The Royal British Legion

Halsey House

Inspection report

Norwich Road
Cromer
Norfolk
NR27 0BA

Tel: 01263512178
Website: www.britishlegion.org.uk/can-we-help/poppy-homes

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Halsey House is a residential home that provides care, support and accommodation for up to 89 older people, some of whom may be living with dementia. Danbury Lodge is located in the grounds of Halsey House and is a specialised dementia unit. Danbury Lodge is included in the registration for Halsey House. At the time of our inspection there were 16 people living in Danbury Lodge and 66 people living in Halsey House.

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.

Halsey House was a well led service, with strong values and a vision to involve people as much as possible and continually improve people's experience. The service adopted various initiatives such as Namaste Care (a sensory program designed to improve the quality of life for people with advanced dementia.) We saw evidence that these initiatives had a positive impact on people and significantly improved their lives and wellbeing.

The service had achieved repeated accreditation to the "Six Steps to Success" (a nationally recognised end of life care programme). Halsey House had also adopted the principle of Advance Care Planning from the Gold Standards Framework (an accredited, systematic evidence based approach to optimise care for people approaching the end of life). In addition, the service had integrated Namaste care into its palliative and end of life care approach. It was evident that these approaches also had a positive impact on people by enabling people to live well until the end of their lives.

People lived in a safe environment because staff knew how to recognise signs of possible abuse and knew the correct procedures for reporting concerns. Staffing levels were sufficient to meet people's needs and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

Identified risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively. The premises were well maintained and any safety issues were rectified promptly. Medicines were managed and administered safely in the home and people received their medicines as prescribed.

People were supported effectively by staff who were skilled and knowledgeable in their work and all new members of staff completed an induction. Staff were supported well by the manager and the provider.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The manager and staff

understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance.

People had enough to eat and drink and enjoyed their meals. When needed, people's intake of food and drinks was monitored and recorded. Prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Staff in the home were caring and attentive. People were treated with respect and staff preserved people's dignity. Visitors were welcome and people who lived in the home were encouraged and supported to be as independent as possible. People were also able to follow a wide section of pastimes or hobbies of their choosing.

Assessments were completed prior to admission, to ensure people's needs could be met. People were involved in planning their care and received care and support that was person centred and individual to their needs. Risk assessments detailed what action was required or needed to be carried out to remove or minimise any identified risks.

People and their families and friends were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible. Communication between the management team, staff, people living in the home and visitors was also frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out by the provider in order to identify any areas that needed improvement.

Halsey House was a well-led service, with positive and inclusive leadership at all levels. There were strong connections with the local community and the service had very good working relationships with various stakeholders. People said they would recommend it to others.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

The premises were well maintained and any safety issues were rectified promptly.

Risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively.

Staffing levels were sufficient to meet people's needs. Appropriate recruitment procedures were followed to help ensure prospective staff were suitable to work in the home.

People were supported to safely take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were supported by way of relevant and bespoke training, as well as supervisions and appraisals to deliver care effectively.

People had sufficient amounts to eat and drink in the home. Some people living in the home took part in a Dehydration Recognition in our Elders (DRIE) study. A smaller group of people also continued with this as the 'Halsey House Resident Advisory Group'.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

Is the service caring?

Good

The service was caring.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity.

People living in the home and their relatives were involved in regular reviews of their care plans and people planned their own care as much as possible.

Visitors were welcome and people were encouraged and supported to be as independent as possible.

The service provided excellent end of life care for people and had achieved repeated accreditation for a nationally recognised end of life care programme.

People were supported to pass away in a comfortable, dignified and pain free manner. Staff were trained and knowledgeable about how to deliver end of life care in an anticipatory and sensitive manner.

Is the service responsive?

Good

The service was responsive.

People received care and support that was person centred and individual to their needs. There was a wide range of varied and meaningful activities for people to take part in. People living in Halsey House, including those living with dementia, were kept engaged and stimulated and chose how and where they wanted to spend their time.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People and their families and friends were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Good

The service was well led.

Halsey House was a well led service, with strong values and a vision to involve people as much as possible and continually improve people's experience.

There were strong connections with the local community and the service had very good working relationships with various stakeholders. People said they would recommend it to others.

The service adopted various initiatives to improve the quality of life for people living in the home. The manager welcomed and

embraced new ideas for development and involvement in research programmes, which had a positive impact on people and significantly improved their lives and wellbeing.

There were clear leadership structures in place and communication between the management team, staff, people living in the home and visitors was frequent and effective.

The service had received repeated recognition, awards and accreditation for their work on improving the quality of life of people living with dementia, as well as for people at the end of their lives.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out to identify any areas that needed improving. Prompt action was taken in order to improve the quality of care delivered.

Halsey House

Detailed findings

Background to this inspection

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

This inspection was unannounced and was undertaken on 28 and 29 September 2016. The inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, the provider completed a 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.

Other information we looked at about the service included statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Because some of the people who used the service were not able to tell us in detail about their care, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk directly with us.

During this inspection we met and spoke with 20 people living in the home and three people's relatives. In addition, we observed care interactions between people using the service and members of staff. We also spoke with the manager, administrative staff, kitchen staff, ancillary staff, a volunteer and nine care staff, including seniors and heads of department. We also received detailed feedback from the provider's head of care and advocacy services (referred to in this report as the head of care).

We also sought feedback from health and social care professionals and received responses from 10 of these people directly.

We looked in detail at the care records for six people and a selection of medical and health related records

for a number of other people currently living in the home. We also looked at the records for two members of staff in respect of training and recruitment and a selection of records that related to the management and day to day running of the service.

Good

Is the service safe?

Our findings

People living in Halsey House and their relatives told us they felt safe. One person said, "I feel very safe here. I know if I had a problem I could speak to the manager." Another person told us, "I certainly feel very safe here and like the routine." A third person said, "I feel very safe. The whole experience is good for me here; as opposed to being on my own at home." A further person living in the home explained, "I am at risk of choking and I feel safe if anything happens here."

The manager demonstrated that they understood what constituted abuse and told us they followed the correct reporting procedure as and when necessary. Staff also told us that they were confident with regard to recognising signs of possible abuse and said they reported anything they were concerned about straight away. One member of care staff told us, "I know what constitutes abuse but would always inform the manager if I was going to report anything upwards or outside of the home." Another member of care staff said, "I would report anything like that to the senior or the manager."

