Helen McArdle Care Limited

# Greenways Court

## Inspection report

Delves Lane
Consett
County Durham
DH8 7EE

Website: www.helenmcardlecare.co.uk

Date of inspection visit:
22 February 2016
24 February 2016

Date of publication:
22 June 2016

## Ratings

| Overall rating for this service | Outstanding ☆ |
|---|---|

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

# Summary of findings

## Overall summary

The inspection took place on 22 and 24 February 2016 and was unannounced. This meant the provider or staff did not know about our inspection visit.

We previously inspected Greenways Court on 16 September 2013, at which time the service was compliant with all regulatory standards.

Greenways Court is a residential care home in Consett providing accommodation and personal care for up to 51 older people. The service does not provide nursing care. There were 48 people who used the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We received outstanding feedback from people who used the service regarding their choice of nutritious meals. We saw meals were varied with a range of menu options made available to people. Kitchen staff were knowledgeable about people's needs and passionate about delivering high quality, enjoyable meals. We saw the registered provider had successfully introduced a new method of preparing and serving pureed food so that people with a specialised diet could benefit from a more pleasurable dining experience. We found people's tastes and preferences were extremely well catered for and their feedback was valued and acted on.

We found the design of the building to be tailored to the needs of people who used the service, including people who lived with dementia. We found people used facilities such as wi-fi and telephone lines in their rooms to stay in touch with relatives and to retain their independence.

Training was comprehensive and regularly refreshed, with staff receiving a range of core training as well as training specific to the needs of people who used the service, for example dementia awareness and diabetes training. Staff displayed a sound understanding of all aspects of care we asked them about during the inspection and we found care to be delivered extremely effectively.

The service was extremely caring. We observed a range of warm and affectionate interactions during our inspection, with people who used the service and staff sharing jokes with staff. People we spoke with and their relatives were unanimous in their praise of the caring attitudes of staff. We found the atmosphere to be extremely relaxed, calm and welcoming and all relatives we spoke with told us this was the case whenever they visited. We saw people were treated in a dignified manner with regard to personal interactions with staff, as well as having their rights upheld, such as the right to a particular religious belief, or the right to vote.

We found staff to be particularly knowledgeable with regard to end of life care and how they could support people compassionately in a place they had chosen as home when that time came. Nursing professionals confirmed the registered manager liaised well with external nursing support to ensure people could choose their place of death and for this to be a thoroughly planned part of their care.

We found that there were sufficient numbers of staff on duty in order to meet the needs of people who used the service. We observed call bells being responded to promptly and people told us they never had to wait if they required help.

We found the service had robust systems in place for ordering, receiving, storing and disposing of medicines, including controlled medicines. We found the registered provider had regard to guidelines set out by the National Institute of Health and Clinical Excellence (NICE) when administering medicines.

We saw that risks were well managed through regular assessments and associated care plans, which were kept in each person's care file and reviewed monthly. We found staff had a good knowledge of the risks people faced and how to minimise those risks.

Staff displayed a good understanding of safeguarding principles and we saw whistleblowing and safeguarding protocols were discussed at team meetings. Safeguarding information including pertinent contact telephone numbers were prominently on display.

We saw the registered manager had recently managed a safeguarding concern appropriately and external professionals confirmed the registered manager took a pro-active stance with regard to keeping people safe.

There were effective pre-employment checks of staff in place, including criminal records checks and character references.

The service was clean throughout, with a range of infection control measures, including an infection control champion, in place and working effectively.

New staff were inducted into the role by a combination of an induction at the registered provider's training academy, shadowing experienced staff and the support of a mentor over a twelve week period.

Formal support processes such as staff supervisions and appraisals were in place and all staff we spoke with felt appropriately skilled to undertake their role.

We found staff at all levels to have an excellent knowledge and understanding of people's needs, interests, like and dislikes. External professionals and relatives we spoke with similarly expressed confidence in the knowledge and skills of staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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. We found related assessments and decisions had been properly taken and the provider had followed the requirements in the DoLS.

Person-centred care plans were in place and daily notes were succinct and accurate.

There was a full time activities co-ordinator in place and we saw a range of group activities were planned each week. Some of these activities included musical gatherings established as a result of additional external training the activities co-ordinator had attended. We observed one of these gatherings and found people responded positively to the session, with relatives also confirming they had noted improvements in people's wellbeing as a result. The registered manager acknowledged there was an opportunity to formalise time spent on a one-to-one basis with people who chose not attend group activities.

We saw activities were planned on the basis of suggestions made at resident and relative meetings.

Staff confirmed they were well supported and we saw the registered manager and registered provider had put in place a range of measures to ensure staff were well trained and valued.

The registered manager had successfully ensured the culture was one of person-centred care and striving for continuous improvement.

The registered manager had built strong working relationships with healthcare and social care professionals, as well as other community links such as the police, schools, colleges and local churches.

The registered manager took a consistent and rigorous approach to quality assurance and auditing. They were supported by an assistant manager as well as operations managers and a director of service and wellbeing, who all completed various quality assurance work. We saw each of these pieces of work were focussed on improving the standard of care for people who used the service.

All people who used the service we spoke with, relatives, staff and external professionals were positive about the approachability of the registered manager. We found the registered manager had successfully implemented a range of policies and procedures, as well as maintaining a strong awareness of people who used the service. The registered manager displayed an excellent knowledge of people's needs and led by example when they identified opportunities to improve service provision. Strong community links had been made to ensure the service was part of the community and that people who used the service were able to remain part of their community.

## 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.

Safeguarding training had been completed and we saw examples of staff raising concerns about people's wellbeing promptly and to the appropriate professionals to ensure people were safe.

