Eastleigh Care Homes - Raleigh Mead Limited

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Inspection report

Raleigh Mead
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Date of inspection visit:
16 March 2017
20 March 2017

Date of publication:
10 May 2017

Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This inspection took place on 14 and 20 March 2017 and was unannounced. The previous inspection was completed on 28 November 2014 where we rated all areas as good with no requirements.

Eastleigh Raleigh Mead is registered to provide nursing and personal care for up to 60 people. The home is divided into three units; the ground and second floor provide nursing care for older people living with dementia. The first floor unit supports people with higher physical nursing needs. There were 58 people living at Eastleigh Raleigh Mead at the time of the inspection.

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

People received care, treatment and support which was really effective. This was because the registered manager and provider had a real commitment to ensuring staff at all levels had the right training and support to do their job well. This included specialist dementia training, end of life care and national training in care. Staff were encouraged to use reflective learning to develop their skills and areas of interest.

People benefitted from a service which was extremely well run. The registered manager, director and provider all operated an open and inclusive approach. They listened to people and staff to help improve the service. They showed commitment to learning from audits and feedback. One relative said ''From the moment I spoke with the provider and met with the manager and lead nurse, I knew I had made the right decision. They were so caring and understanding. Nothing was too much trouble. I can't praise them enough. They were outstanding- all of them and each staff member.''

The service had used innovative assistive technology to promote the most effective way to support people. For example, using blue tooth technology to ensure people's personal playlists of music which was important to them could be played at any time and in any area of the home.

The design, layout and furnishing of the service had fully considered the needs of people and staff to provide the most effective care. For example, a lighting system had been installed in all communal areas which mimicked natural light and was turned down after lunch to allow a rest period then turned back up as afternoon tea was being served.

Care and support was well planned. Risks had been assessed and measures put in place to mitigate those risks. People's healthcare needs were well met and staff understood how to support people with changing healthcare needs. Staff understood people's needs and knew what their preferred routines and wishes were. This helped them to plan care in a person centred way.

Medicines were well managed and kept secure. People received their medicines in a timely way and where errors were noted, staff acted quickly to ensure people were not at risk. People were offered pain relief and received their medicines on time.

There were enough staff with the right skills, training and support to meet the number and needs of people living at the service. Staff said they felt valued and were encouraged to contribute to how the service was run and how care and support was being delivered

People were supported to express their views and were involved in decision making about their care and were offered day to day choices. Staff sought people's consent for care and treatment and ensured they were supported to make as many decisions as possible. Staff confidently used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, capacity relatives, friends and relevant professionals were involved in best interest decision making.

People and relatives said the staff were caring, kind and compassionate. People were treated with respect and dignity. This included assisting people at the end of their life. One relative said ''During the last few weeks he declined rapidly and all staff attended to his needs in a very professional manner. Every consideration was shown to ensure his needs were met. At the end of my Father's life he was treated in a very dignified manner. In our opinion this has to be one of the finest homes in Britain.''

People were kept safe because staff understood what constitutes abuse and who to report any concerns. The service had a safe recruitment process so that only staff who were suitable to work with vulnerable people were employed.

People's emotional, social and diverse needs were considered. There was a comprehensive activities programme which people said they enjoyed taking part in.

Systems and audits ensured the service was well maintained, safe and considered the views of people and their relatives. Complaints were taken seriously and investigated. People and staff were confident their views were taken into account in the running and development of the service.

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.

People said they felt safe living at the service. Staff managed risk in positive ways to enable people to lead more fulfilling lives.

Staff knew about their responsibilities to safeguard people and to report
suspected abuse.

People were supported by enough staff to receive appropriate care. Robust recruitment procedures were followed to ensure only appropriate staff were recruited to work with vulnerable people.

People received their medicines on time and in a safe way.

Is the service effective?

Outstanding

The service was really effective.

People were cared for by skilled and experienced staff. Training was seen as key to ensuring people received the most effective care and treatment.

The service had used innovative assistive technology to promote the most effective way to support people.

The design, layout and furnishing of the service had fully considered the needs of people and staff to provide the most effective care.

People's consent to care and treatment was sought. Staff confidently used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

People were supported to eat a well-balanced diet and they had access to health professionals to make sure they kept as healthy as possible

Is the service caring?

Good

The service was caring.

People received care from staff who developed positive, caring and compassionate relationships with them.

Staff were kind and affectionate towards people and knew what mattered to them.

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs.

People were supported to express their views and be involved in decision
making.

Is the service responsive?

Good

The service was responsive.

People received person centred care from staff who knew each person, about their life and what mattered to them. Care, treatment and support plans were personalised.

People were encouraged to socialise, pursue their interests and hobbies and try new things. Their views were actively sought, listened to and acted on.

People were partners in their care, care records were individual, personalised and comprehensive.

