staff were aware of risks to individual people because they had been told about them by the registered manager and had seen written risk assessments. Staff told us any incidents and accidents were reported and recorded. We saw how the registered manager monitored these for any patterns or trends and referred people for any additional support they required such as a referral to the falls clinic or a review from their doctor. Staff told us they were kept informed of any changes to risk assessments by the registered manager. One member of staff told us, "The manager lets us know of changes to the way we should support people by updating their risk assessments and in our shift handovers. This way we would know if there were any new pieces of equipment or different ways that we should be supporting people". The registered manager and

staff gave us an example of someone who had not been well and was returning to the home. The person required specialist equipment to meet their changing needs. We heard the registered manager take a telephone call about this person's discharge and insisted that a special type of sling was delivered to the home before they could accept the person back to their home. They told the caller that this was to ensure the person's safety and that the person had been assessed as requiring a specialist sling for their use only. The registered manager was very clear that they were not prepared to compromise the person's safety.

The provider had a fire safety policy and procedure in place. Staff knew that each person had a personal evacuation plan in place and were confident in their knowledge about keeping people safe in the event of such an emergency. For example, staff knew people's needs well and the assistance each person would need. The provider ensured equipment was safe for use in the event of emergency situations by carrying out regular fire alarm, fire extinguisher and emergency lighting tests.

People we spoke with told us they thought there were always enough staff on duty both day and night. One person told us, "There are always enough staff here to look after us. We never have to wait for help". Another person said, "I can honestly say they are never short staffed. Even when the girls have holiday someone else will cover them". A relative told us, "There are always sufficient staff here. They are always about, you can always find someone". A member of staff told us, "There are always enough staff on duty and we work as a team to support people". We saw the provider employed a mix of staff which included care staff, a cook, housekeeping staff an activities co-ordinator and maintenance person. The provider told us that agency staff were never used at the home and that their own staff covered unforeseen absences. This ensured people were provided with continuity of care. The home was fully staffed on the day of the inspection visit. We saw there was always a member of staff present in the main lounge and dining area observing people's safety. People told us they did not have any concerns regarding staffing levels.

We saw the provider had a safe recruitment procedure in place. We spoke with two new members of staff who were able to tell us about their recruitment experience. One member of staff told us, "I completed an application form and came for an interview. I provided two references and all checks was carried out before I could start working here". This was also confirmed with the second member of staff we spoke with. One person told us, "I know the best staff are chosen to work here because [managers name] would not have it any other way. You can see they chose the good ones because they [staff] know what they are doing".

People who were assisted to take their medicines told us they had no concerns about their medicines. One person told us, "They come round every time our medicines are due and help us to take them. They are never late and I am never without my tablets". Another person said, "I cannot manage to do my medicines so the staff help me. I have no worries about re ordering because all that is taken care of". We checked the blister packs where individual's medicines were stored and found these tallied with MAR records. The registered manager told us that all staff that administered medicines had received training to carry this out safely. They told us that staff were also observed administering medicines to check their competency. We spoke with the member of staff who we saw administer medicines during the inspection visit. They told us, "I have completed medicines training and I have been observed by the manager to check I am competent to give out medicines". We saw that people were given the support they needed to take their medicines. We saw that the registered manager had designed posters that were on display in the medicines room called 'Our residents' medication – understand what you are giving'. Staff told us these were really helpful and were easy to understand. The registered manager told us, "I have seen how staff use the information in practice when a person has asked to be reminded what a specific tablet is for. It is really good to see staff are able to confidently explain to people what medicines they are taking and why".

Is the service effective?

Our findings

People told us they felt supported by skilled staff. A visiting relative told us that the staff working at the home were very good. They said, "I think the staff are trained well. [managers name] picks some really good staff. They are all very good you cannot fault them". One person told us, "The staff have such a good way with you, they know lots about providing good care and that is what it is all about". Another person said, "Nothing fazes the staff here, they all know how to look after older people well, that has got to be down to how the manager trains them all". A third person told us, "We are extremely lucky here to have some excellent staff. The staff talk to us, they are all very kind to us". We saw staff maintained eye level contact and spoke particularly clearly to people living with dementia which helped them understand. We saw staff had a good rapport with people because they took time to communicate with them in a professional and sensitive way. Staff attended handover meetings between shifts to share information about people and to inform each other about any changes that affected their health or wellbeing. Staff were consistent in the way they cared for people because they were made aware of the most up to date information about people's needs.

