

# Hartford Care (Southern) Limited

## Malden House

### Inspection report

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### 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?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 27 February and 5 March 2018. The first day of our visit was unannounced and we agreed the date of the second day with the registered manager.

Malden House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is a two storey building in the town of Sidmouth and is registered to provide care for up to 19 older people, many of whom are living with dementia. There were 16 people living at the home when we visited.

The service had a registered manager, who had been appointed since we last visited the service. A registered manager is a person who has registered with 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.

At the last inspection, in October 2015, the service was rated good overall, with no breaches of regulations. At this inspection we found the service rating had improved from Good to Outstanding.

People received effective care, based on best practice evidence. The service used 'lead roles'. Staff developed their expertise through additional training, shared their knowledge with people and staff and promoted best practice. Lead roles included falls prevention, nutrition, dignity, helping people develop new interests and hobbies and staff wellbeing.

Staff developed exceptionally positive caring and compassionate relationships with people. The ethos of the home was that of an extended family. The service used the national 'Dignity in Care' good practice steps. For example, by supporting people with the same respect they would want for themselves or a member of their family. A dignity lead promoted dignity issues. For example, by paying attention about how people and staff communicated with one another.

People and relatives consistently spoke about the "family atmosphere" at Malden. People's comments included; "It's delightful living here", "It feels as though one's being cared for by one's own family, not people who are doing a job", "It's easy to forget you're not still living in your own home. It's so relaxed and easy going.

The service had developed an innovative weekly 'Tiny feet club' where children and grandchildren of relatives and staff spent time together. These sessions invoked happy memories of nurturing and parenting and improved people's wellbeing.

People were supported to have a peaceful, comfortable and dignified end of life care in line with national best practice guidance. They consistently commented on the kind words, reassurance and compassion of staff towards them and their loved ones.

People experienced a level of care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Staff focused on people's wellbeing and having a sense of purpose. Staff knew about people's lives, their interests and talents and encouraged them to share them with others.

People mattered and they received care personalised to their needs. For example, when a person who loved the outdoors became frail, and spent most of their time in bed, staff moved them to a room with a large window. They enjoyed looking out of the window and the winter sunshine. Staff brought a container of compost to the person's room, so they could plant sweet peas, watch them grow and smell their scent. When it snowed, they brought a snowball in for the person so they could see and touch it.

People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. For example, art, pottery classes, cookery and gardening clubs, Yoga, Pilates and Zumba (dance to music) classes.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. Staff confidently adhered to the principles of the Mental Capacity Act (MCA) 2005 in their day to day practice. For example, the service used the 'Hampshire mental capacity toolkit' to assess people's mental capacity to make decisions. This required staff to use the tool at different times of the day on three separate occasions, before they concluded whether or not a person had capacity to make that decision. The environment of care was adapted to meet the needs of people living with dementia, for example, through use of picture and word signage.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The service had made appropriate applications to the local authority DoLS team for people they had assessed as needing to be deprived of their liberty.

Improvements had been made to enhance people's dining experiences. For example, by making each meal more of an occasion and by encouraging people to help one another and socialise. The service had also introduced food moulds for people with swallowing difficulties. This presented pureed meals in shapes of each food which made meals more attractive and appetising.

People, relatives and professionals spoke about the exceptional quality of care provided at Malden House. Staff were motivated, enthusiastic and felt proud to work at Malden House. They consistently commented on good teamwork, communication and approachable and supportive management. Surveys of people, relatives and Care Home UK reviews consistently demonstrated positive feedback on all aspects of care at Malden House. People and relatives were 'extremely likely' to recommend the home to others. A relative said, "He is happy and confident here, there are open lines of communication."

The service had a positive culture that was person-centred, open, inclusive and empowering. The provider was committed to developing staff through their 'Stars of the Future' leadership and development programme. The registered manager set clear expectations of the standards expected, through coaching, goal setting and positive role modelling. A 'Hartford Heroes' provider award scheme recognised, re-enforced and rewarded positive staff values, attitudes and behaviours.