People knew how to raise concerns which were listened and responded to positively to make further service improvements.

Is the service well-led?

Outstanding

The service was really well-led.

The management team led by example and promoted a strong sense of wanting to continually improve.

People were at the heart of what mattered. People's views were sought and taken into account in how the service was run and made changes and improvements in response to feedback.

The culture of the home was open, friendly and welcoming. People, staff and visiting professionals expressed confidence in the management team.

There was robust and effective systems to review and improve on

the quality of care and support, taking into account the views of people and staff.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 20 March 2017 and was unannounced. On the first day the inspection team included one adult social care inspector, one pharmacist inspector, a specialist advisor who was a nurse experienced in dementia care and an expert by experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service. During the first day we spent time observing how care and support was being delivered and talking with people, their relatives and staff. We met with most of the people living at the home. We spent time in communal areas of the home to see how people interacted with each other and staff and to help us make a judgment about the atmosphere and values of the home. We spoke with 12 people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so 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 living with dementia. On the second day, one inspector spent time looking in more detail at records relating to people's care as well as audits and records in relation to staff training, recruitment and support.

We looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the two days of inspection we spoke with seven relatives and friends or other visitors, and staff. This included care staff, chef, domestic staff, registered manager, nurses and the operational director. We provided feedback after each inspection day to the registered manager and on the second day this included the director.

We looked at seven care plans and daily records relating to the care and support people received. We also used pathway tracking, which meant we met with people and then looked at their care records. We looked at three recruitment files, medication administration records, staff rotas and menu plans. We also looked at audit records relating to how the service maintained equipment and the building.

Following the inspection we asked for feedback from four health care professionals to gain their views about the service. We received feedback from all four.

Good

Is the service safe?

Our findings

People said they felt safe and well cared for. One person reported a distressing incident where they had been assaulted in their bedroom by another person living at the service. They were satisfied this had been dealt with appropriately and they were being kept safe. One relative said ''I know I can rely on the staff here. (Name of person) is safe and staff will call me if they think there is an issue. I am very happy with the care.''

Some people were unable to give us a view about whether they felt safe, however our observations showed most people appeared relaxed and moved around the units they resided in. One person felt they were being kept at the service against their will, but it was clear from the records, plans and in talking with staff that the person was safe and needed to be cared for. We observed staff talking with the person giving them reassurance about why they were here and trying to redirect their attention to minimise their distress.

People received their medicines in a safe and caring way. We watched some medicines being given at lunchtime, and saw that people were asked if they needed any medicines that had been prescribed for them on a 'when required' basis, for example pain relief. There were personalised plans and protocols for two people prescribed sedative medicines when necessary, which provided clear guidance for staff on when it would be appropriate to give these medicines if they were needed.

There was no-one who looked after all of their own medicines at the time of this inspection, but there were policies in place to allow this if people wished, after it had been assessed as safe for them.

Medicines were given by nurses or senior staff who had received training, and had been assessed to make sure they gave medicines safely. An electronic recording system was being used to record when people had their medicines, or if they were not given for any reason. Staff showed us how this system could be used to make sure people had their medicines at suitable times. The system alerted staff if any doses had not been recorded for each medicines round. These records helped to show that people received their medicines correctly in the way prescribed for them. This system was also used to record the application of creams or other external preparations by care staff.

Policies and procedures were available to guide staff, and information was available for staff and residents about their medicines. The manager completed medicines checks and audits using the electronic system, to help make sure that medicines were managed safely. There were systems in place to report any medicines issues or incidents, so that they could be dealt with and suitable actions taken if necessary to reduce the chances of them occurring again.

Medicines were stored securely. Room and refrigerator temperatures were monitored to make sure medicines were stored correctly so that they would be safe and effective. On a few occasions recently some temperatures were recorded that were outside of the recommended range for medicines needing cold storage, and it appeared that the thermometer may not be getting re-set on each occasion. The manager told us they would investigate this and suitable measures were put in place during our inspection. They found that night staff were forgetting to reset the thermometer after cleaning the fridge. Notices had gone

up to remind staff to reset the thermometers. There were suitable arrangements and records for some medicines that required additional secure storage.

There were sufficient staff with the right skills and experience to meet the needs of people throughout the day and night. The staffing rota was flexible to suit peoples assessed and changing needs. Some people had been assessed as needing additional one to one support for key parts of their day. Staff were allocated for these additional one to one times. Each unit had a mixture of care staff, advanced practitioners and nurses. Advanced practitioners are senior care staff who have received additional training and mentoring to enable them to complete medicines administering and assisting with development of care plans and risk assessments. This role had been developed to give care workers a career progression and also to assist the nursing team with some of the complex tasks. There were at least two nurses per shift and a combination of up to 21 care staff working across the three units. They were supported by ancillary staff; two kitchen assistants, two chefs, four housekeeping staff which included one person for the laundry and three activities coordinators. There was also a registered manager and receptionist working weekdays.