The staff records we looked at showed that staff had received training in protecting vulnerable adults, which also helped ensure they knew how to keep people safe. We saw that information regarding safeguarding and raising concerns was displayed on the noticeboards in the main house as well as in Danbury Lodge, with details of who to contact if needed.

People living in the home had individual risk assessments regarding various aspects of their everyday lives. We saw these covered areas such as the use of bed rails, nutrition and hydration, protection from pressure ulcers, mobility, falls, behaviour, health conditions and personal care. Where risks to people's safety had been identified, we saw that these were recorded clearly, with guidance for staff that showed how to support people safely and effectively. Staff had easy access to these documents and we saw that they were reviewed and updated on a regular basis.

The head of care told us that the home had a policy of supporting 'positive risk taking'. They explained that if a person wished to undertake an activity or made a decision that could pose a risk to their health and safety, the person would be supported to understand the possible consequences. The head of care told us that a plan of care would be implemented, with the involvement and agreement of the person. This would enable staff to support the person with their choice, whilst minimising the risks as far as possible. They added that staff adhered to mental capacity guidelines, in order to uphold the rights and freedom of people to "live" their lives.

One member of care staff told us, "Residents are assessed for bed rails and wheelchairs. Staff are trained to use these restraints properly, although wheelchair straps aren't a regular feature here. If a resident doesn't want their bedrails used, we risk assess and explain the risks to them [person living in the home] if we can. Then it's all written down in the resident's care record." Another member of care staff said, "We [staff] are fully trained to use bed rails and lap straps appropriately and properly."

We noted that risk assessments and clear protocols were in place for one person who was deemed as being

at risk of falling by climbing over their bed-rails. The guidance showed that this person required one-to-one support, plus the bed to be positioned at a low level, with a safety mat alongside it. We saw evidence to confirm this guidance was followed accordingly.

Staff we spoke with also told us that they understood how to keep people as safe as possible and explained how they would respond to any kind of emergency when on duty. For example, one member of care staff told us, "We [staff] would press a buzzer and others would come to help. We'd take action as necessary". Another member of staff told us, "A member of staff would raise the alarm. Staff would come up or down from other floors and the situation would be assessed. We would dial 999 if required."

We saw that each person living in the home had a personal emergency evacuation plan (PEEP), which provided staff with clear information and guidance for both day and night times. For example, one person's night PEEP explained that two to four staff would be needed to transfer the person onto a floor mattress and slide them through to a safe area.

Staff told us they always reflected on any accidents, incidents or 'near misses' and learned from these, to help prevent repeated instances. Staff explained, "Whenever we [staff] have a near miss; perhaps a resident has almost fallen off a chair, we review what happened and we determine what we can do to prevent it happening again. We learn from this." And, "We [staff] talk about what went wrong and learn from it."

Maintenance and health and safety checks were carried out regularly by designated staff. These checks included fire alarm tests, fire drills, safe management of water systems and Legionella. Legionella is a bacterium which can grow in water supplies and can cause people to become ill. We also noted that the service had clear evacuation plans. In addition, there was a business continuity plan, to ensure the service could continue to operate in the event of an emergency. All these measures helped ensure that people were kept safe and able to live in a safe environment.

During this inspection we saw that there were mostly enough staff on duty to support people and safely meet their needs in the main house. We noted that Danbury Lodge consistently had sufficient staffing levels that were constantly reviewed. The manager told us that people's dependency was continually assessed and that they did their best to ensure that staffing levels remained sufficient and appropriate. A community mental health nurse told us, "The Danbury unit seems to have good staff retention, which I always feel is a good indicator of a content workforce."

The manager explained that they had recently carried out a recruitment drive and were in the process of recruiting six new members of staff. The manager also explained that there had been a few difficulties with staffing levels recently but that they had used agency staff when needed. The manager told us that both they and the deputy were supernumerary to the rosters, which meant they could also step in to help with support work as and when needed. In addition, it was explained to us that whilst there had been difficulties in recruiting new staff, the manager had temporarily suspended admissions and the home operated at a lower occupancy rate. This was to ensure the people already living in Halsey House would continue to be supported by appropriate numbers of staff and have their needs fully met.

A member of care staff told us, "We have a dedicated team of people. We do quite well, but when there are recruitment issues, things can fall down". Another member of care staff said, "Morale has been quite low with staffing levels down." With a further member of care staff adding, "Staffing has been low and this gives us pressure. We have new staff coming on now which will help."

People living in the home also told us that they felt there were usually enough staff on duty to support them

and respond to their needs in a timely way. For example, one person said, "If I need any help quickly then I know to press the buzzer and someone would come." Another person told us, "If I needed any help I know that if I press the buzzer someone will come fairly quickly." A third person said, "I know that if I needed some help, to press the buzzer; the time it takes for them to come depends on what is going on and if they are really busy." A further person explained, "Sometimes they [staff] are short but it doesn't impact on us [people living in the home], as the nurses and the carers just work harder and look after us."

The staff files we looked at, and a discussion with the manager and staff, confirmed that appropriate recruitment procedures were followed. This helped ensure that all new staff were safe to work with people who lived in the home. All staff were checked for suitability with the Disclosure and Barring Service (DBS) and appropriate references were obtained before they started working in the home. The manager also told us that all staff were required to sign a statement, whereby they undertook to declare any relevant information or changes to their DBS status, prior to it being rechecked.

People living in the home and their relatives told us they had no concerns about the way medicines were managed and administered. One person using the service told us, "I always get the few tablets I need on time, as they keep them in my room which I think is a good idea." Another person said, "I get my tablets when I need them as they are kept in my room; so I can keep an eye on things." A third person explained, "I know what I take. I always get it on time perfectly."

Medicines were managed and administered safely in the home and people received their medicines as prescribed. We looked at the medicines storage and recording systems and saw that each person's medicines were appropriately stored in lockable cupboards in their own rooms, which promoted person centred care for people. The records we looked at, including the medicines administration records (MAR), were clear, up to date and completed appropriately.

At the time of this inspection we were told that nobody was receiving their medicines covertly (disguised). However staff we spoke with confirmed their understanding of what 'covert' meant and knew the procedures to follow should this be needed.

We saw that regular audits of medicines and accompanying records were completed regularly by designated staff in the home. In addition, we saw that more detailed audits were carried out every six months by a local pharmacy.

Good

Is the service effective?

Our findings

People were supported effectively by staff who were skilled and knowledgeable in their work. One person told us, "I'm a state registered nurse; I'm old school and I can see things they [care staff] should be doing." Another person said, "The carers here are good. They really know what they are doing and understand my needs." A third person told us, "I am sure they know what they are doing and I have every confidence in them." A few people commented that they felt that some staff weren't as confident as others and that some agency staff didn't seem to be quite as knowledgeable. For example, one person living in the home told us, "Most of the staff are well trained and know what they are doing. However, there are one or two who are not so good and don't always know all the things they need to know."