People received a consistently high standard of care because the service used evidence of what works best to continually review and improve their practice. The service had robust quality monitoring arrangements which demonstrated the service was high performing. They continually reviewed, evaluated and improved people's care.

People's needs were supported because the service had sufficient numbers of suitable skilled staff to meet their needs. The atmosphere in the home was peaceful, calm and organised and staff spent time with people. People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely.

People participated in a meaningful way in recruiting staff. Robust recruitment checks were in place and new staff had a probation period to ensure they demonstrated the skills and values needed. People knew how to raise concerns and were confident any concerns would be listened and responded to. Staff were trained to be aware of signs of abuse, any concerns were appropriately reported to appropriate agencies, with action taken to protect people.

There was an ongoing programme of repairs, maintenance and servicing to maintain safety and continually improve the environment of the home. The premises were well managed to keep people safe. For example, staff were familiar with actions to take to protect people in the event of a fire or other emergency. People were protected from cross infection by good standards of cleanliness and hygiene.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service remains Good.

### Is the service effective?

Outstanding 

The service remains has improved to Outstanding.

People received exceptionally effective care, based on best practice evidence by staff with an in-depth knowledge of their care and treatment needs.

The service used lead roles. Staff with lead roles completed additional training and promoted best practice in areas such as falls management, nutrition, hobbies and end of life care.

People were supported by staff who understood the needs of people living with dementia. They confidently used the Mental Capacity Act (MCA) and its principles, which were embedded in day to day practice.

Peoples' nutrition and hydration had been improved by changes to their mealtime experience.

### Is the service caring?

Outstanding 

The service has improved to Outstanding.

The ethos of the home was one of an extended family. Staff had excellent communication skills and developed positive, kind, and compassionate relationships with people.

People's privacy, dignity and independence was promoted and respected. A 'dignity' advocate championed dignity issues within the team.

People's rights and choices were promoted and respected. Staff 'went that extra mile' to meet their needs and wishes.

### Is the service responsive?

Outstanding 

The service remains Outstanding.

People were supported to pursue their interests and hobbies and try new things. Further improvements were made to occupy, stimulate and encourage people to socialise.

Personalised electronic records had been introduced which freed staff up to spend more time with people.

Further improvements in end of life care ensured people experienced a comfortable, dignified and pain free death. Staff comforted, reassured and supported people and families.

### **Is the service well-led?**

The service has improved to Outstanding.

The culture of the service was open, staff focused on each person as an individual. They put people first, and were committed to continually improving each person's quality of life.

People received a consistently high standard of care because the registered manager led by example and set high expectations of staff about the standards of care expected

People, relatives and staff expressed high levels of confidence in the management and leadership of the service. Staff worked together as a team to support people and felt valued for their contribution.

**Outstanding** 

# Malden 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 comprehensive inspection took place on 27 February and 5 March 2018. The first day was unannounced and the second visit day was announced to ensure we met with the registered manager. The inspection team comprised of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required by law to send us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give us some key information about the service, what the service does well and improvements they plan to make.

We met all 16 people using the service, spoke with eight visiting relatives and looked in detail at three peoples' care records. Our observations around the home enabled us to see how staff interacted with people and how care was provided. A number of people using the service were unable to provide detailed feedback about their experience of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, a director, and with seven staff which included care staff, the cook and an activity co-ordinator. We attended a staff handover meeting and looked at five staff records, which included staff recruitment, training, supervision and appraisal records. We looked at the provider's quality monitoring systems such as audits of medicines, records, health and safety audits, and at action taken in response to feedback from people, relatives and staff.

We sought feedback from health and social care professionals who regularly visited the home including

GP's, community nurses, other therapists and commissioners. We received a response from nine of them.

# Is the service safe?

## Our findings

People said they felt safe living at Malden House. One person said, "Living here gives me a lovely sense of being safe, day and night." A relative said, "I have no doubt that my relative is both safe and well, living here."

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training, knew about the signs of abuse and how to report concerns. Safeguarding and whistle blowing policies were provided. They included contact details for the local authority safeguarding team and other agencies. Staff were confident any concerns raised would be investigated with actions taken to keep people safe.