Risks were assessed regularly and control measures put in place to lessen the risks people faced.

Medicines were administered, stored and disposed of safely and securely and in line with the National Institute for Health and Care Excellence (NICE) guidance.

People who used the service, relatives and healthcare professionals consistently told us people were safe living at the home.

### Is the service effective?

Outstanding

The service was extremely effective.

People's nutritional and hydration needs were exceptionally well met by a team who had a passion for delivering high quality, varied meals and who implemented innovative means to improve people's dining experiences. People's feedback was nearly always outstanding. Where this was not the case, feedback was immediately sought and action taken to ensure people's future dining experiences were outstanding.

Staff received a range of comprehensive array training at the provider's training academy, then mentoring support for twelve weeks. Additional training such as dementia training and stroke awareness training was delivered where people's individual needs required it. Additional training intended to help people to relax and minimise anxiety had been delivered via an external provider.

The premises were well designed to meet people's needs in an inclusive manner that supported people's independence. People used telephone lines and wi-fi access to stay in touch

with relatives and to provide feedback to the registered manager.

## Is the service caring?

**Outstanding** ☆

The service was extremely caring.

Staff had formed extremely strong bonds with people who used the service, formed through a detailed knowledge of people's life histories and personalities and enabled by the continuity of care achieved through extremely low staff turnover. Staff at all levels interacted warmly with people who used the service. People consistently told us they felt at home and we observed numerous affectionate interactions between people who used the service and staff.

End of life care provision was highly praised by relevant healthcare professionals, whilst all staff and care records displayed a respect for people's end of life wishes. The registered manager had employed a new means of ensuring people who were unable to swallow or had lost their appetite could experience a refreshing taste by aerating liquids and applying to the tongue.

The registered manager and all staff we spoke with had an excellent understanding of people's needs, preferences, likes and dislikes.

## Is the service responsive?

**Good** ●

The service was responsive.

The service had an activities co-ordinator dedicated to ensuring people were able to participate in a range of activities, which were well advertised and organised following feedback from people who used the service. There was an opportunity to improve the provision of one-to-one activities for people who chose not to take part in group activities.

Care plans were reviewed regularly and staff contacted external healthcare specialists regarding changes in people's needs.

Relatives and professionals told us the service managed people's transition from one service to another, for example returning from hospital, extremely well.

## Is the service well-led?

**Good** ●

The service was well-led.

The registered manager and registered provider ensured quality assurance and auditing were comprehensive, purposeful and had an impact on people's care.

The registered manager engaged with a range of independent external survey providers to ensure they identified areas where improvements as well as celebrate good practice.

The registered provider had ensured a range of measures were in place to support and recognise the contributions of staff, such as an in-house annual award and a 24 hour helpline.

All people who used the service, staff, relatives and healthcare professionals we spoke with agreed that the registered manager was approachable and took action to ensure people's needs were met and concerns addressed.

# Greenways Court

**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.

We visited the service on 22 and 24 February 2016 and the inspection was unannounced. The inspection team consisted of one Adult Social Care Inspector and one Specialist Advisor. A Specialist Advisor is someone who has professional experience of this type of care service, in this case nursing and dementia care.

We spoke with eight people who used the service and 20 relatives of people who used the service. We spoke with 12 members of staff: the registered manager, the assistant manager, the administrator, three members of care staff, the cook, the director of service and wellbeing, the operations manager, a cook, a housekeeper and a cleaner. We spoke with two visiting nurses and one external professional visiting the home.

During the inspection visit we looked at seven people's care plans, risk assessments, staff training and recruitment files, a selection of the home's policies and procedures, meeting minutes and maintenance records.

We spent time observing people in the living rooms and dining areas of the home and spoke with people in their rooms where they were happy to do so.

Before our inspection we reviewed all the information we held about the service. We examined notifications received by the CQC. We also contacted the local authority safeguarding team, the local authority commissioners for the service and the local Healthwatch group. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern from these organisations.

Good

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt safely cared for. One person told us, "There are never any concerns with safety – they are on top of everything." Another said, "I am safe, perfectly safe." One relative said, "[Person] is safe here and we're really reassured about that – it gives us peace of mind." When we spoke with external healthcare professionals who visited the service regularly, they also confirmed they had no concerns regarding the safety of people who used the service. One said, "They take safeguarding seriously and don't leave things to chance." They were able to give examples of when the registered manager and other staff had liaised with them and other professionals to ensure people were kept safe when concerns were raised.

When we spoke with staff individually they were able to talk through how they would raise concerns about people's wellbeing, and who they would speak to. Staff had received training in the principles of safeguarding but also the practicalities of how to raise an alert with local safeguarding teams. Their responses were in line with procedures set out in the service's 'Safeguarding Mission Statement' and safeguarding policies. We saw information regarding safeguarding for people who used the service and relatives was readily available via noticeboards and the service user guide. People we spoke with confirmed they knew how to raise concerns should they have any. This demonstrated the registered manager had ensured safeguarding principles were understood by staff and people who used the service.

We reviewed the storage, administration and disposal of medicines and found all aspects to be safe and in line with guidance set out by the National Institute for Health and Clinical Excellence (NICE).

Medicines were stored in a treatment room, in medicines trolleys that were fit for purpose, whilst controlled drugs were stored separately and accounted for with no anomalies in record keeping. We saw regular fridge temperature checks were made to ensure medicines were kept at a safe temperature. A spot check of medicines found that they were in date and appropriately labelled.