Discussions with the manager and staff confirmed that all new members of staff completed a full induction process. In addition, new staff who weren't already appropriately qualified, completed the 'Care Certificate'. The manager told us that training was planned a year in advance and that staff were taken off the duty roster, so they could attend the training sessions. The manager also explained that disciplinary procedures were followed in the event of non-attendance, without good reason. These measures helped ensure that all staff consistently received relevant training that was kept up to date.

Staff at the home showed a commitment to learning. Staff were keen to increase their knowledge and improve their understanding, in order to provide the best quality of care for people as possible.
A health and social care professional told us how they had visited the home on a number of occasions. This was in their capacity as a community mental health nurse and, more recently, for engagement with a research study. This person told us they had provided informal training to the staff, who had willingly attended with positive and open attitudes. This person said how staff spoke openly about the problems they encountered when caring for people living with dementia but were also prepared to look critically at the way they provided care. This health and social care professional stated that staff were open to suggestions and possible solutions and took time to make sure they fully understood any suggestions made.

We noted that training on diet and diabetes was held in the home on the second day of our inspection and we heard members of staff giving the manager feedback from this. One member of staff said, "It was really interesting and really good; I learned a lot." The trainer also came in to the manager's office and commented on how positive the staff had been. The trainer said that the staff had all been very willing and eager to learn, adding, "That was an excellent training session. All your staff really engaged well."

Some of the training we noted that staff had undertaken included dementia awareness, fire safety, medicines administration, safeguarding and moving and handling. We also noted that some staff had completed training for specific health conditions that some people living in the home had been diagnosed with. A member of care staff confirmed, "We have mandatory training; moving and handling, safeguarding, COSHH, Medication and End of Life care."

Staff and the manager told us that supervisions and appraisals took place on a regular basis. Staff also told us that their competence was regularly tested to ensure their training had been effective and was embedded

into their day to day practice. All the staff we spoke with said they were happy in their work and felt supported by the management team, heads of department and other senior staff.

One member of care staff told us, "The training is very good and we have regular supervision; the support here is very good". Another member of staff said, "We all have training and regular supervision. It helps to build your confidence."

We observed that communication between the whole staff team was frequent and effective and information was handed over appropriately at the end of each shift. We also saw that staff meetings were held for each department on a regular basis. Short and concise meetings were also held with all 'heads of department' every Monday morning.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of the liberty were being met.

The manager and staff told us that they understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance. One member of care staff told us, "I complete the DoLS paperwork." Another member of care staff said, "We have a number of DoLS applications in. I'm fully trained in DoLS and the MCA and do the administration." A third member of care staff explained, "I've had training on mental capacity and DoLS but I don't do the paperwork."

Staff and the manager also demonstrated that they followed the principles of the MCA when they needed to make decisions on behalf of people lacking capacity. The manager confirmed that capacity assessments had been completed and applications for DoLS had been submitted for a number of people living in the home. These were mostly because people were unable to leave the home without staff support when they wanted, or because some people required close supervision and one-to-one staffing at times. We saw a DoLS authorisation for one person and observed that staff adhered to the conditions accordingly. We noted that staff guidance stated, "To alleviate any restriction of movement, [person] has opportunities to leave the premises with a carer and utilise the communal grounds and gardens."

The manager and staff told us that people living in the home were always asked to give their consent to their personal care, treatment and support. We noted that staff consistently gave consideration to people's mental capacity to make particular decisions. Staff also knew what they needed to do to make sure decisions were taken in people's best interests and involved the appropriate professionals where necessary.

People living in the home confirmed that their consent was always sought before staff did anything. For example, one person said, "They always ask if I am happy before they do anything." Another person told us, "They always ask before they do any personal care for me, which is really nice." A third person said, "The carers are very polite and always ask if it's alright to do things for you."

People who lived in the home told us they had enough to eat and drink and most people said they enjoyed the food that was provided. One person told us, "The food is alright and I can choose what I want from the menu. I love the apple crumble which I am now eating." Another person said, "We do have enough food. The menu varies over three weeks. I like most things but I don't eat fish. Sometimes I'll order something different, like an omelette." A third person also told us, "The food's good and there's plenty. I have my breakfast in my room and lunch and tea in the dining room."

However, some people said that the menus were a bit repetitive and that they would like to see more variety. For example, one person living in the home said, "The food is generally good but the repeat menus can make it a bit boring." Another person told us, "Sufficient yes; but it's not always what I want. It's alright if you're only here for a short time but it gets boring after a time. There aren't enough different choices."

We spoke with the manager who told us that they were currently in discussions with people living in the home, as well as the chefs and kitchen staff to try and improve the menu selections. In addition, the manager told us that following comments and suggestions from people living in the home and relatives, the lunch period had been moved from 12 noon to 12.30pm. The manager said they had asked for feedback since the change and everyone had responded that they were happy.

We observed the lunch period in the various dining rooms of the main house and Danbury Lodge and saw these were pleasant and calm environments. We also noted that mealtimes were 'protected' times, particularly on the nursing unit, to ensure people received a high quality mealtime experience. Some people chose to eat in their rooms and some required assistance to eat their meals. We saw that sufficient staff were available to meet people's individual needs with eating and drinking in a respectful and unhurried manner.

We saw that there were two options for each of the main meal and dessert. People also told us that they could have something different if they didn't want what was on the main menu. People's individual requirements were catered for such as being vegetarian, diabetic or requiring a soft or pureed diet. We also saw that the daily menus clearly showed what allergens were in the meals, such as gluten, wheat, milk or nuts.

We saw that eight people chose to eat in the smaller dining room on the second floor of the main house. A larger number of people were seen having lunch in the large dining room of the main house. Both of these rooms were light and bright and the tables were laid with a table cloth, mats and appropriate cutlery and drinking vessels. We noted that people were able to choose the vegetables they preferred and the portion sizes they required. We observed that staff requested people's permission before putting clothes protectors on them. We also heard one person living in the home being asked gently by a member of staff if they needed help to cut up their food.

Some of the people living in Danbury Lodge needed higher levels of support with eating and drinking. We heard staff talking to people in a kind and reassuring way, explaining what was happening and gently but enthusiastically encouraging people to eat and drink.