The provider shared with us a comprehensive training programme that they provided to support and develop the staff team. They told us the whole staff team attended all of the training. This ensured everyone was trained and able to support each other as the provider's ethos was that everyone worked as a team. This was evident in what staff told us. One member of staff said, "We can all support each other here because the manager provides us with training for us to be able to do any job here. At this home it is not someone else's job if someone asks you to do something for them. We are trained to work as a team. I love my job". The provider told us, "We are our worst enemy because we train staff to a high standard. Then they leave to take up promotions elsewhere, but that is a good thing really that we have trained them and given them the confidence to take further personal development opportunities".

One person told us, "When new members of staff start working here we are always introduced to them. They are shown how to do things by the other girls who have been here a while. They soon get to know us. [registered managers name] is always here and you can see how they keep an eye on the new staff". New staff had an induction to support them to understand their role, expectations of them from the registered manager and a period of time to familiarise themselves in the home's environment and getting to know people living at the home. Following induction training staff were required to demonstrate to senior staff their competence before they had been allowed to work on their own. We spoke with two members of staff who confirmed the support they had had on starting at the home, with time spent getting to know people as well as completing a formal workbook and undertaking practical training.

As well as the registered manager having daily oversight of their practice, members of staff participated in one-to-one meetings with the registered manager three times a year. Annual reviews of individuals' work were also carried out to review their performance and personal development. One member of staff told us, "Supervision (one-to-one meetings with the manager) is really helpful because we can discuss any issues we have privately with the manager. We also receive a lot of informal supervision because the manager works closely with us in the home and is very hands on".

The Mental Capacity Act (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 of their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider is a qualified mental health care professional and had completed the Mental Capacity Act 2005 (MCA) training and Deprivation of Liberty Safeguards (DoLS) training. The registered manager and most of the staff we spoke with had also completed MCA and DoLS training. We saw training had been booked for staff that had yet to complete this. The registered manager and provider told us of the applications they had sent to the local authority for deprivation of liberty authorisation in line with published guidance. The registered manager and staff had a good understanding of the safeguards that protected people's human rights and described the strategies they used to support people who potentially had their liberty restricted. The registered manager told us, "If we believe we are restricting people's freedom then we get the person assessed by the community mental health team who we have a good rapport with". We saw an example of where this had been done and where the registered manager had made a Deprivation of Liberty Safeguard (DoLS) application to the local authority to ensure that restrictions on the person's ability to leave the home were suitable. Where people lacked mental capacity and decisions had been made in the person's best interest we saw this had been recorded. We also saw the provider ensured that they had obtained copies of where people had been granted power of attorney to deal with people's care and welfare or financial matters. This ensured the correct people were involved in decision making for an individual where this had been granted by a court.

Staff told us of their understanding of consent and when people were unable to give consent because they lacked capacity to do so. We saw that decisions were made for people by a multi-professional team in the person's best interests, for example, if a person had a problem with taking their medicines. We saw staff had recorded in care records that these issues were regularly reviewed and updated.

People told us they liked the food. One person said, "The meals are excellent, we can eat them here in the dining room, lounge or in our bedrooms. There are no rules here about everybody eating together. There is always plenty of choice and you can have more if you want it. It is all home cooked and delicious". Another person said, "I like the food here because it is all home cooked. They feed us up well". A third person told us, "The cook asked for our ideas for the menu, it is good to see what we have asked for is cooked for us". A fourth person said, "We were finalists in the National Health Service Safe Care Shropshire 'come snack with us' challenge this year. We had to come up with a healthy snack. We did not win but it was good fun taking part". We saw people who had communication difficulties were encouraged to make their meal choices from pictorial menus. This meant people could still exercise their choice over what they ate. People were offered a choice of drinks throughout the day and at lunchtime. A choice of cakes or healthy snacks were also offered to people throughout the day. We saw lunchtime was a very sociable occasion with staff eating with people living at the home. We saw how people were supported to enjoy their meal. People that required assistance were supported sensitively and discreetly. People's relatives were invited to join them for meals and a staff member's grandchild was included on the day of our inspection. There were lots of smiles and laughter as people enjoyed them being there.