A review of Medication Administration Records (MARs) similarly identified no errors and we found aspects of good practice, such as a staff signature sheet and a separate topical medicines file with laminated body maps. A staff signature sheet helps identify who has signed to confirm they have administered a medicine; body maps help to protect against the risk of topical medicines being incorrectly applied. We also saw medicines prescribed to be used 'when required' were supported by individual plans so that staff knew what to look for before administering that medicine, and what effects they could expect. We saw medicines such as Warfarin had specific plans in place which had been adhered to and appropriately recorded. This meant people were protected from the risk of the unsafe administration of medicines.

We saw, where staff administered medicines, their competence to do so was regularly assessed. We saw the registered manager completed medicine audits and identified areas for improvement, such as the need to have a specific 'when required' medicine plan in one case. When we observed one member of staff administering medicines we found them to be professional and patient in their interactions with people, ensuring people knew what medicine they were taking and had consented to do so. A number of residents

were self-medicating and we found evidence of capacity assessments and ability to manage this task in the records. People had appropriate locked cupboards in their rooms and there was a company policy protocol on display regarding self-medicating in the treatment rooms.

We reviewed a range of staff records. We found pre-employment checks, including Disclosure and Barring Service (DBS) checks, had been made. The DBS maintain a list of individuals barred from working with vulnerable groups and provide employers with criminal history information. We also saw the registered manager had asked for at least two references and ensured proof of identity was provided by prospective employees' prior to employment. We saw an employment checklist was used in each case to ensure all pre-employment checks had been completed. This demonstrated the service had in place a consistent approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people.

We observed one person behaving in a way that could challenge and asked the registered manager what considerations they had given to this person's particular needs, as well as the prospective impacts on other people who used the service. The registered manager showed us that contact had been made with a social worker, a nurse and GP, who had visited the service to review the person's medicinal needs. We found the registered manager to be mindful of the prospective risks to other people who used the service and had taken steps to control those risks accordingly. We saw other instances of this, for example where one person had a history of choosing not to use the call bell system. We saw additional checks had been put in place to ensure staff kept the person safe.

We saw risks to people were managed systematically, with a pre-admission assessment, then a '48 hour' assessment, alongside a dependency assessment to ensure immediate risks to the person were identified and mitigated. We saw these risk assessments were regularly reviewed alongside input from healthcare professionals and changes made where appropriate. For example, one person was at a greater risk of falling and we saw specialist equipment such as a pressure sensor and a crash pad were put in place to help minimise the risk of injury. Visiting healthcare professionals told us that the service contacted them where they identified any concerns. This meant the registered manager had ensured a structured approached to reviewing individual risks was in place and staff were able to identify concerns at an early stage.

We found there to be sufficient staff on duty to meet people's needs, both during our inspection and as evidenced at other times by the staffing rota. When we spoke with people who used the service, they told us they were supported promptly when they needed help and we observed call bells were reacted to accordingly during our inspection.

With regard to infection control, we saw there was an Infection Control champion, whilst all areas of the service were found to be clean. A recent visit by the local infection control team had identified areas where improvements could be made and we saw these had been implemented. People who used the service and all who visited confirmed that the service was always clean. The Food Standard Agency (FSA) had given the kitchen in the home a 5 out of 5 hygiene rating, meaning food hygiene standards were "Very good." This meant people were protected from the risk of acquired infections across a range of contexts.

With regard to potential emergencies, we saw all staff had signed to confirm they knew where the emergency file was kept. When we asked members of staff they were able to show us where the file was. The file contained pertinent contact information in the event of emergency such as gas and electric companies, as well as details of every person's mobility needs and how many people would be required to help them evacuate the building. We saw this file was easily accessible and reviewed weekly to ensure the information was accurate.

We saw there was a business continuity plan and associated policies in place. One such policy, 'Interruption of gas' had been implemented recently when the local area had suffered a gas cut. We saw planning for such eventualities had enabled staff to continue providing a service to people without the need for moving to another location by invoking workarounds such as cooking meals in the steam ovens, which were electrically operated. People who used the service told us they experienced no detriment to the standard of their care during this time and enjoyed the fish and chips the staff arranged in lieu of a cooked meal during the first evening of the gas cut. This demonstrated the service had in place contingency plans in the event of an emergency that were fit for purpose.

We saw a maintenance book was in place to document when and where staff identified issues and when these had been resolved, for example, lightbulbs needing replacing, pictures requiring putting up. We found the premises to be in good order, with no hazards or disrepair identified. Intermittent and periodic electrical inspections had taken place, along with servicing of: the boiler; the lift; lifting equipment; air conditioning; fire-fighting equipment and systems and lighting. This meant people were protected from undue risk through poor maintenance and upkeep of systems within the service.

Outstanding ☆

# Is the service effective?

## Our findings

We encountered a range of outstanding feedback from people who used the service and their relatives regarding how staff met people's nutritional needs. One person said, "The food is exceptional, amazing – I had the soup and it was so good I had another bowl." Another person said, "The food is very, very good." Relatives told us, "Everyone had spring rolls for Chinese New Year, then there was the bake off and Burns Night," and, "The food is brilliant and they always have a low-sugar option for [person's] diabetes." Another cited the personalised response of the chef when their relative returned to the home after a spell in hospital, stating, "[Chef] came along and said, 'Whatever food they want they can have.' We thought that was really touching and after a couple of days back here they had really brightened again."

We saw there had recently been a themed evening of fine dining, whereby staff arranged the dining area to resemble a restaurant, with dimmed lighting, ornate napkins and a 'waitress' service. On one person's birthday we saw they had their favourite meal, steak and a glass of red wine, delivered to their room. One person who used the service wrote a thank you letter to the director of service and wellbeing stating, "Everything was simply perfect." This demonstrated that staff made an effort to ensure meals and dining experiences were varied and gave people who used the service a sense of enjoyment and occasion.