People said their needs were met in a timely way. One person said "Service is as near to first class as possible here, it's very very good." They went on to say their call bell was answered promptly. One relative described how their relative was unable to use the call bell due to weakness in their arm, but felt assured that staff checked on their relative at regular intervals. The registered manager and provider were aware of the limitation of the call bell system for some people and had used assistive technology to good effect in some instances. However they had been unable to find the technology which would work in this particular situation.

Staff said there were enough staff available throughout each shift to meet the number and needs of people. One staff member said ''Occasionally we are short staffed, but not often and we usually pull together and help out on whichever unit needs the help.'' Another said ''Compared to where I worked before, there are far more staff and I think we can give people the best care.''

Staff understood the types of abuse that could occur and how to report concerns. Staff had received training in understanding abuse and the registered manager understood their responsibilities in working with the local safeguarding team when needed. There was a good audit trail to show how any concerns about possible abuse had been investigated and followed up. The registered manager and director talked about a proactive approach in ensuring staff had the right skills and de-escalation plans. These were detailed and specific for each person. Instructions were clear for staff to follow to ensure people were supported at times of stress and anxiety. The director said ''This approach is why we have few incidents of people being targeted by other people in the areas they live.''

Safe recruitment practices helped to protect people. Staff recruitment files showed checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form. We were assured that any gaps in employment histories were followed up during the interview process. No new staff were offered employment before all their checks and satisfactory references were received.

People were kept safe because risks were being well managed. Where risks had been identified measures were put into action to mitigate the risk. For example where someone had been assessed as being at risk of choking, the service had sought advice from the GP and speech and language therapist. Measures were used such as thickening drinks and ensuring food was served at the right consistency to reduce the risk. There were clear instructions for staff about how best to support the person to reduce the risk of choking. This might include how to position the person and how best to support them to eat and drink. Risks of

developing pressure sores were closely monitored and equipment used to reduce this risk. Staff understood the types of risks people they cared for may have. Staff were proactive in reviewing care plans and assessments to ensure risks were being fully monitored. We reviewed the care plan and risk assessments relating to one person who had grade three pressure sores as a result of them being resistive to care. They had used national assessment tools to identify the high risk of pressure sores. The person's behaviour plan documented episodes of agitated and resistive behaviour resulting in refusal to agree to physical health care interventions. Daily records showed the nursing and care team had involved specialist support of a community psychiatric nurse and consultant psychiatrist. They were working with the person and their family to gain their confidence and accept the support they need. Wound care plans showed the wounds were now healing.

The service had developed personal emergency evacuation plans (PEEPs) for each person. They were reviewing this information to make it more user friendly and quicker to reference. They also had emergency plans in place if bad weather prevented staff being able to travel. For example the provider had a four wheel drive vehicle which could be used with snow socks to transport staff in snowy conditions. There were arrangements in place with the local hospital which was next door, for people to be transferred there in case of an emergency which meant evacuation of the building.

The service was clean and mostly free from malodour. One corridor smelt and the registered manager said that despite regular deep cleaning of the carpet, the smell was lingering so they were looking to replace the carpet with easy to wash floor covering. There was a comprehensive cleaning schedule and a lead for infection control. Staff confirmed there was always a plentiful supply of protective clothing, gloves and cleaning gel. We observed good hygiene practices occurring throughout the inspection days.

Outstanding ☆

Is the service effective?

Our findings

People and relatives were confident they were receiving effective care. One person said "The carers here are all very good." One relative said "(our relative) has difficulties at night, with incontinence, …we are extremely pleased, they (carers) are prompt to attend to any request." Another relative sent us feedback following the inspection. They said ''My (relative), who has Alzheimer's, moved to this care home in October 2016. Within a few months, it became their home and my second home. Following are some of my opinions about this care home. I am greatly impressed by the care and dedication shown by all the carers in this home. A state-of -the- art internal information system provides real time information to management and staff about the residents, their circumstances and daily events. Moreover, this system gives the management the possibility to relocate during the day resources if and when necessary. Risk assessments to protect the residents and the staff are part of the daily routine. A special dedicated team of carers does very good work with organising events and other activities to keep the residents occupied.''