Throughout the main house and Danbury Lodge we saw that people were encouraged to do things for themselves as much as possible but that staff assisted people to eat and drink when needed. We observed that staff were attentive to people's individual needs and people were not rushed with their meals.

Staff explained that if people were not eating or drinking sufficient amounts, their intake of food and drink was monitored and recorded. This enabled appropriate action to be taken promptly, to help ensure people stayed healthy and well. One member of care staff told us, "If a resident has a BMI (body mass index) of less

than 17 we refer them to the dietician. They [dietician] will often recommend supplements. Where malnutrition risks are concerned we offer high fat foods and with dehydration we have fluid balance charts to monitor intake." Another member of care staff said, "We weigh everyone monthly and anyone at risk more frequently. Residents are always encouraged to drink."

A lecturer in nursing sciences told us that they and their colleagues had worked with the staff and people living in at Halsey House since 2012, in the capacity of visiting researchers. This person explained how some of the people living in the home had participated in a Dehydration Recognition in our Elders (DRIE) study during 2012 and 2013. A smaller group of people also agreed to continue with the research, which remains ongoing, as the 'Halsey House Resident Advisory Group'. This group regularly discusses and considers ideas about what could help them and others to 'drink well'. It was evident that this involvement has had a positive impact on people's lives in the home by raising everyone's understanding and awareness of the importance of 'good hydration'. For example, the manager told us that, since participating in this study, there had been a notable decrease in the number of health problems that were often caused by inadequate hydration. Such as confusion, urinary tract infections, headaches, irritability and a greater risk of pressure sores.

Throughout our inspection we heard staff regularly asking people if they would like a drink. We also saw that people had consistent access to a variety of hot and cold drinks and noted that one person chose to have a beer with their lunchtime meal.

We saw that people's general health and wellbeing was reviewed by staff on a daily basis and care records were kept up to date regarding people's healthcare needs. People living in the home and their relatives told us that they were supported to maintain good health and had access to ongoing healthcare support. One person using the service told us, "I can see the doctor whenever I want to, which is really good." Another person said, "The nurse comes round every day and will see you if you have a problem. You can always see the Doctor if you need one."

The manager and staff told us that they regularly sought and followed guidance from healthcare professionals. This helped ensure people continued to be supported and cared for effectively. One person living in the home told us, "I see the chiropodist every eight weeks or so and the Nurse Practitioner comes in regularly. They [nursing staff] have done a great job with healing my leg ulcer. When I was at home different district nurses kept trying different things but in here there's continuity and what they [staff] have done has worked."

The manager explained how, in addition to the services provided by people's GPs, Halsey House funded regular visits from other healthcare professionals to provide ongoing and consistent support for people living in the home. For example, a nurse practitioner from the local surgery visited each morning. On arrival, the manager and deputy would give the nurse information regarding the people who needed to be seen. The nurse then provided clear feedback of any action taken during their visit. In addition, a physiotherapist visited Halsey House once a week and an occupational therapist visited once a fortnight.

The practice manager from the local GP surgery gave us positive feedback about Halsey House. They said, "I have spoken to the Partners and we all agree that Halsey House offers a very good level of service. [manager] is a good team leader and places the needs and concerns of her patients as a priority. There are no concerns. We have an excellent relationship with [manager] and her team who all put a lot of time and commitment into looking after their residents. [Manager] is not afraid to stand up for what she believes is right and is always putting the patient first." The practice manager added, "I have to say; if I had an elderly relative, then I would hope they received the care and kindness any one would from the staff at Halsey

House."

Good

Is the service caring?

Our findings

People living in the home described the staff as being caring and respectful. We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of all the staff who were supporting them. We saw that staff gave their full attention when people spoke to them and noted that people were listened to properly.

One person living in the home told us, "The staff here are really nice and nothing is too much trouble." Another person said, "Oh yes I'm treated well here. The staff are very good; I'm not uncomfortable with any of them." A third person stated, "Oh gosh they [staff] are very caring and they are all very pleasant. They are very kind and nothing is too much trouble; they are very respectful, the girls [staff]."

We saw that that the home had received a lot of thanks, praise and positive feedback regarding the care and support in the main house as well as Danbury Lodge. For example, One person's relative had recently written to the manager saying that all their family felt that the care, love and attention given to their family member was second to none. They added that, "Having seen some other dementia wings, we firmly believe that the Danbury unit is a wonderful exception to the norm and a beautiful place to stay with truly caring and attentive staff."

A relative of a person living in the main house had written to say how lovely it had been to walk into Halsey House and find their family member, with other people, watching Wimbledon and being served a strawberry cream tea and [summer drink]. This relative added that, "It made me realise I don't thank you and your colleagues enough for all you do for [family member]. He is the first to say that he couldn't finish his days in a better place and that staff go way beyond their duties to help him and others."

Following Christmas 2015, we saw a letter from a person living in the home which read, "Thank you so much for the lovely Christmas gift and all the hard work that went into making Christmas so enjoyable for us. There were so many things like all the Christmas trees and decorations, the way the tables were decorated and, of course, the hard work in the kitchen. The lunch was excellent; especially no washing up afterwards. The way you all joined in with the tee-shirts etc. made a very enjoyable day; so much better than being alone."

Discussions with people, plus our observations of staff interactions, demonstrated that all the staff had a good knowledge and understanding of each person. It was evident from the information we looked at in people's care records that people living in the home and, where appropriate, their families had been fully involved in planning their own care. All the care records we looked at reflected people's personal histories and preferences, which meant that staff could support them with their preferred lifestyles. A member of care staff told us, "We build a picture and form a relationship with the resident and their family. We get to know them".

We noted how one married couple wanted to continue living together, upon moving into Halsey House. As a result, their adjacent rooms were adapted so that one became a lounge and sitting room, whilst the other was their joint bedroom. This enabled the couple to maintain their close relationship, as they had for many

years before.

One person living in the home told us, "I did the planning for my care and my [family member]'s care when we came here." Another person explained, "My [relative] organised getting me here; it took over year in the planning." People living in the home and their relatives also confirmed that they were involved in regular reviews of their care plans.

We saw that visitors were welcome without restrictions and, where possible, people had regular contact with family members or friends. If people did not have any family, we noted that they would be supported to access an independent advocate if they wished. We also noted that people's individual religion or faith was fully respected and saw that clergy from various denominations made regular visits to the home.

We observed that people were treated with respect and that staff preserved people's dignity. For example, bedroom doors were knocked upon before staff entered. People were also discreetly prompted or assisted, when they required any support with their personal care needs.