We observed mealtimes in both dining areas of the service and found them to be calm, pleasurable experiences. People we spoke with during and after lunch told us they had enjoyed the food and confirmed they always had a range of meal options. Staff were attentive to people's needs, supporting people who required help eating in a dignified fashion. We saw some people chose to eat in their room and, when we asked one person they told us the food was, "Always hot." We saw minutes of a health and safety meeting whereby the registered manager had reminded all staff to ensure trays taken to people's rooms should contain the same things people would expect if eating in the dining room, for example condiments, and a saucer with a cup. This demonstrated people's dining experiences were improved through an attention to detail, regardless of where people chose to eat.

The registered manager took a pro-active stance with regard to nutrition, with weekly contact with a dietitian to identify any concerns they might have regarding people's weight, or where external advice could help them support people's needs. For example, the registered manager had sought advice on how to use the Malnutrition Universal Screening Tool (MUST) tool to calculate someone's body mass index when they had had an amputation, something which the standardised tool does not account for. The MUST is a screening tool using people's weight and height to identify those at risk of malnutrition. We also saw Speech and Language Therapy (SALT) and dietetic advice had been sought regularly to ensure people's nutritional needs were met. This demonstrated that the focus on people having pleasurable mealtime experiences was complemented by a focus on the need to ensure people were adequately nourished.

The director of service and wellbeing also took a proactive stance with regard to people's mealtime experiences. One person who used the service told us how they had been unhappy with the standard of cooking and portion size on one occasion, and had emailed the director. They told us the director had visited them the next morning and ensured immediate improvements were made regarding the standard of

food. The person told us, "The food is outstanding now." This demonstrated that people's enjoyment of food was valued highly by the registered provider, who ensured nutritional initiatives across the organisation had an impact on individuals at this location.

We saw evidence that, at the pre-admission stage, one person was identified as having a history of weight loss, a lack of appetite and was at risk of self-neglect. We saw the registered manager had contacted the person's relatives to compile a list of their food preferences and dislikes. We saw these had been incorporated into menu planning and the person was no longer considered at risk of malnutrition.

We spoke with the director of service and wellbeing, who had previously worked as the provider's catering manager. They had a passion for improving the mealtime experiences of people with specific dietary needs such as a pureed diet. We saw evidence the registered provider had supported them to research, implement and review a new approach to pureed food. This involved visiting a location in Germany, where care homes regularly use a thickening agent rather than starch to give pureed food a more aesthetically pleasing look and texture. The director then brought the product back to the registered provider's development kitchen, produced samples to present to dietitians and sought their feedback. We saw the feedback was uniformly positive and acknowledged the process was not currently used. Following this feedback the process was introduced to the service. One relative said of the new approach, "We are delighted and overwhelmed with the new moulded, solid looking food." We sampled the foods and found them to be more appetising in appearance and texture than traditionally pureed foods. This demonstrated the registered provider ensured innovative methods were used to improve people's quality of life, as well as helping to ensure their nutritional needs were met.

We found the director of service and wellbeing took pride in improving people's individual experiences and that this pride was shared by staff working in the kitchen on a day-to-day basis. The chef, supported by two other members of staff, knew the nutritional needs of all people who used the service and was able to show us the lists of dietary needs and allergies they used to prepare people's meals.

We saw people were offered drinks and snacks, including fresh fruit, throughout the two days of the inspection. One relative told us, "They're good about providing lots of liquids but they make sure they encourage people to drink – that's important."

We saw evidence that people were supported to maintain good health and wellbeing through the involvement of healthcare professionals such as nurses, doctors, specialists and social care professionals. One visiting professional said, "I find all the staff are very welcoming and exceptionally professional." Another told us their working relationship with staff was, "Excellent," stating, "Staff are very knowledgeable. They interact really well with people and know about their needs." They went on to say, "We come in and monitor MUST scores and tissue viability – they always follow our advice and give us updates."

People who used the service told us they had confidence in staff stating, "Oh yes, the girls and boys know what they're doing," and, "The staff are excellent. I take my hat off to them." One relative told us they felt the care provided by staff had a significant impact on the wellbeing of one person, stating, "If [person] hadn't have come here when they did, I honestly think they wouldn't still be with us. They had never wanted to leave their bungalow but when they came to look around, they said, 'Where do I sign?'". Another relative stated, "The change in [person] is so apparent to see. They are much happier, content and so full of self-confidence it is hard to believe it is the same person." This demonstrated there was unanimous agreement that staff contributed to improvements in the wellbeing of people who used the service.

One visiting healthcare professional stated, "They are very open to supporting training." We saw staff

received a comprehensive range of training to ensure they were equipped to deliver care in a safe, person-centred way. We saw staff had been trained in areas such as health and safety, mental capacity, safeguarding, equality and diversity, death and bereavement, infection control, risk assessment, moving and handling, first aid and fire safety. We also saw staff had been trained in areas specific to the needs of people who used the service, for example dementia care training, stroke awareness training and communication with delirium and challenging behaviour training.

When we spoke with a range of staff they displayed a thorough understanding of the subjects they had received training on. The registered manager was passionate about the importance of staff having the right skills and knowledge and staff who had joined the service recently spoke positively about the induction they had received. This involved three days of training at the registered provider's training academy in Gateshead, then 12 weeks of support from a mentor whilst they achieved competence. We saw documentation to confirm the induction and mentoring process had been followed in line with policy. We saw annual audits of staff contained a section focussed on their training needs for the coming year and that, where needs were identified, these training courses were delivered. This meant, in line with the registered manager's application of corporate policies and support regarding training and staff retention, people were cared for by staff who had the necessary skills to meet their needs.