People received effective care and support because training was seen as a crucial element of delivering the right care following best practice. For example the service had recently had three days training with staff using a dementia tour bus. This simulates the experience of what it is like to have dementia and includes wearing glasses which may distort vision, gloves and shoe inserts which make walking difficult. They trained 112 staff and have committed to using this training on an annual basis so that new staff can receive this training as well as those who may require an update. Following these training sessions staff had pledged to make some changes to their practice and environment based on their experience from the virtual dementia tour. This included some quick wins, such as making sure they approach people calmly and have less noise in and around the environment. Moving forward they also hope that relatives of people who live at the service will be able to benefit from the virtual dementia tour. The director commented ''We got them (relatives) involved in our dementia strategy and our future plans as a result of the dementia tour bus. We had feedback from two families that they had seen a difference and when commented on to staff, the staff had indicated the bus as being the difference. ''
Our observations of how care and support was being delivered showed this learning had made a positive impact for people. For example we saw staff paying close attention to ensuring the environment was right for people. Ensuring there was calm quiet music playing at lunchtime. When people showed signs of distress ensuring they received support and effective communication to help them be become calmer. Staff understood the most effective ways of working with individuals to achieve good outcomes.
External accredited organisations were used to deliver training based on best practice. For example some staff had undergone training with the local hospice on best practice for end of life care. This involved training and mentoring from the hospice in the six steps to quality end of life care. An assistant practitioner was attending an 'Understanding Medication' course at Petroc the local college. A lead Nurse was also a dementia lead and had completed a dementia unit with the Open University, paid for by the provider. She was leading an 'Improving Practice' initiative following a successful training session provided by the dementia bus tour. This involved working towards more detailed dementia care plans for each of person in the complex suite. The process began with sessions with all of nurses and senior staff initially to encourage them to lead by example and drive individual dementia care. Our observations showed staff were skilled at working with people with complex dementia care needs. Staff were observant and responded quickly to

people's changing mood and needs. They worked proactively to provide the most effective care and support in a timely way.

People really benefitted from the fact learning and encouraging development of skills were seen as key to providing the right care. To this end, in addition to supervision sessions the director had offered a 'drop in clinic' to encourage staff to identify their training needs. The outcome has been for two staff being assisted to apply for nurse training. Most care staff members have also signed up for national vocational training (NVQ) training known now as diplomas in care. They had over 95% either with NVQ in care or in the process of obtaining a diploma in care. A need from overseas staff wishing to improve their English was identified and an English teacher had been employed to provide two to three teaching sessions a week. This flexible and nurturing approach to learning and development helped to motivate staff and give them the right skills to provide effective care and support to people. This support was extended to all staff. The director said ''we also have two hotel services staff completing an level 2 award, two kitchen staff completing an level 2 award and six assistant practitioners completing a Level 3 in management. Plus our Kitchen Manager is completing a Level 5 in hospitality.'' Throughout the inspection we were impressed by the skills and knowledge of staff.

Our observations showed people received really effective care because of staff having the right skills and support. This included the assistant practitioners developing lead roles and additional skills in areas such as continence and dysphasia. Examples of how this worked in providing the most effective care were in the detailed care plans and subsequent care delivered for people who had complex needs. One professional described how Eastleigh were keen to provide placements for people with complex needs, for example for younger people with moto neurone disease. The assistant practitioner (AP) role helped to enable nurses to plan the most effective use of their time and resources because AP's had been trained to take on some of the less complex nursing tasks.

The two lead nurses had recently enrolled on a course to enable them to deliver quality training. This was an accredited national course called Preparing to Teach in the Lifelong Learning Sector (PTLLS). They said this would enable them to deliver better training and mentoring support to staff.
The expert skills of staff had been recognised by other agencies. For example a care assistant had been nominated by their health and social care tutor for a World Skills Competition. This was a national competition for care staff. The competition tested the skills and knowledge of training care professionals through a series of live practical tasks, with adult patients played by actors and actresses. Following two days of training at Shipley College in West Yorkshire, eight finalists went head-to-head in role play scenarios observed by the judging panel, which ranged from stoma and dementia care to dealing with learning difficulties such as Autism.
The care worker from this service came fourth and will now become part of the judging panel for next year. Currently, a system was being arranged to enable them to utilise their care worker skills throughout the three homes owned by the provider. One health and social care tutor used the CQC website to provide the following feedback ''I have been visiting Eastleigh to complete staff training for four years now. I must say that I have visited many homes over the years and this one is outstanding. Management and staff are very friendly and welcoming in the home, especially the director and registered manager. I have never known a home who are so encouraging towards the training of staff, so much so that I am able to work full time with a full caseload just for Eastleigh (the majority of these learners are based in the Raleigh mead home). They encourage the staff in regular meetings to complete a diploma with myself and always puts posters up around the home offering staff to put their name on the list to sign up. The nice thing is that while the learners are completing the training with me the registered manager likes to hear updates on the individuals and shows a lot of interest in the units they are learning and the progress each member of his staff is

making…The thing that stood out the most for me is the person centred approach that the staff give, offering choice and treating the service users as individuals. The staff go out of their way to make sure that they meet the individual's wishes and preferences and never just assume. They encourage active participation and really take the time to get to know the service users individually, its lovely to watch.'' This supported our observations during the two days of inspection.