The cook told us they had received training specific to their role and were looking forward to undertaking a nationally recognised catering qualification. Apart from people with diabetes there was no one who lived at the home currently with any specialist dietary requirements. However, the cook was able to explain how

they would supplement people's diets if they had been identified as being at risk due to sudden weight loss. They explained that the staff communicated changes in people's health directly to them so that they are fully aware of any changes in people and any specific dietary changes that needed to be made.

People's health was promoted by regular visits from healthcare professionals. One person told us, "I see the chiropodist and optician regularly". One relative told us if they have to call the doctor for [relative's name] I am kept fully informed. You cannot fault them. They act quickly and responsibly. Staff told us, "People are weighed regularly so that we can keep an eye on their weight. Anyone we have concerns about are referred to their doctor". We saw people were referred to professionals to include the community mental health team, memory clinic, falls clinic, community nursing service and speech and language therapist when required. Records of professional visits were recorded so that staff were kept up to date with treatment and support people received.

Is the service caring?

Our findings

People told us that the staff were kind, caring and polite. The home had a stable staff team which meant people were able to receive continuity of care and build positive relationships with staff. We saw one person asked if they could brush the member of staff's hair. Staff told us they regularly enjoyed doing this. They sat and enjoyed the time together and the person even gave the member of staff's shoulders a massage. One person told us, "The staff are very kind, caring and jolly, there is not anyone who is not lovely to you here". Another person said, "These people have picked me up they are all marvellous and caring. I do not know what I would have done without them. They cannot be beaten here". A third person told us, "It really is like one happy family here. All the staff are considerate and thoughtful". One relative told us, "The staff are absolutely amazing here, they really do care about people. My relative was housebound and bedbound when they came here. They can now go out, they have an interest. I have got my relative back. One great thing is that when I take [relatives name] out of the home they are always happy to return, because they see this as their home now". Their relative said, "That is exactly true. I love it here".

People told us they were fully involved in making their own decisions in relation to their care and everyday decisions about how they spend their day. One person told us, "The staff are fantastic here. They do not interfere with our personal lives. I like to be able to make my own decisions and I can certainly do that here. The staff are here should I need them but I try to live as independently as I can". Another person told us, "I decide what I want to do, when I want to do it, it is as simple as that". A third person told us, "I like to go to my room in the afternoons and watch short films. I do that every day". We saw one person walked outside to feed the birds. They told us they liked to do this every day and it was something they looked forward to. Two people had chosen to go out to the local garden centre during the afternoon of the inspection visit.

One person told us, "Even my room is furnished the way I want it to be. I have all the important things in there that make me feel at home and comfortable. I have certificates of achievement from my job. I can look at them and think back with fond memories. It can be quite daunting when you move into a place like this but the managers made it a good experience because they do really care about us".

People that could participate in the care planning process had done so. One person told us, "I helped make my 'life story book'; it is all about me and my past. It helps staff to understand us more. I also had the opportunity to tell them things I liked and things I did not like. I told them what I needed help with and all those sorts of things. It certainly works because the staff know what I need very well". People had access to an advocate if they needed one. An advocate is an independent person who supports someone in areas they may require help in, for example, with their finances. One person told us about their support from an advocate that the provider had put them in touch with.

The registered manager was the dignity champion for the home. A dignity champion is a person who promotes best practice in maintaining people's dignity in a positive way. People told us staff respected their privacy and dignity. One person told us, "I never feel embarrassed when the girls help me to wash and dress because they know how to do it properly without humiliating you". Another person said, "The staff always knock my door before they enter. They are very respectful people". We saw staff addressed people in a polite

and professional manner and they spoke discreetly to people about their personal care so that other people in communal areas could not hear them. The service's efforts to protect and promote people's dignity had been recognised by the Clinical Commissioning Group (CCG). The registered manager and staff group had been commended by the CCG for their enthusiasm and commitment following the "Dignity Day Challenge" (a national awareness day) in March 2015

Is the service responsive?

Our findings

People told us that the provider had an excellent range of activities and events that took place at the home. One person told us, "The manager and staff go above and beyond to keep us entertained. You have the choice to join in". One person said, "We are lucky that we live in a place that is set in a beautiful rural area. We have all sorts of animals here that we can pet and feed. We have dogs, chicks which we have looked after in the incubator, alpacas, sheep, guinea pigs, and pigs. The animals even come into our home and we often pet the smaller animals on our laps".