We saw training had been arranged to develop more mentors. The registered manager told us this was means of ensuring any new staff were properly supported but also an opportunity for existing staff to broaden their skills and develop their careers. Members of staff we spoke with were aware of these schemes and spoke extremely positively of the support the registered provider had put in place.

We saw additional specific training had been sought from an external provider and implemented with a view to improving people's emotional wellbeing. This was 'HEARTS' training (the use of Hands-on, Empathy, Aromas, Relaxation, Textures and Sounds to enhance people's relaxation and to provide comfort when people displayed anxieties). The course had been delivered to three members of staff. We spoke with the training provider, who stated staff were extremely enthusiastic, keen to learn and had reported beneficial effects since implementing aspects of the training. One regular session the activities co-ordinator ran was called a 'Life Song,' which involved people who used the service listening to calming music and having the option to engage in armchair exercises or reminisce. This was complimented by trained staff focussing on hands-on interaction with people, with contact for a number of minutes. One relative told us they had noticed a positive impact as a result of these sessions, stating, "The HEART sessions are really uplifting. [Person] really loved it and it's amazing how people respond to it." Another relative told us one person who used the service who had previously declined to engage in group activities was a regular attendee of these sessions and, "Really liked them." We observed one of these sessions and found people exhibiting a range of positive reactions, such as laughter, smiling and making conversation. This demonstrated the registered provider had ensured additional training was geared towards improving people's wellbeing.

We saw staff supervisions were undertaken every three months. A supervision is a meeting between a member of staff and their manager to identify any areas for improvement or support required. Staff we spoke with consistently described receiving high levels of support to perform their role, both in terms of formal training, supervision and personal support. We saw these supervisions were formally structured and each had a specific topic or theme to focus on, such as infection control or person-centred care.

The environment was well designed to meet the needs of people who used the service, with each room having an en suite w/c and each floor having multiple baths and wet-rooms to meet people's personal hygiene preferences. One visiting healthcare professional said, "The environment is really well set up for people." A number of rooms opened onto lawned areas and we saw people had planted flowers and herbs

outside their rooms. We noted the premises benefitted from aspects of dementia friendly best practice, such as well contrasted walls and carpets, along with clear signage. We also noted the building was equipped with wi-fi throughout and that people had phone lines in their bedroom. Two people we spoke with confirmed they regularly used the telephone to stay in touch with relatives, whilst two people regularly used wi-fi, for example to order items via online shopping providers. This demonstrated that people's needs were well supported by the design of the building.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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. We found related assessments and decisions had been properly taken and the provider had followed the requirements in the DoLS. The registered manager and staff we spoke with demonstrated a good understanding of Mental Capacity issues, including DoLS. We saw appropriate documentation had been submitted to the local authority regarding the DoLS.

Outstanding ☆

# Is the service caring?

## Our findings

All people who used the service we spoke with were extremely complimentary about the caring nature of staff. One person said, "They can't do enough – they are fantastic." Another told us, "The girls are brilliant," and then shared a joke with a passing member of care staff.

When we spoke with relatives, they were all equally positive about the attitudes of staff, including carers, management, administration staff and kitchen staff. Relatives told us, "Their attitude and the atmosphere are so welcoming," "The carers are wonderful," "Staff are absolutely wonderful – the girls can't do enough," "There is a lovely feel and atmosphere," and, "We were wary at first as it's such a big step but the people here are fantastic. These people go the extra mile. At Christmas staff were in on their day off wishing people a happy Christmas."

We found the atmosphere to be welcoming, vibrant, and a successful balance of homely and clinical, with a range of people who used the service we spoke with confirming they felt, "At home." All relatives we spoke with and visiting professionals stated this had been their experience at every visit, regardless of the time of arrival. Relatives were not restricted in their visiting hours, which enabled people who used the service to feel more at home. We saw people had personalised their own rooms with furniture and pictures.

With regard to end of life care provision, we found the registered manager had ensured staff awareness, training and sensitivity were aligned with people's wishes to be cared for in a familiar environment as they approached the end of their lives. One visiting healthcare professional told us, "Staff have gone above and beyond, particularly with regard to end of life care. They managed that really well and staff take the time to understand people's end of life wishes."

We reviewed end of life plans and found them to be clear, detailed and with involvement of people who used the service and people important to them. The director of service and wellbeing demonstrated another innovation that had recently been implemented, 'Air'. Air is a flavourless powder that, when added to a liquid and then aerated with an air pump, produces bubbles tasting of the liquid. The product was intended to support people approaching end of life care or people who had lost their appetite. We sampled the product and found the bubbles to refresh the tongue/mouth, without the need to swallow liquids. This meant people who were unable to eat or drink could be offered a more dignified and more refreshing alternative to a cotton swab with liquid in it. The registered manager confirmed family members of one person receiving end of life care had been shown how the Air system worked and sampled the bubbles before staff used it with their relative. This meant the registered manager had ensured an innovative means of providing a more compassionate and dignified means of making people more comfortable at the end of their lives had been implemented.

We also saw two members of staff were completing Gold Standards Framework (GSF) training regarding end of life care. GSF is a nationally recognised programme providing a framework for improving end of life care. This meant the registered manager continued to explore opportunities to improve staff understanding and compassion through ensuring the latest best practice training was delivered.