Reflective practice and sharing of good practice was used to enhance staff skills. For example regular dignity days were arranged by the homes dignity ambassador. A session was held in February where staff experienced being blindfolded and being hoisted. The staff member said "We want them to experience what it is like to have dementia; we get them to experience all bad care practice." These sessions were held for an hour every other month and attended by all care staff from day and night shifts. Their experiences and reflections were used to help the team think about how they needed to adapt their approach and style to personalise their interactions.

The week of our inspection visits they had national hydration awareness week with different events planned to promote good hydration for people. This included 'cocktail Tuesday' where various fruit cocktails were prepared and shared with people and their visitors. One staff member said ''It's a great way of getting people to join in and to try and get them to drink more.'' This proactive strategy was having a real impact for people. We saw people try new drinks and being encouraged to increase their daily intake of fluids which was key to maintaining good health.

The service had used innovative assistive technology to promote the most effective way to support people. For example one person had been assisted to have installed technology which allowed them a communication system and helped them retain some independence. For example the system was adapted to enable the person to make their own choices of which TV programme they wished to watch. The registered manager and director also spoke about a new initiative they had recently adopted called music mirrors. They had invested in Bluetooth speakers and sound system. This allowed staff to develop a specialist play list of music which was special to the individual. It might have included the music they had at their wedding or a song they sang to their children. Having the personalised playlist and speakers which could be moved to any area, allowed staff to use music to assist the person to listen to the music which was significant to them at times they may be distressed. Alternatively they said it could be used to help people share and recall memories of events from their past.

The design, layout and furnishing of the service had fully considered the needs of people and staff to provide the most effective care. For example bedrooms were all en-suite with tracking hoists in those where a nursing need required them to be supported with hoists. Corridors were wide with rails to assist people with their mobility. Contrasting colours had been used to enable people living with dementia to be able to differentiate between the walls and flooring. A lighting system had been installed in all communal areas which mimicked natural light and was turned down after lunch to allow a rest period then turned back up as afternoon tea was being served. In the dementia suites, each room had a memory box placed outside the bedroom. This allowed them and their family to put in things that may help them to remember where their room was. Room doors had also been personalised with pictures or symbols which the person had chosen, again to help them orientate to their room. In the complex dementia suite, the rooms had been designed so that when people woke up they would immediately see their ensuite. Sensors had been used to light up the ensuite when people got up from their bed. This acted as a prompt and cue for people to orientate themselves to their bathrooms. The design and colour schemes had been done in conjunction with a design company who sourced the furnishings form Sterling university (a leading university in the study of dementia

care).

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions of authorisations to deprive a person of their liberty were being met. There was a list of where the service had applied to the local authority for DoLS and if agreed the renewal date. 15 people had such safeguards in place and a further 24 applications were pending. The registered manager had made appropriate applications to safeguard people's rights and work in the least restrictive way. Staff were aware of who had such safeguards in place and why. Mental capacity assessments were clear, decision specific and where people lacked capacity best interest meetings were held. This was to ensure best interest decisions included people who were relevant to the person such as their relative, GP and community nurse. For example, one person, prone to constipation, required support around their shoulders, whilst sat on the toilet to prevent them from falling and to aid bowel function. A meeting was held with the registered manager, staff and family members. The outcome being that a specialist commode and wheelchair was to be provided to support this person's needs. This showed that staff knowledge and awareness of MCA had affected the most effective care and support whilst ensuring the right equipment was purchased.

Staff understood the principles of ensuring people were given choices and where possible people' consent was gained. For example when providing personal care, staff were mindful if this caused people distress and worked as a team to find the best approach. This may also include their family where appropriate. All staff demonstrated a clear understanding of their responsibility to gain consent from people before providing support and this was clearly recorded in daily records.

People were supported to eat and drink to ensure they maintained good health. Mealtimes were seen as an important event for people. There were enough staff available to support people who require help to eat and drink. People were offered a variety of meal choices, snacks and drinks throughout the day. The chefs, kitchen assistants and care staff were all aware of who required a modified diet to prevent the risk of choking. People's allergies, likes and dislikes were recorded and used to ensure meals were planned around these. Where people had poor appetites, their food and fluid intake was carefully monitored. Staff members said they felt confident to speak about people's specific needs. For example a care worker said they had been concerned about someone's poor dietary intake and had reported this to the lead nurse and discussed appropriate interventions. Some people had been referred to the GP and dietician for further advice and support to help them maintain their weight. Some people had been prescribed fortified drinks. In addition kitchen staff used powdered milk, cream and butter to increase calories where they were needed.

In order to ensure people were supported to make their own choices around meals the service used pictures and photos of menu choices. They also had a vast range and choice for people. For younger people this had sometimes included spicy foods and options of having their favourite takeaways.