One person who was living in the home told us, "They always knock on your door and call out your name before coming in." Another person said, "Respected, oh yes most certainly." One person's relative told us, "Respect; oh yes. Regarding dignity and privacy the staff are very good; they even speak to me by my name." Two other people living in the home also confirmed they felt respected and explained how staff helped preserve their dignity by covering them appropriately with a towel when they had a wash or a bath.

Staff we spoke with explained how they consistently treated people with dignity and respect. One member of care staff told us, "Our staff are trained to always knock on doors, to close doors and make sure people are covered up [to preserve their dignity] during personal care." Another member of care staff also said, "We always knock at doors and close them when we're doing anything with the resident. We cover people up [to preserve their dignity] when we're helping them."

The head of department in Danbury Lodge was also a dignity champion for the whole service provided by Halsey House. We saw that reminders of the key principles of dignity were clearly displayed around the home, with a board of prompts seen in Danbury Lodge. These included factors such as: To be treated as an individual. To be loved. Look past the dementia; remember I have a life history and a core of my being as I once was. Help me retain my identity. And, 'I am still me, regardless of how you see me now'. All our observations and discussions with people confirmed that staff worked consistently within these principles.

People were encouraged and supported to be as independent as possible. For example, by being provided with assistive equipment for mobilising, such as a walking stick, frame or wheelchair. We also saw that people were provided with guidance and information leaflets to help them stay safe and well and subsequently maintain their independence. We saw that guidance included subjects such as using mobility scooters, preventing falls, DoLS and the need for good hydration called 'drink and drink well.

One person living in the home said, "I have a wheelchair with which I can move around the home." Another person told us, "I still manage all my own finances; pay my bill and everything." A third person cheerfully stated, "They [staff] say I'm very independent. I have to stop myself sometimes from doing too much." A further person told us, "They [staff] encourage me to do what I can."

One person's relative explained, "[Family member] is very independent and they [staff] respect that. [Family member] would never cope on their own again, although they're not entirely happy with being in a care home." A member of care staff told us, "We encourage people to choose; what to wear, what to eat and what

to do. We support people whenever we can to eat for themselves."

We saw that people nearing the end of their lives were supported to pass away in a comfortable, dignified and pain free manner. There was evidence to show that staff were well trained and knowledgeable about how to deliver end of life care in an anticipatory and sensitive manner. For example, the manager and head of care confirmed that the registered nurses were trained effectively and anticipatory medicines were held for symptom relief.

People's families and friends were also supported and treated with empathy and compassion during these times. For example, we saw that the home had a 'guest bedroom' which was available for people to use and stay overnight when they wished to remain close to their loved ones at significant times.

We saw that the service had achieved repeated accreditation to the "Six Steps to Success" (a nationally recognised end of life care programme). Halsey House had also adopted the principle of Advance Care Planning from the Gold Standards Framework (an accredited, systematic evidence based approach to optimise care for people approaching the end of life). In addition, the service had integrated Namaste Care (a sensory program designed to improve the quality of life for people with advanced dementia.) into its palliative and end of life care approach. It was evident that these approaches also had a positive impact on people by enabling people to live well until the end of their lives. This was strongly supported by the numerous complimentary and thank you letters and cards we saw that people's relatives had written.

A health and social care professional from the NHS' Norfolk Community Health and Care told us that Halsey House commenced the "Six Steps" Programme in January 2014 and achieved accreditation in July 2014. This person explained how, following on from the initial accreditation, Halsey House underwent reviews after three, six and 12 months. This was to ensure they were still using the principles of the Six Steps programme and continuing to build on their portfolio of evidence. Following a further visit after two years, Halsey House was successfully re-accredited in July 2016. This health and social care professional also told us, "We remain in contact with Halsey House as and when required by the home. Halsey House have and continue to be very proactive with palliative and end of life care for their residents."

The manager and head of care told us that Halsey House had been only the second care home in the area to achieve accreditation in 2014. They also told us that the deputy manager was the designated End of Life Care Champion for Halsey House. The head of care said, "This means that Halsey House delivers end of life care to the highest standards as defined by this programme, and the Champion provides ongoing support and development to staff to ensure that they deliver the highest standards of care to service users and their families."

We saw copies of the advance care plans in people's care records. We also saw, and were told by the manager and the head of care, how these gave people the opportunity to plan and express their wishes and choices for end of life in advance of a time when they may be unable to do so. The head of care explained how the organisation had adopted the principle of Advance Care Planning from the Gold Standards Framework for Palliative Care since 2007 and said that they had, "Integrated it into our care planning framework to empower people we care for. It has been an essential and integrated feature of care at Halsey House since that time."

Good

Is the service responsive?

Our findings

We saw that people had been fully involved in planning their care and received care and support that was individual to their needs. We heard staff engaging naturally in conversations with people, as well as checking whether any assistance was required. We also saw that when anybody did request assistance, staff were quick to respond.

One person's relative told us, "[Family member] has a care plan which I've been involved with." A person living in the home said, "The staff know what I like and what I don't like." Another person told us, "They certainly know what I like and how I like things done. They certainly know what foods I like." People living in the home also told us how staff supported them with personal aspects that were important to them such as, "The girls [staff] are very good at doing my fingernails." And, "They [staff] know I like a little 'drink' [alcoholic beverage] in the evening, which they help me with."

We saw that great efforts were made to improve the quality of life for everyone living in Halsey House and Danbury Lodge. For example, we saw how the service had adopted various initiatives such as 'Namaste Care'. Namaste Care is a sensory model of care, predominantly designed to improve the quality of life for people with advanced dementia. However, we saw that Halsey House had also integrated the ethos and principles of this care approach throughout its whole service, particularly into the personal and nursing care for people with other long term and life limiting conditions. We saw evidence that these initiatives had a positive impact on people and significantly improved their lives. For example, by way of increased engagement with staff, family and other people.

Innovation and creativeness was demonstrated by way of Halsey House adapting this specialised model of care to a wider and more diverse range of people. For example, during our inspection we observed one person, with complex nursing needs choosing to experience a Namaste care session. We saw that this was in a room in the main house, which had been adapted and designed specifically for Namaste Care sessions. This room provided the calm and peaceful environment, which was required to achieve positive outcomes for people. The person we observed in this room looked happy and relaxed and was evidently enjoying their experience. A number of health and social care professionals also told us they felt the Namaste Care proved very beneficial to people living in the home.