We saw a range of cards from relatives of people who had died, expressing thanks for the sensitivity and dignity staff had provided. Representative statements included, "[Person] was always treated with dignity and compassion – they told us you were their angels," and, "All those extra little touches – we will never forget your kindness."

We saw the registered manager had taken time to think about one person's prospective end of life wishes. They understood that the person was concerned that their family name was coming to an end with them. The registered manager planned to name one of the floors of the service after this person as a means of honouring them but also assuring them their name would remain somewhere the person valued.

We saw instances of people's independence being valued and upheld. For example, one person had brought their organ with them and regularly played it in the living room. They were extremely pleased to be able to do this and other people who used the service told us they enjoyed the music. Another person who used the service had planted a range of herbs outside their room as well as bird feeders (one of which had been given to them as a birthday gift from the staff). They told us the chef often used the chives and other herbs they grew. We saw this came about through the pro-active approach of the head of catering and the chef, who knew the person's interests and thought they would appreciate the gesture of having potted herbs outside their room. We spoke with the person who confirmed they relished playing a part in an aspect of the running of the home. This meant staff had regard to people's need for independence and provided an environment and atmosphere where independence was welcomed and encouraged.

We saw an email exchange between the director of service and wellbeing and a person who used the service. The director initiated the conversation by sending a birthday wish and we saw there was genuine warmth between the person who used the service and the director. This demonstrated that, as per other examples we observed, staff had taken time to engage with people on an inclusive, human level, rather than simply as people using a service.

During our observations we saw people were treated with respect, dignity and, where appropriate, humour. We observed such interactions between people and care staff, the administrator, the registered manager and the director of service and wellbeing. Where people were confused or anxious we saw staff were patient and displayed an excellent knowledge of people's needs and backgrounds in order to alleviate their concerns. People who used the service had established trusting and individual relationships with people who cared for them. One relative told us, "[Person] doesn't really like to get involved in the group activities but they respect their right not to join in everything and they make time. I can't say enough about the staff – they have built a rapport and [person] really knows them. They are comfortable with them."

We saw DNACPRs and Emergency Health Care Plans (EHCP). An EHCP is a plan designed to share important information about a person's care needs in the event of an emergency. A DNACPR is an advanced decision not to attempt cardiopulmonary resuscitation in the event of cardiac arrest. We saw that people with a DNACPR in place had this reviewed regularly and that relevant healthcare professionals and relatives had been involved in the decisions. When we spoke with an external healthcare professional they confirmed they had been involved in these plans and that staff and the registered manager were clear they were to ensure people's views and needs were respected.

People had their rights protected and promoted in other ways, for example, we saw people had specific plans in place to ensure they were enabled to vote, whilst people were able to practise their religion either at church or in regular services held in the home.

People were involved in their care planning. One person had written their life history rather than have a

standard template completed and we saw this was kept at the front of their care file. We saw people, where they had capacity to do so, had signed to confirm they had been involved in reviewing and agreeing their own care plans. When we spoke with people about their care, they were aware of the care plans.

In addition to care plans covering all aspects of people's care needs, we saw an hourly 'comfort check' was completed each day, whereby staff would check in on each person who used the service to make sure they were comfortable and needed any further support. We asked people if staff made sure they were comfortable and one person said, "Oh yes, they're always making sure I'm content."

People were also involved in the recruitment process, with one section of the interview form set aside for "Resident Opinion." We saw this had been completed in the staff files we reviewed, with qualitative comments about how the prospective member of staff had interacted with people who used the service. This meant people who used the service had a meaningful say with regard to who would be employed by the registered manager.

We saw that information regarding advocacy services was readily available and the registered manager had a good understanding of formal and informal advocacy. At the time of our inspection no one who used the service had an advocate but we saw more informal means of advocacy through, for example, resident meetings and regular contact with families. This meant that people were invited to be supported by those who knew them best.

Good

# Is the service responsive?

## Our findings

We found the service to provide care that was responsive to the changing needs of people, through effective communication with a range of healthcare specialists and regular review and monitoring of needs. For example, we saw one person had recently returned from hospital and was receiving pain relief. We reviewed the person's care plan and saw it was updated with the most up-to-date advice from healthcare professionals and, when we spoke with staff, they were able to explain the new pain relief plan in place and how they supported the person. One visiting healthcare professional told us, "They are very responsive," whilst a relative told us, "If we've ever raised little issues they've sorted them out quickly and kept in touch." This demonstrated staff were able to ensure relevant advice and information from healthcare professionals was incorporated into care planning to ensure people's needs were met.

We also saw evidence that staff were able to identify changing needs and involve the appropriate external professionals in a timely fashion to ensure people's needs were met. For example, one visiting professional told us how staff had promptly identified changes in a person's demeanour and blood sugar levels and had contacted them immediately to ensure the person received the right care. They said, "Staff were very aware of the signs and contacted me straight away." This demonstrated that staff could identify a person's changing needs at an early stage and respond appropriately.

We found care plans to be person-centred, with details about people's likes, dislikes, hopes, aspirations and care needs held in 'Life History' and 'Pen Portrait' documents. Care plans were succinct and easy to follow, whilst daily notes were comprehensive and in line with any guidance offered by healthcare specialists.

We saw group activities were generally well planned, with resident meetings, chaired by the registered manager, held regularly as a means of gathering feedback about previous activities and planning upcoming activities. These meeting also provided a routine forum for people who used the service to raise any suggestions regarding menus, staff or the environment. We saw evidence of people's suggestions being organised, such as regular outings, quizzes and musical performances. The activities co-ordinator produced a daily photographic diary of activities and displayed it in a communal area so visitors could see what activities had taken place recently. We saw upcoming activities were clearly displayed in communal areas, as well as advertised in the monthly newsletter, which also celebrated people's birthdays and anniversaries. The activities co-ordinator also completed a brief analysis of each activity, although this was limited in scope to general statements about the group, such as, "Residents seemed to enjoy," and, "We all had a lovely afternoon." The registered manager acknowledged there was an opportunity to more meaningfully and individually assess people's responses to activities.