There were good working relationships with healthcare professionals and it was clear from the records

people's healthcare needs were closely monitored and advice sought when needed. The service employed their own physiotherapist one day per week. This helped ensure people had effective support and exercise regimes to maintain or increase their mobility. For example one person had arrived at the service form another home being unable and anxious about mobilising. Following successful sessions with the physiotherapist and ongoing support from staff, the person was now able to mobilise for short periods.

One healthcare professional said ''I visit clients usually weekly, they tend to be people who are very distressed and are challenging for the staff to care for. I have found the care given to be very personalised, the staff nurses will highlight any unmet need, they do not automatically request medication as some nursing homes do. They are receptive to support and challenges'' One healthcare professional explained that the service had agreed to admit a person with complex needs who required a ventilator. The professional said ''This allowed the person to move from hospital to be nearer their family. They ensured staff had the right training to support this younger person with their complex medical needs.'' In order to provide this complex package of care staff received additional training on the right equipment to keep the person safe and well.

Good

Is the service caring?

Our findings

People and relatives said staff were kind and caring towards them. One person said "Lovely people, lovely people, very good care. Because I get such first class care I think of this as my home now. I love having the carers around me" One relative said "It's very good, we are paying enough, I think we are getting what we pay for. It's very difficult when you get dementia."

It was clear people and their families mattered. Staff understood people's needs wishes and preferred routines. People's views were listened to and acted upon and routines were not taken for granted. For example one person said they wanted to get up earlier. Previously they had said they preferred support to get up later in the morning. Staff had communicated this new request to other staff on duty and a note had been put in their care file to request staff check on them earlier the following day. One relative said they felt valued and saw Eastleigh as ''being as much a home to me as my relatives.'' Staff are so kind and thoughtful.'' Family and friends were made welcome and could visit at any time. They were offered refreshments and could enjoy meals with their relatives if they wished. Family and friends were encouraged to take part in social activities which occurred around the home. Where families lived too far for regular visits people were assisted to use technology to interact with family and friends via video link on the laptop.

People were afforded respect, dignity and privacy in the way care and support was delivered by staff. Staff understood the importance of ensuring people were comfortable with their care and support and that this only occurred in the privacy of their own rooms. We observed staff knocking on doors and waiting before entering. We heard staff ask if people would like a clothes protector at lunchtime to help maintain their dignity. Staff offered support in a kind and respectful way. When people required support with using the bathroom, staff were discrete and offered assistance in a kind and reassuring way. We saw many examples of staff being compassionate and caring to people throughout the day. This may have been a gentle hand rub, a chat or providing reassurance to someone who had become distressed and disorientated.

People were referred to by their preferred name. There was lots of laughter and good humour and it was clear staff knew people well, what they enjoyed and what was important to them. One staff member said ''Even though we are a big home, we do get to know people really well.'' Staff understood the importance of offering people choice and respecting people's wishes. People were supported to enjoy time where they felt most comfortable. For some this meant spending most of their day in their own room. Staff said they would ensure everyone was checked to ensure their comfort but their wish to have privacy was always respected. When personal care was being delivered staff used a sign which said "I have care staff with me please knock and wait." Key fobs were in use in some areas to allow people privacy in their own rooms. People and their families were encouraged to decorate doors and personalise rooms with furniture and pictures, one person has their room painted pink, as this was their favourite colour.

The service had received many compliments and cards to thank staff for their caring and kindness. Comments included ''Thank you for going that extra mile for mum, she thought of you all as friends and Raleigh Mead as her home. What more could we have wished for.'' And ''Thank you for all the care, love and support you gave (name of relative) in her final months.'' ''Eastleigh is superb…your staff are outstanding…

nothing is too much trouble for you.''

End of life care was discussed and offered where possible. People were given as much support at the end of their lives. This was part of their care planning process and people's wishes where discussed and documented. Two staff were completing a comprehensive training module on end of life care with the local hospice.

Good

Is the service responsive?

Our findings

The service offered a comprehensive and responsive activities programme throughout the week. The activities coordinators were praised by people and their family members. One person said ''I enjoy the music sessions, quizzes and trips out. Sometimes we go out for a drive, sometimes we go to the local pannier market, depends on the weather.'' They also had paid entertainers and visiting school choirs. In addition visits to places of interest and meals out were also organised on a regular basis which people said they really enjoyed. On the first day of the inspection four people were going out to watch the start of the hunting season on Exmoor. One staff member explained that this was a really important event for people who had been part of the farming community all their lives. Similarly, regular trips were made to the local pannier market in South Molton. Thursdays were the busy market day where cattle were sold in the market town of South Molton. People who had lived in this community enjoyed these trips to still remain part of the town life. Local clergy visited to offer communion and prayers. The programme of activities showed how the service considered and planned for people's diverse needs.