The management team and staff of Halsey House and Danbury Lodge were passionate about providing good dementia care and were particularly responsive to people's needs in this area. We observed many positive and stimulating interactions with people during our inspection and received nothing but positive feedback from the health and social care professionals we contacted. For example, one person told us, "The team at Danbury Lodge are committed to providing high quality dementia care, the staff are enthusiastic and look for different ways of supporting people. When I have been to Danbury Lodge, the unit has been quite calm but positively busy, staff are engaged with the residents in useful activities which enhance their quality of life. They are passionate about supporting people with dementia and are at the forefront of supporting the community to be a dementia friendly community."

A professional from the Norfolk and Suffolk Dementia Alliance told us, "This is the most wonderful place for people living with Dementia and I have to say the best I have seen in Norfolk and Suffolk (I have been in most services across Norfolk and Suffolk). The staff really understand people living with Dementia and are providing some fantastic, dignified care. The residents really lead the way in their own home and are 'living well' with Dementia. In summary, Danbury Unit is a haven for people living with Dementia and it gives me great pleasure every time I visit."

A mental health nurse told us, "I have visited many care homes in the course of my duties as a nurse. The Danbury unit stands head and shoulders above any other facility. I have seen frequent evidence of them being open to the suggestions of visiting community dementia nurses and then attempting to care plan and implement the suggestions. They seem to be more able, than other similar care homes, to provide care for people with dementia who become distressed. Much of their approach to the care of people with dementia is self-generated, I was very impressed with their 'Disney Frozen Day' when they invited local schools to visit and the staff dressed up as Disney characters. Often care environments can become sterile places which do not reflect the outside community."

We saw that Halsey House and Danbury Lodge were also very involved with 'Active Norfolk' and frequently supported people living in the home to take part in 'memory walks' around North Norfolk. People we spoke with told us how much they enjoyed these.

A discussion with the manager and staff, as well as information in people's care records showed that each person completed an assessment, prior to their admission to the home. This helped ensure people's individual needs could be met. We saw that these pre-admission assessments were used to form the basis of people's care plans and risk assessments.

A member of care staff told us, "We assess people's initial needs. Then it's about building a picture. The family and the resident both contribute to what's required." Another member of care staff told us, "We [staff] spend time with the resident and their family. We have a 'Know Me' book, which builds a picture of the person we're looking after."

We saw that the contents of people's care plans were personalised and gave a full description of need, relevant for each person. People's risk assessments covered areas such as weights and nutrition, pressure areas, mobility and dependency. We saw that these were reviewed regularly and amended or updated whenever needed. Positive risk taking was greatly promoted. This meant that people could live their lives to the full, by being helped to understand and recognise the risks involved and minimise them as much as possible. For example, we noted that one person was recorded as having good mobility but was at risk of falling when they were tired. Clear guidance explained the signs that staff should look out for, as well as the action this person should be encouraged to take when they became tired.

Another person's care records described how the person had a healed grade two sacral sore, due to their immobility. The skin integrity section of the person's records clearly explained action for staff to follow, such as when, where, why and how to apply cream or reposition the person and check for pressure areas.

In addition to people's health needs, we saw that each person's care records also included their preferences regarding the care they received and guidance for staff on how to deliver this. The service also operated a 'resident of the week' system. This focused on one person from each of the three areas of Halsey House; namely Danbury Lodge, the nursing wing and the residential unit, each week. This meant that, approximately once a month, each person was visited by every head of department, to discuss their needs and preferences and review their care plans. This included the manager, head of catering, head of care,

head of activities and head of housekeeping.

People living in the home told us that they had their needs met in the way that suited them and that staff were approachable and open to discussion. For example, one person told us, "They [staff] know me very well. They did assume I didn't mind having a bath during the day but I didn't want to get dressed and undressed twice; so I told them [staff]. They [staff] have put me on the rota for 7.30am (I get up at about 7am anyway) and they take me for my bath, which suits me very well."

Another person told us, "You can please yourself here. I have to keep my feet up because of the oedema; fluid build-up affects me right up to my chest. If I lay in bed, it's better and my feet go right down, but I can't stay in bed all day. I like to see people, go to the dining room for my meals and socialise a bit."

We saw that people's personal profiles explained what was important to each person as an individual. These included people's preferred morning, day and night routines, as well as hobbies, pastimes and activities they enjoyed. The profiles we read for people matched those we met with.

For example, one person's records described how they loved cats, especially Siamese, and how they liked to sit and chat about the past. It was also recorded that this person loved Wales and had fond memories of their grandparents there. They also enjoyed baking. During our inspection we spent time with this person, who told us how they had spent time in Wales during the war and showed us a picture of a cat from their memory box. They told us, "I do love cats, especially Siamese; they are my favourite." During one afternoon of our inspection we saw this person working with a member of care staff in the 'Café Cromer' of Danbury Lodge. We observed the person mixing ingredients and baking fairy cakes, which they and other people living in the home enjoyed that afternoon. Other information in this person's 'Lifestyle Profile' stated that they liked black coffee and no sugar. The person preferred to wear trousers, with a blouse and possibly a cardigan and that private time with family was precious.

Another person's profile explained that they were diabetic and liked sweeteners. It also stated that the person liked a coffee at breakfast time, with toast and egg and bacon. It was clearly recorded that the person didn't like porridge. This person's daily routine showed how they liked to dress before breakfast and have a sleep after lunch. Hobbies and pastimes the person enjoyed were described as, "I like to… read the daily paper; see my family in my room; cook; bet on the horses; paint and draw; gardening; singing and dancing. Our observations and discussions confirmed that this written profile matched the person we met.

We saw that people living in the home were supported to make decisions for themselves in respect of what they wanted to do and how or where they wished to spend their time. During this inspection we saw people spending time in the gardens, various communal areas or their own rooms, as well as going out or engaging with relatives, visitors and staff.

We also saw a number of people enjoying time in the licensed bar, which was open daily for people living in or visiting the home. We were told that this was staffed by volunteers and promoted socialising and a sense of community and camaraderie in this ex-service environment.

We noted that, in addition to other communal areas, the main house had a large room for people to use, which housed two computers with large screens and web-cameras. This enabled people living in the home to use the internet. Some people told us how they used these facilities to have video conversations with their friends and family.

A member of care staff told us, "We help people to get up and encourage them to be active. We have regular

help from the occupational therapist and physiotherapist and support people to join in the various hobbies and activities that take place [in the home]." Another member of care staff told us, "Many of our residents enjoy the activities and find them stimulating." One person living in the home told us that the weekly activities sheet was delivered to their room every Monday morning. We saw that regular activities included board games, word games, music, art therapy, bingo, a gentlemen's club, topical discussions, pampering sessions, exercises and carpet bowls.