The service had an activities co-ordinator in place who worked 30 hours a week. They had recently joined the service and all people who used the service and relatives we spoke with were positive about their contributions. The activities co-ordinator had been trained in HEARTS (the use of Hands-on, Empathy, Aromas, Relaxation, Textures and Sounds to enhance people's relaxation and to provide comfort when people displayed anxieties). We observed one such session being enjoyed by people who used the service, with people laughing, smiling and making conversation with other people in the group.

We saw the registered manager had in a place a scheme called '3 Wishes' whereby people who used the service were asked what three things they would like to achieve during the year. We saw that not all of these had been completed for 2016 but that planning had started to achieve some of the requests made, for example the visit of a local dance troupe. We also saw examples of wishes being fulfilled last year. For example, one person had 'wished' they could see Elvis, so the registered manager ensured an Elvis impersonator performed at the service. Photographs had been produced following the event and shared with people who used the service in order to celebrate the event. We also saw one person who had served in the RAF was supported to visit an RAF museum following their request. This demonstrated people's individual goals and aspirations were seriously listened to and people were supported to fulfil these goals where possible.

When we asked relatives about how the service managed the transition between services, they were complimentary. One relative told us how a person who used the service had recently returned from hospital and stated, "They had everything sorted within half an hour." Another relative told us, "They kept in touch with us and settled [Person] very quickly." All relatives we spoke with confirmed they were contacted when people's needs changed. Relatives also all confirmed they were involved in the reviewing of care plans.

Recent activities included a visit by a miniature pony, crafts such as Chinese New Year decoration making, Valentine's Day celebrations, shopping trips, hairdressing, a visit by a company with a range of exotic creatures, Burns Night celebrations and pub lunches. We saw that people had also recently visited 'Singing for the Brain,' a musical event hosted by the Alzheimer's Society designed to encourage socialisation through singing for people living with dementia. The activities co-ordinator told us they planned to introduce a regular coffee morning, a 'knit and natter' club and had held a successful trial of a 'Gentlemen's Club.' This was a means of male residents having the opportunity to gather in one living room and enjoy pastimes relevant to them such as playing dominoes, cards and enjoying a beer. This meant the registered provider was taking steps to ensure a broader range of people who used the service could take part in activities.

One person we spoke with told us, "I understand staff will spend more time with people who need more support, but sometimes that could leave some of us a bit forgotten." We asked the activities co-ordinator about this and they stated they currently spent one-to-one time with people who did not take part in group activities. The registered manager acknowledged this was a risk they needed to be mindful of and hoped the range of prospective activities, along with ongoing involvement of people who used the service at residents meetings, would address this need.

With regard to complaints, one relative told us they did have to raise a minor issue with the registered manager but they did not want to talk about the details of it. They stated they were now happy, that they had been listened to and that the matter had been resolved promptly to their satisfaction. One person we spoke with told us they had complained regarding a failure of communication regarding one aspect of their care. This person confirmed the matter had been resolved promptly and to their satisfaction and we saw documentary evidence that the registered manager had dealt with the matter comprehensively. We saw the complaints procedure was prominently on display in communal areas. Relatives and people who used the service told us they knew how to raise any concern or complaint and would not hesitate to do so.

Good

# Is the service well-led?

## Our findings

All people who used the service we spoke with, relatives, staff and external professionals were extremely positive about the management of the service. One person we spoke with told us about how the registered manager and director of service and wellbeing had managed a recent concern. They said, "They acted brilliantly. [Registered manager] was brilliant and [director of service and wellbeing] was fantastic and they left no stone unturned."

Relatives told us, "[Registered manager] goes the extra mile – they were in at Christmas along with other staff. It's like their home, too," and, "[Registered manager] is a great leader. They have put a personal stamp on things and it's hugely positive." Relatives told us the manager had an excellent understanding of people's needs and played an active role in ensuring their wellbeing. For example, one relative told us how the registered manager had recently visited a person who had needed to visit hospital. The registered manager had not been satisfied with the levels of care at the hospital and had liaised with community nursing professionals and family members to ensure the person could be brought back to the service sooner than anticipated. Relatives told us they were extremely pleased with this outcome, whilst nursing professionals told us the manager had ensured they were involved at all stages. We saw the registered manager had also made an appropriate safeguarding referral about the concerns they had.

Visiting professionals we spoke with were similarly positive about the attitude of the registered manager, stating, "The management is excellent and we have a strong working relationship."

The registered manager had been at the service since 2013, had grown up in the area and had a breadth of relevant experience in health and social care, including nursing and dementia care mapping. Dementia care mapping is an established approach to achieving and embedding person-centered care for people with dementia and is recognised by the National Institute for Health and Clinical Excellence (NICE). The registered manager was a Dementia Champion, actively promoting the needs of people with dementia living in the service, and displayed a strong understanding of people's needs. The registered manager had experience delivering training to staff and had co-written the organisation's care plan training package. They also had a qualification in quality management and it was clear there was a strong auditing and quality assurance focus in the organisation.