Staff had an in-depth understanding of people's past lives, their interests and preferences. People were supported to take part in interests and activities of their choice and to be part of a community. One person told us, "We have the choice to be involved in anything that takes place here or outside the home. We are involved in local village activities and I attend the village hall coffee morning every week. We also go to the local tea dance every month. We have great fun here. There is a true community spirit here. We have lots of visitors to the home and friends who get involved in the fun we have here. The villagers get fully involved with everything that goes on here. We have just celebrated the fourth anniversary of the home with our own 'Deansfest'. Local people came, staff, friends and families. It was really good". Another person said, "Staff have exceptional abilities and truly understand how we want to be looked after in our remaining years".

We saw that people's personal interests had been linked to individual personalised activities. For example, one person who had been employed in the motor industry and wanted to ride in a particular car, was supported to do this. Another person, who had previously held a secretarial job, had been given a typewriter from the era they worked in. One person had been a hairdresser and their bedroom had been equipped with a hairdresser's mirror and equipment. We saw a photograph of one of the staff's hair that the person had elegantly styled for a ball they were going to. People's individual histories and personalities were valued and made part of their lives. For instance, people had a personalised place mat which they had helped make. One person showed their mat to us. It had pictures of where they had worked for 42 years, the car they used to drive and favourite places they had been on, day trips and holidays. One person told us, "I loved making mine we spent time chatting with [staff members name] when we were helping to make them. It brought back a lot of old memories". Another person said, "They are a great idea, every day I see mine I recall every picture and what it means to me". We saw a large selection of photographs from a variety of events that people had been involved in. These showed people were being supported to live a fulfilling individual lifestyle. The provider regularly hosted activity co-ordinator meetings with other local homes where good practice and sharing of ideas took place.

People told us they had been involved in the assessment process before they moved into the home. One person told us, "They came to see me at home and we talked about my situation. We chatted for a long time. It was all very relaxed". A relative told us, "They came to see [relatives name] before they came here and I met with the manager too. I was fully involved with the assessment. It was very thorough". The registered manager told us that following the initial assessment an individual care plan record was drawn up detailing the care, treatment and support the person required which ensured staff understood the personalised care people required. People's individual diverse needs were detailed and it was evident that

staff had a really good insight into people's personal routines and preferences. Two people were supported to follow their faith and this was respected by staff who supported them to visit their preferred places of worship according to their individual beliefs. People told us they were regularly involved in their care reviews which ensured their needs were being met. One person told us, "We have review meetings to discuss that I am still happy with my care. We normally have them every six months. We get given a personal invite in writing". A relative told us, "I am involved with my [relative's name] care reviews. We are also asked if everything is alright in between meetings. They are on the ball here". We saw a written comment from a visiting professional which said, "Very impressed with the way the home is run. There is a lot of imagination that goes into improving the quality of lives of the residents and the managers and staff appear to have a very compassionate and person centred approach". Following the inspection visit another professional we spoke with told us, "Deansfield is an excellent service that offers person centred care. People lead a really good quality of life and staff involve them with everything they do. It is one of the best homes I have ever visited".

There was clear commitment from all staff to promote people's well being and quality of life. The registered manager, provider and staff had based a recent project on best practice and provided a presentation document they had produced when they put forward a 'visual environments' project they had researched for possible funding from Shropshire Partners in Care (SPIC). The funding allowed a projector and sound bar to be purchased. This was particularly aimed at people living with dementia and people who had poor mobility and were less able to experience the outdoors. It was based on bringing sensory stimulation into the home. It enabled staff and relatives to bring the outside environment inside so people could experience the 'world of outside' inside the home. This had allowed the provision of "themed" days with pictures and music, quizzes and food all related to a subject of interest and, for one individual, the provision of pictures and clippings that were shared on a one-to-one basis to promote their memory and well being.

One person told us, "I would speak to the manager if something was not right". Another person said, "I have absolutely no complaints about this place. You cannot fault it". Staff told us how they would deal with any complaints that they were told about. A recent survey carried out by the provider with people living at the home and their relatives indicated that any concerns were acted on quickly. The provider had a complaints policy in place which was on display on the notice board in reception and also made available to people and their representatives. The registered manager confirmed they had not received any complaints in the last 12 months. The registered manager and provider spoke with people every day to enquire how they felt and if they had any concerns they wanted them to be aware of. Having a presence and making these enquiries enabled them to be pro-active in dealing with any concerns at an early stage and avoid anxiety on the part of people living at the home.