We observed one example of a staff member not being responsive to someone's needs during lunchtime. The person was becoming restless and had finished their main meal. The care worker who had been assisting the person asked the staff member who was in the kitchen area if they could have the person's pudding and was told not until all main meals had been given out. As they were waiting for more items to be sent up from the kitchen, the person we were observing sat for over 20 minutes with no food in front of them. We fed this back to the registered manager and director, who said the person would have needed a soft diet so it was possible they were waiting for this to come up. They accepted that people should be assisted in a timely way and agreed to review practices at lunchtime to ensure they were responsive to people's needs and wishes.

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. This was achieved by ensuring people's needs had been assessed prior to them coming to the service. The director said that wherever possible they visited the person and their family before they were admitted. They liaised with their GP and other care givers to gain a better understanding of people's needs, so they could prepare for their admission. People were assessed for risk of malnutrition, skin condition and falls. Everyone was initially put on a fluid and food chart so that care staff could monitor their intake. Their weights would be monitored to see if they needed to remain on a food and fluid chart. Any wounds were photographed and then measured to see how the wounds were progressing. The director said that sometimes people were very different once they came to the service and their needs may increase or decrease. They needed to be flexible in their approach and plot their care planning as they got to know people better.

Care plans demonstrated a person centred approach and were commenced on admission and reviewed regularly. A 'This is Me' was offered to families to complete. This helped family and friends give important information about the person, what was important to them and an opportunity to share their life history. This enabled staff to know the person and not just their needs and physical conditions. Food preferences were also documented. The 'This is Me' document was available to accompany people should they require

hospital admission. Family and the people were offered a copy of the care plan for their own reference. Care reviews took place six monthly and where possible were done with the person present. A system for arranging meetings with family members had recently been introduced. People were encouraged to write their comments on their review forms.

Staff knew each person as an individual, their preferences and interests. Staff spoke confidently about people's preferred routines and what was important to them as individuals. Staff also knew and welcomed visitors. One relative said ''The staff really know (name of person) and they know me well too now. Always have a cuppa ready for when I arrive.''

People's views and opinions were listened to and gained in a variety of ways. There were regular meetings where people were encouraged to discuss menu options, activities and anything else they wished the service to improve

People's complaints and concerns were acted upon. People and relatives said they were confident in the registered manager, director and staffs' ability to resolve any concerns they may have. There was a clear audit about how complaints had been investigated and responded to. The complaint policy was displayed around the service and people were given copies as part of their admissions process.

Outstanding ☆

Is the service well-led?

Our findings

People, relatives and professionals gave us consistently positive feedback about the quality of care provided and the management approach. One person said "It'll take a bit of beating…it's well run, and I have known some of the carers since they were very young." One relative said ''The management team here are second to none, I am very happy with everything. 'Written feedback from one relative stated ''Eastleigh is superb… your staff are outstanding…nothing is too much trouble for you.'' One relative contacted us following the inspection and said ''the registered manager goes the extra mile to make sure the service is right for the person. Nothing is too much trouble. When I mentioned my relative loved watching birds, they fitted a bird feeder to the outside window. When I brought in a new television (name of registered manager) went straight away to set it up and hang it on the wall because he knew the Euro football was important to my dad.''

One professional who provided training said ''The professional relationship that I have with the registered manager is fantastic, I find him very approachable and he is more than happy to offer me a comfortable room to deliver training and to complete employer feedback. I have an average of 65 learners in Eastleigh, so many in fact that we have recently had to take on another assessor to support with the growing numbers. Not only that but the learners that complete level two with myself also go on to progress to level three.'' Another professional said ''The management at this home are very open and work with us to provide high quality person centred care.'' They explained that they had been working with some people who were subject to the court of protection and the service had provided detailed care plans and information to enable them to work with the courts to effect the right care package and support.

There was a strong commitment to continuous improvement, both through investment in staff learning and support. Staff were enthusiastic about learning and improving their skills. They said this was embraced by the registered manager and provider. For example one staff member said ''Any training we ask for they try their best to organise and fund.'' Following the staff team having training using the dementia tour bus, they all pledged to do things in a different way. Ideas from this learning had been put into practice and the service had devised a dementia development plan. For example, they were changing the colour of plates from white to a dark colour. Towels had been amended to more appropriate colours. People's walking frames had been painted colours so they could be seen more easily. The director said ''Staff feedback as a result of the development plan has helped us to reshape our shift patterns following their feedback about pressure points during the shift and specific time needs by residents'' This mean staff shifts were staggered so that some staff stayed longer in the evening to enable people to have the one to one care and support needed to settle down and get ready for bed. Staff rotas also changed to allow a 30 minute handover between shifts. The registered manager said this was to allow staff the time to ''discuss people and their changing needs in detail.''