For example, we saw quality assurance processes were used to identify areas where improvements could be made that would have an impact on people's care. We saw the results of an annual survey by an independent external provider had recently been analysed. This was based on 47 responses from people who used the service. We saw the home had scored significantly above average, with an overall rating of 922/1000. This represented an improvement of 5% on the previous year's score. Results showed, for example, that people's overall satisfaction had increased from 97% to 100%, whilst positive responses regarding the statement, "I can speak to senior members of staff if I need to (e.g. the manager)", had increased from 84% to 94%. We saw, where responses were less positive than the previous year, the registered manager had developed an action plan to address these areas. For example, positive comments regarding the laundry service had dropped 4%. The registered manager identified there had been two

recent issues with people not having items returned to them quickly. We saw this had been resolved. Another area where a slight decrease in positive returns was 'Staff understand me as an individual." This had dropped from a 97% positive rating to 94%. We saw this item had been put on the agenda for the next residents meeting. This feedback demonstrated that the registered manager had ensured people who used the service were broadly extremely pleased with all aspects of the care they received and, where there was any opportunity to improve further, the registered manager put in place measures to do so.

We also saw the registered manager used another external provider of independent feedback to gather feedback and to assess their own performance. The home was recognised by this information source as a, "Top 20 Recommended Care Home in North East England." We reviewed the feedback provided from people who used the service and relatives and found it to be unanimously positive, with all questions either answered 'Excellent' or 'Good' with regard to all aspects of care and management of the service. Representative statements included, "First class accommodation and superb care from senior management to the nurses/carers," and, "Just like a 5* hotel – thanks to all staff involved from kitchen to housekeepers, carers to activities, admin to manager."

The registered manager also asked people who used the service, their relatives, and external professionals for their feedback via annual surveys. We saw the most recently returned surveys were unanimously positive regarding all aspects of care. This demonstrated the registered manager had utilised a range of resources to identify where the service could celebrate high standards of care and where improvements could be made.

The registered manager was supported to complete a range of in-house checking and auditing responsibilities by the assistant manager. We saw the registered manager had completed care plan audits and, where any areas for improvement were identified, an action plan was inserted in the front of the care file, with actions and completion dates for staff to adhere to. These included observations such as, "GP visit on [date] not reflected in skin integrity plan," and, "Health Care Choices not fully complete." We reviewed the respective sections of care files and found corrective action had been taken and completed to the timescales set out.

We saw the registered manager and assistant manager undertook regular health and safety checks, such as intermittent night visits to ensure people's needs were met throughout the night, and regular observations of mealtime experiences. We saw the registered manager regularly analysed accident and incident records to identify if there were any trends of patterns. We saw all aspects of care and the premises were subject to high levels of scrutiny with a view to ensuring people received high levels of safe, person-centred care. Auditing was therefore not merely a paper exercise but a means of identifying where people's experiences could be further improved and putting in place those actions.

This robust approach to checking procedures and policies was supported by bi-monthly audits by one of the registered provider's two operations managers, as well as additional 'walk-around' checks by the newly appointed director of service and wellbeing. We spoke to the latter, who explained that their role would involve maintaining oversight of food and catering but with further responsibilities to focus on ways to continuously improve the service. They explained the role was, "In a sense, an extra pair of eyes to see where we can get even better – it might just be little things but they can make a big difference. I think about how I would want my parents to be looked after and if we're not at that standard I ask why." We saw they had completed walk-arounds of the home and had suggested improvements, for example the reintroduction of a trolley service that acted as a 'mobile shop' for people. We saw that this had not been used for a number of months but reintroduction was now planned by the registered manager.

We saw continuous service improvement was encouraged through regular management meetings and

likewise at regular staff meetings, with evidence of best practice being shared with staff by the registered manager, such as the need to maintain people's care records in a safe, confidential manner. We saw monthly meetings were held with relatives, residents, staff, as well as a meeting between the registered managers and operations managers.

We asked the registered manager about how they retain and develop staff. They spoke with passion and in detail about a range of measures the registered provider had in place to support staff development and how these were implemented at the location. For example, we saw the registered manager had championed an in-house annual awards scheme, which used recommendations by people who used the service to recognise outstanding contributions by members of staff. We saw one member of staff had previously won the organisation-wide 'Administrator of the Year' award, whilst a number of staff had been nominated this year. Staff we spoke with said they looked forward to this event and one told us it gave them a sense of pride and loyalty.

We saw the registered provider had put in place other schemes to support staff, a 24hour helpline for staff to use should they need to talk through a problem in confidence, as well as information made prominent for staff who had experienced or were experiencing domestic abuse. We saw returned staff surveys from November 2015 that showed the majority of respondents agreed that the registered manager was supportive and encouraged them in their role. This demonstrated the registered manager and registered provider had regard to their duty of care to staff.

The registered manager had sought support from external agencies to improve aspects of care. For example, they had registered with the National Activities Provider Association, an organisation which provides a range of activity-planning ideas and resources.

We saw evidence that a good working relationship had been formed between the registered manager and a Police and Communities Together (PACT) officer, with the latter attending regularly and the registered manager's office being used for regular meetings. We saw this arrangement came to an end in July 2015. The registered manager stated they hoped to put in place something similar. We saw other positive relationships had been built within the community, for example with local churches, schools and through student work placements. Staff also regularly raised funds for The Alzheimer's Society.

We found the registered manager had successfully developed and maintained a culture of person-centred care, with a team of staff who were consistently focussed on improving the wellbeing and experiences of people who used the service to be focussed on ensuring people received a high level of attentive care.

The administration of all aspects of the service were extremely well managed. During the inspection we asked for a variety of documents to be made accessible to us and these were promptly provided and well maintained. Policies and procedures were regularly reviewed. We found records to be well kept, easily accessible, accurate and contemporaneous.