Prior to the inspection, the registered manager sent us several safeguarding alerts related to a person living with dementia, whose behaviours sometimes challenged the service. Staff worked with the person's GP and the local mental health team to reduce risks for the person, others and staff. For example, staff did additional training to learn positive behaviour support techniques to help them manage the person's anxiety and mood changes. The training helped them identify triggers for these behaviours and intervene earlier, for example, by distracting the person.

People were helped to make informed choices about risk taking to live life to the full. For example, in a discussion about making a 'bucket list', two people identified an ambition to try sky diving. Staff accompanied them to visit an airfield to explore how to progress their ambition. They were compiling individual risk assessments to help those people make an informed choice about pursuing those ambitions.

Personalised risk assessments provided comprehensive guidance for staff, on steps to reduce individual risks as much as possible. For example, for a person at increased risk of choking, who had difficulty chewing and swallowing their food. This included the importance of preparing the person's food to a pureed consistency, of upright positioning and checking to ensure the person swallowed each mouthful before eating again. At lunchtime, we saw staff followed this advice, which minimised the person's choking risk.

People received their medicines safely and on time from staff who were trained and assessed to do so. Staff explained to people what their medication was for and stayed until they had taken it. Medicines administered were well documented in people's Medicine Administration Records (MAR), as were any allergies or sensitivities. Senior staff checked prescription charts daily so any errors or omissions were proactively followed up and addressed. For example, by reminding staff to sign to confirm they had applied prescribed creams.

People were supported to stay safe because there were sufficient staff to meet their needs. The atmosphere in the home was peaceful, calm and organised. Staff worked in an unhurried way, and spent time sitting and chatting with people. They responded to people's individual needs at a time and pace convenient for them. One person said, "If you need to call for help using the button, they always come very quickly." Where people

were unable to use the call bell, because of their dementia, staff checked on those people frequently to anticipate their needs. A dependency tool was used to monitor people's changing care needs, and staffing levels were readjusted when needed. For example, when a person needed additional staff for one to one support due to their increased mental health needs.

There was a robust recruitment and selection processes for employing new staff. Appropriate pre-employment checks included obtaining references from previous employers, health screening, and completing Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Accidents and incidents were reported and included measures to reduce risks for people. Where incidents occurred, such as falls, families were kept informed of immediate actions taken and steps to prevent further falls. Environmental risk assessments were undertaken for all areas of the home and showed measures taken to reduce risks for people. For example, keeping communal areas free of trip hazards, so people could use their walking aids to help them move around as well as mopping up spills immediately to prevent slips and trips.

Emergency equipment, fire extinguishers and electrical items were regularly inspected and tested. Staff received regular fire training and regular fire drills were carried out. This meant they were familiar with actions to take to protect people in the event of a fire. Monthly health and safety checks were undertaken in all areas of the home, with actions taken to address any issues identified. For example, some corridor areas were in need of redecoration and repair with damaged paintwork and loose tiles. The provider had agreed external contractors should be employed to undertake this work. Recent environmental improvements included new curtains, new pictures and fitted blinds in the conservatory to reduce the heat and glare in hot weather.

The home was clean and odour free. Housekeeping staff followed a daily cleaning schedule. Staff washed their hands regularly and used gloves and aprons when providing personal care to prevent cross infection. Monthly infection control audits were carried out to monitor all aspects of infection control. The most recent environmental health visit to the kitchen had awarded the service the top rating of five for food hygiene.

## Is the service effective?

### Our findings

People, relatives and healthcare professionals consistently praised the high standards of care and treatment. They spoke positively about the skills, knowledge and understanding staff which enabled people to experience a level of care and support that promoted their health and wellbeing. One person said, "My health was deteriorating before I moved in, the care I've received here has been the difference to the improvement." Another person said, "I feel so much happier and healthier living in Malden House and I'm able to enjoy my life again.

Staff had various lead roles, to champion best practice within the service, for example, in nutrition, dementia, dignity, medicines and falls management. Staff with lead roles completed additional training which they shared with people and staff. For example, they developed good practice information folders and undertook training workshops. They championed evidence based practice day to day around the home and at meetings. We saw several examples of positive impact of lead roles on people's care.