People told us about some of the activities they enjoyed in the home. For example, one person living in the home told us, "I do enjoy the music." Another person told us, "We have music in 'The Link' [communal area of the home] on Fridays and I went to the garden fete." A third person said, "They [staff] are so helpful; I can go out and we get trips to lots of different places." A further person explained, "I have been able to get about and have been out on trips. I was the Poppy Day leader through the town; I was really proud."

The manager and head of care explained how volunteers played a very important role in helping to enhance people's quality of life. For example, these people not only helped with fundraising but also by supporting people with social activities, assistance for trips and outings, conversations and social contact. Volunteers also provided a continuous link to the community. We observed some of these factors during our inspection.

We noted that the home was hosting their annual talent contest the week following our inspection and saw how people living in the home, visitors and staff took part in this with great enthusiasm. This event was always well attended by the local community as well as people with direct connections to Halsey House.

A health and social care professional, who supported adults with learning disabilities in the community, explained how they worked closely with Halsey House on a number of levels. They explained how the people they supported regularly visited the home to chat and play games with some of the people living there. They also told us of a joint project their members had worked on with the people at Halsey House. They said that all of this this had worked very well and that there was lots of good humour and interactions between everyone. This person also added, "It is the residents themselves who best reflect the strengths of Halsey House. Whether enjoying the bar facility or just lounging on the 'bridge' [communal area] every single person I spoke to was happy with being there. Their general countenance was positive and this permeates throughout the whole house."

We also received feedback from a health and social care professional who was completing a research study at the University of East Anglia. This person told us how they had observed social interactions in the home and conducted interviews with people using the service, volunteers, staff members and visitors about the social atmosphere of the care home. This person told us, "My own observations showed that the vast majority of interactions were positive and social in nature, rather than just carrying out some aspect of care, which helped promote the dignity of the residents. Everyone I interviewed also had high praise for Halsey House and the activities it offered." This person went on to say, "I found Halsey House to be a very good care home that provided a good positive social atmosphere and care. The staff members had good relationships with the residents and the variety of social activities was varied and well organised and was highly appreciated by the residents who chose to make use of such facilities."

People told us that they could make a complaint if they needed to and knew who to speak to. One person using the service told us, "I get on really well with the staff and have no problems with them. If I did I would soon tell them." Another person said, "They [staff] are very kind and very good; no complaints." A third person told us, "They [staff] are very approachable, particularly the nurses."

People living in the home told us that they also had regular opportunities in 'residents' meetings to discuss

ideas or raise any issues or concerns. For example, one person told us, "We have regular residents meeting where we can raise things if we have an idea. I have never had to complain." Another person said, "I have no complaints and have never complained. I go to the residents meeting where I can have my say." A third person stated, "I always go to the residents meeting to have my input."

The manager told us that all complaints were recorded appropriately. They said that these records were particularly helpful for times they were not in the home, to help them keep up to date with things. The manager told us that they had not received many complaints and explained how they and the staff tried to pre-empt any unhappiness and resolve any issues proactively.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us that Halsey House was a well-led service and people said they would recommend it to others. One person living in the home stated, "Most definitely! You read such awful tales about care homes don't you, but I haven't found any of that here." One person's relative told us, "Oh yes, it's very good here. It's such a relief for [family member] to be here. They [staff] provide 24 hour support and if [family member] rings the bell they [staff] come quickly."

Members of staff we spoke with also told us they would recommend the home. One member of staff told us, "Yes I would, because of the high standard of care, the facilities and the dedication of the staff." Another member of staff said, "No reservations whatsoever. Yes; it's safe and people are looked after well."

We noted that people living in the home, their family and friends, visitors and staff were considered to be an important factor in the way the home ran. The manager said they constantly sought feedback from people regarding the quality of the service provided, by way of discussions and quality assurance surveys. We looked at the results from the quality assurance survey that was carried out in April 2016. These showed that more than 90% of people living in the home and their relatives responded positively to questions asked regarding the quality of the service provided. We also noted that the manager had completed a number of the action points identified, with some actions being 'work-in-progress'.

The manager told us that any suggestions for improvements were listened to and action taken appropriately, with the involvement and inclusion of all the relevant people. For example, a number of people told us how the lunch time had recently been changed to start at 12:30pm rather than 12 noon. This had happened following requests from people living in the home. The manager told us that the feedback they sought from people confirmed that everyone was happy with this change. People we spoke with also confirmed this to be the case.

Staff told us that they were able to contribute to ideas for developing the home and felt listened to. One member of staff said, "Oh yes I'm listened to; I can always speak to [manager]." Other staff told us, "The manager and the organisation are always open to ideas from us all [staff]." And, "We [staff] can always come up with ideas and they [management] do listen."

Communication between the manager and the whole staff team was noted to be frequent and effective, with regular staff meetings and daily discussions. The minutes from the team meetings showed that separate meetings were held for each department. These included care staff, housekeeping and ancillary staff, activities staff, night staff and nurses. Meetings between all 'heads of department' were held weekly. In addition, we noted that 'reflective' staff meetings and group supervisions were held ad-hoc to discuss any specific issues, as and when the need arose.

Each meeting covered aspects such as training, recruitment, general care and housekeeping, as well as other service and departmental specific topics. In addition, staff held handover meetings at the end of each shift, during which each person's health and wellbeing was discussed in detail. Any concerns, issues or

requirements were highlighted at this point, to ensure people had continuity of care.

The manager was registered with CQC and fully understood their responsibilities, including reporting notifiable incidents to us as required. We saw that the manager had an open door policy and was clearly visible within the home. People we spoke with also confirmed this and explained how the manager frequently visited all areas of the home to meet, see and talk to people living there, as well as those working and visiting. One person living in the home told us, "I think the home is well managed and runs well. I know [manager]; she came with my medicines earlier." Another person said, "I see the manager around; yes I do." One person's relative said of the manager, "Oh yes; I often see them." We also saw a letter of thanks from another person's relative, in which it highly complimented the staff and stated, "Such positivity and willingness from the staff can only be a reflection of your leadership."

Staff also made positive comments about the manager such as, "[Name] is a good manager. We [staff] were glad to see her come back to managing the home." And, "Oh [manager] is a good person. I think it's all quite open and relaxed here." Speaking positively, one member of care staff told us, "Whilst it's good we're part of such a well-respected organisation, so we are under constant pressure to get it right." Which, they added was a good thing.