The care worker who came fourth in the world skills competition had been invited to become a 'WorldSkills' ambassador, a prestigious role that will see her attend key events, meetings and activities to share her experience, knowledge and passion for Health and Social Care skills. This will help the service share their best practice and ideas as well as learn from other organisations.

The director and provider were visible and present at the service most days. Together with the registered manager they operated an open door policy so that people their families and staff could speak to any one of them about their ideas suggestions or concerns. The director said they did the same training as care staff and if needed were on hand to offer support to a shift. The director and registered manager had a strong commitment to making sure they knew people well and developed relationships with the people who were important to them. One healthcare professional said ''The registered manager knows people well, the two lead nurses are very good on understanding people's clinical and social needs. They work well together and have provided people with complex care needs with the right care.''

The registered manager and director worked closely with senior care staff and other members of the staff team to promote the ethos of providing 'the standard of care and attention, in the quality of environment that you would want, and to be able to cater for changing needs within a professional approach.' It was clear staff embraced this ethos. This was evident in their willingness and enthusiasm to learn and develop their skills, as well as being actively involved in the running and development of the service. For example staff were keen to take on additional roles and champion best practice such as dignity. Regular dignity days were held to ensure best practice was ongoing and to help staff learn and improve from reflective practice.

Comprehensive audits were used to drive up improvement and enhance the lives of people using the service. This included trialling new menu items when people had said they were bored or did not like some of the menu options available. The changes took into consideration people's suggestions and requests to encourage people to eat a balanced diet and to encourage those with a reduced appetite. Where audits showed a trend such as a cluster of falls for one person, the service was proactive in involving the GP for a medicine review and exploring medical factors as to why falls had occurred.

Staff confirmed they felt really valued and appreciated for their work. One staff member said ''The registered manager and director are very willing to listen to ideas and encourage us to get involved in projects like the ideas for hydration week. We also have dignity champions and training on how it feels to be a resident. I can't praise the managers enough for the way they support us.'' We heard how staff could be nominated for being outstanding in their work. If they were voted by staff and people living at the service, they were awarded an extra day's leave or the equivalent amount in gift vouchers.

The leadership team were forward thinking and inclusive. They worked proactively with other organisations to ensure that they were following best practice. For example, working closely with the local hospice to ensure the service was delivering the best possible end of life care. One relative wrote to us with their views about the end of life care of their relative. ''The standard of nursing and care was excellent and the journey to (their end) was, in our opinion, faultless. He was carefully and lovingly looked after. He was a complex patient and diagnosed with terminal cancer a few months after he moved in. As a family we enjoyed a further 13 months of fun and laughter and the standard of all aspects of his care was excellent throughout. Food very good, Laundry very good. Excellent liaison with local GP surgery and Hospice Nurse. As close relatives we were always accommodated and very well looked after. We were updated with the decline of his health and made aware of concerns. During the last few weeks he declined rapidly and all staff attended to his needs in a very professional manner. Every consideration was shown to ensure his needs were met. At the end of my Father's life he was treated in a very dignified manner. In our opinion this has to be one of the finest homes in Britain.'' One healthcare professional said ''They go the extra mile, work collaboratively with us and provide good care.'' An independent advocate said ''I have been very impressed with the communication, feedback and willingness to work with others to achieve the best results.'' They gave

examples of how the senior team had been working in an innovative way to ensure people's needs were being met. They gave an example of one person who was no eating well and the service had worked out that in their former life the person worked in an environment where they had packed lunches so provided a lunch box. For another person they ensured they were given choices such as takeaway meals to encourage them to gain their appetitive.

There was a strong emphasis on continually striving to improve, taking into account the views of staff and ensuring best practice was followed. For example, the provider information return stated ''Home management team have developed a team structure where staff are included in decisions that affect the operational running of the home.'' We saw examples of how this was working in practice. For example the development of lead roles for staff had given them a greater sense of the impact of good practice had on the delivery of best care for people. Staff had been involved in infection control audits and this had helped highlight where poor practice may occur and how as a team they could improve their practice. One staff member who was part of being a dignity champion explained how their role had helped staff to better understand the needs of people they worked with.

The service maintained excellent links with the local community. They ensured people remained part of their community with regular visits to the local pannier market and important events such as the start of the hunt, which was very special for some people who lived at the home, as their heritage was being part of the local farming community. They took part in the local carnival each and this year had agreed to do a joint float with the local primary school. The impact for people of having these important local links was very positive. People talked about wishing to remain part of the local farming community and said how much they enjoyed visiting the pannier market.

The registered manager and provider understood their responsibilities in respect of duty of candour. Where they had reviewed incident reports or complaints and concluded the service could have done things differently, they acknowledged this. For example where one person who was on a modified diet had complained about the consistency of the food they were served, the director sourced a different food processor which allowed the kitchen staff to get food to the consistency the person preferred.

The rating from the last inspection report was prominently displayed in the front entrance of the service and on the provider website.