Is the service well-led?

Our findings

People told us the home was well run. One person said, "The owners are absolutely wonderful. They see us every day. Nothing is too much trouble for them. They go out of their way to make sure we are all happy". Another person told us, [manager's name] puts every effort in making sure this is a happy home. We are certainly like one big family here. We are involved and treated so well". A third person told us, "We have regular meetings with the managers. We talk about lots of things and I feel we are definitely included and have a say on what goes on here. We suggest things at the resident meetings and they [managers] sort things out for us. I said at our meeting that I wanted to eat my tea in quieter surroundings so I now eat in my room. We suggest things that we would like to do and the next thing we are doing it".

The registered manager had been in post for four years and was also the joint provider of the service. Both they and the provider had strong leadership skills which was evident in the way the service had been led and improved since their ownership four years ago. Both were passionate about the home and the work that had been carried out by everyone to make people's experience of living at the home a positive one. The registered manager told us how important they felt it was to include people in the running of the home. They said, "Residents are at the heart of everything we do. Not only do people input into influencing their choices as a group in meetings people are asked individually too". The provider and manager clearly valued people's views and opinions and acted upon them.

Staff told us the provider and registered manager worked closely with the staff. One member of staff told us, "We see [manager name and provider name] every day. [Manager name] lives in the flat upstairs they very often spend their time off chatting with the residents. The owner lives across the way and both of them are available to us 24 hours a day. They are very committed people and really do care for the people living here". Another member of staff told us, "The management team have an open door policy. We can approach them at any time. They are always willing to support us. It is a great place to work". A third member of staff told us, "I believe the managers lead by example. They try so hard to keep the residents and staff happy". A new member of staff told us, "It is made very clear by the managers when you start working here what is expected of you and what Deansfield's philosophy is that everyone who has made their home here is happy, feels safe and is treated with dignity and respect". One member of staff told us, "When I started work here I was shown the policies of the home. We also have a staff handbook which makes it clear what we are expected to do". The provider had a reward scheme for recognising the employee of the month. Staff told us they felt valued by the provider and this was another way of recognising their contribution to the home. It was clear that the provider and manager had clear expectations of their staff team, which were understood by all. The registered manager and provider told us, "We try to select people who will work with Deansfield's vision of providing high quality personalised care. If a new member of staff does not perform to our expectations then I am afraid we have to let them go. We only want the best for the people who live here".

Feedback from local authority quality monitoring team was positive. One professional told us, "I can only offer praise and good words for the work undertaken and welcome we always get at Deansfield". We saw regular audits carried out by the registered manager and external agencies ensured the standard of service people received was meeting the home's goals and purpose. Plans to address any issues identified were

documented and checked by the registered manager to make sure matters had been addressed. For example, a recent medicines audit identified the need for a protocol for 'as required' medicines. The provider contacted people's doctors and this had been addressed. Since the last inspection visit the provider had introduced a newsletter to provide everyone, including relatives and friends that could not always visit the home, with an overview of events that had taken place. The newsletter had captured some great moments that everyone shared. The provider had encouraged anyone who wished to contribute to newsletters to do so.

The progress and development of the home led to Deansfield being awarded local "Care business of the year" by Shropshire Partners in Care (the local care providers' association) in recognition of the on-going development of the service quality they provided for people.

The registered manager and provider both continued to maintain their individual professional development by attending training events. They had both completed the dementia and leadership management course at university. Personal development was encouraged throughout the staff team. One member of staff told us, "I wanted to learn more about dealing with challenging behaviour for people with dementia. This was arranged quickly by the manager".

The provider had a business plan which focused on continuous improvement. The plan included extensive work to be carried out in the reception and entrance hall which had been identified at resident and relatives meetings. A new fire alarm and call bell system, painting to the inside and outside of the home was also planned.

Since the last inspection visit we saw considerable development of the service and it was evident the provider had regularly introduced new ideas and researched best practice to assist them in providing good personalised care. For example, the provider has developed strong links with the local community, family and friends which has strengthened community links and partnership working.