All the staff we spoke with said they enjoyed their work and were determined to ensure people who lived in the home had a consistently good quality of life. One member of care staff told us, "I've been here for four years and I love it. It was my first care job and I think I've worked in most areas here now. I can't imagine ever being anywhere else. I think the quality of care we provide is excellent. I'd be happy living here, or for any of my family to, so that says something doesn't it."

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly. We also noted that the staff team as a whole regularly took note of people's comments, thoughts and feelings to ensure they continually maintained a good quality of life within the home.

We saw that internal audits were carried out monthly for people's care plans, risk assessments and medicines. Following these audits, action plans and a list of requirements for staff to complete were compiled and monitored for progress. More in-depth audits of medicines were carried out by a local pharmacist, with action plans, every six months.

The manager told us that they and other designated staff also carried out regular in-house audits for other areas such as health and safety, falls, accidents and incidents. These helped identify and reduce any negative trends by taking appropriate action where necessary. For example, we saw that there was a structure in place regarding falls and that detailed information was analysed every month. The information gathered explored the reasons for any falls and helped identify any trends or patterns, such as the time of day. Appropriate action was then taken to prevent or minimise recurrences. The manager also sent completed clinical governance statistics each week to the provider and the NHS clinical quality and patient safety department (CQPS). This provided the home with additional professional oversight and scrutiny.

We saw that the manager and staff had strong connections with the local community. The manager told us how the service had very good working relationships with various stakeholders, who were an essential part of in life in the home. They also told us how they had developed good relationships with students from a local school and had supported them with their studies in health and social care. We saw a letter from a student, in which they thanked the manager for the opportunity of visiting Halsey House to spend time

talking with people living there and learning about their lives. This student commented particularly on how happy people had seemed and that the people they met told them they liked how bright and airy the home was and that the food was very nice. The manager told us how this project had also been beneficial to people living in the home. This was noted by way of people living in the home showing the students around the premises, as well as having the opportunity to socialise with younger people and reminisce.

A community mental health nurse told us about the willingness of the manager and staff at Halsey House to be involved in some of their research studies. This person explained, "I had to recruit 3 focused discussion groups; Halsey House provided all three. They were keen to do this and when the groups took part they really engaged with the research. I had asked for staff of any role to turn up and was particularity impressed by the comments of some of the ancillary staff, in particular the maintenance manager, who seemed to naturally grasp core principles of dementia care and really got involved in the care of residents by taking the tea trolley round! I can only really put the willingness to engage with the research down to the higher management, [Manager] was not in slightest bit guarded during the research and I always think that reflects a confidence in the care provided. I felt she was helping with my research because she wanted her staff to be involved and because she thought it important, rather than because it would look good to external observers."

The manager and head of care told us they were passionate about continually developing and improving the culture of dementia care. We noted that Danbury Lodge was highly acclaimed in respect of its environment and care for people living with dementia. We saw that Halsey House had achieved the Quality of Life kitemark from Dementia Care Matters (DCM) and were subsequently recognised as a 'Butterfly Service Care Home'. This is known as a 'household model of care', which is totally centred around each person as an individual. The approach is based on staff and families working together with people living with dementia and supporting them to continue living full and active lives by accepting people's 'new reality'.

In addition, we saw that the staff team had won awards in 2016 at the Norfolk Care Awards, for 'excellence in delivering dementia care'. The Danbury Lodge staff team were also shortlisted as a finalist for the 2016 East of England Care Awards.

A health and social care professional from the Norfolk and Suffolk Dementia Alliance told us how a number of the staff from Halsey House had attended a 12 month Dementia Care Coach Programme. This was delivered by the Dementia Alliance and enabled staff to coach and mentor other colleagues, people living in the home, relatives and the wider community. This person told us, "I had the most amazing visit where I truly witnessed some outstanding care practice. Danbury Unit really passes 'the mum' test for me and I am particularly critical and fussy about what good care looks like."

We saw that Danbury Lodge had opened a café on the premises, which could also be used by carers of people living with dementia. This provided a welcome resource, not only for people living in the home and their relatives but also for carers in the wider community. We saw a congratulatory letter from the local MP, which stated that it was a great addition to the measures in place in the town for a dementia friendly community.

We saw that guest speakers were a regular feature in the café, with a representative from Age UK for dementia carers having attended in September 2016 and a neurological nurse booked for October 2016 to discuss fatigue. Halsey House also held a dementia awareness day during 2016. The manager told us that there had been good support and attendance from external agencies such as the palliative care team, Age UK and 'Pets as Therapy' (PAT), who provided people with information on their services.

Another resource we saw that the head of department in Danbury Lodge was in the process of setting up, was a 'Dementia Information Hub' telephone service. This service was being offered to anyone needing information about dementia, including people living with dementia, their carers and local businesses. Following our inspection, a community mental health nurse told us, "They have set up a dementia hub for people to call to get advice. They have also set up successful carers' groups and a dementia café. I have attended the groups and thought they were a great way of getting people from outside the care home to join in and receive support. The fact it was not exclusive to family members of residents was innovative and it was nice the café was active, with lots of guest speakers."

We saw that Halsey House had also received accreditation from the Norfolk Community Health and Care NHS Trust, for providing a nationally recognised end of life programme, known as "Six Steps to Success".

All the feedback we received from health and social care professionals was very positive and all were complimentary about the management, staff and the service as a whole. For example, one person told us, "As an organisation I found them incredibly open, friendly and very easy to work with. Additionally the joint working meant I have had cause to go into Halsey House on numerous occasions over the past few years and I have always been delighted by the atmosphere from the moment you walk through the door. Reception staff are welcoming and efficient and, as you enter, the main building it is light and airy. I have an elderly mother who may one day need to leave her own home and I know I will be looking at Halsey House first."

Another health and care professional said, I have visited both Halsey House and Danbury Lodge on a number of occasions and have found the service to be exceptionally good. The team are really committed to getting it right for the people they support. Halsey House creates a relaxing environment, with plenty of staff to support people. The positive culture is the first thing that hits you when you walk through the door; this is created by [manager] and it is thoroughly embedded within the service. [Manager] is very supportive of other care services in the area, going out of her way to help others to deliver high quality care. [Manager] is an exceptional leader."

A further person explained, "When recruiting care homes into research it is usually the case that the more proactive care homes agree to take part in the research, but I found that Halsey House seemed to be one of the best care homes that I have worked with. Halsey House were very accommodating and keen to take part in the research to gain feedback to improve their service."

All of these measures confirmed to us that Halsey House was a very well-run service, with positive and inclusive leadership at all levels.