For example, staff with a lead role in eating and drinking had produced a folder of information for staff on healthy eating. Colour coded daily dietary sheets reminded staff about people's nutritional needs and preferences. They introduced food moulds to present meals for people on soft or pureed diets in a more attractive way. These were shaped to look like the food they represented. For example, chicken, carrot and broccoli. The chef also used additional seasoning to make a person's pureed sausages more appetising.

A 'falls lead' lead led improvements in improving people's mobility which reduced their risk of falling. They attended a training event organised by the community rehabilitation team and learnt new ways to minimise people's risks of falling, which they shared with the staff team. For example, about the importance of good fitting footwear and making sure people's rooms and communal areas were kept clear and clutter free to reduce trip hazards. Staff anticipated people's needs by checking they had everything they needed nearby, and reminded them to use their walking aids when mobilising.

The provider arranged for a physiotherapist to visit the service regularly, who supported individuals to maintain and improve their health and mobility through individual exercise programmes, that staff supported them with. Staff did regular group exercise classes, which helped people maintain their flexibility, muscle strength and balance. These improvements helped reduce incidence of falls without compromising people's independence or enjoyment of life.

People were involved in recruiting new staff, and influencing which staff were appointed. Some people enjoyed participated in interviews, others met candidates and gave management their feedback. The registered manager told us about an occasion where a person's involvement resulted in a candidate not being appointed. This was because they demonstrated a lack of respect by failing to respond to the persons question during their interview. The registered manager gave this feedback to the candidate for their learning and development.

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 interest and as least restrictive as possible.

Staff had undertaken training of the MCA and Deprivation of Liberty Safeguards (DoLS) and confidently followed these principles in their day to day practice. Staff used the 'Hampshire mental capacity toolkit' for undertaking people's mental capacity assessments about decision making. The tool required staff to ask the person the assessment questions at different times of the day on three separate occasions, before they could conclude whether or not the person lacked capacity. People's care records included good details about ways in which staff could assist people to make as many decisions for themselves as possible. For example, by using simple language, offering a small number of options, through checking understanding and the use of visual reminders. This promoted people's human and legal rights.

Staff involved relatives and relevant professionals in best interest decisions. For example, in relation to disguising medicine in food for a person who consistently refused medicines they needed to maintain their health. A relative said, "As a family member I feel completely involved in my relative's care." People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 their liberty were being met. Applications for 15 people who lived at the home had been submitted to the local authority DoLS team, because staff recognised people were subject to some restrictions. None had yet been assessed.

People were supported to stay safe whilst minimising restrictions on their freedom. The main door was locked, however, staff prioritised accompanying people who wanted to go outside. For example, when a person wanted to post a letter and another person needed to take their pet to the vet. People could freely access the rear door to an enclosed garden by operating an electronic pad, displaying hand symbols. This opened the electronic patio doors and alerted staff when a person wanted to go outside, so they could accompany them. Despite the cold weather, people regularly chose to go outside and staff helped them wear suitable clothing to stay warm.

The home was adapted to meet the needs of people living with dementia. Bathroom areas were painted in themed colours and displayed picture and word signage to help people identify them independently. For example, one person was able to use the toilet independently because they knew a yellow door indicated where the toilet was located. People were assisted to find their own room, through personalised pictures on their door, good lighting and grab rails in corridor areas. Pictures and photograph displays were also used to help people recall significant events. People who wished to, could help around the home, for example with maintenance and repairs.

People and visitors reported positively about the standard of food. One person said, "I like the choice of meals, and just how much food is available. There's breakfast, a hot lunch, then you have tea and after that there's supper." The service focused on health benefits of eating and drinking well. Following audit feedback about people's mealtime experience, staff explored with people ways to improve their dining experience. For example, by using linen tablecloths and fresh flowers on each table, and by serving vegetables in bowls, so people could help themselves. Previously, people who needed support with eating and drinking were seated separately with staff in the dining room. Now everyone ate together, which staff said this encouraged people and staff to help one another and got everyone talking. This made everyone's dining experiences

more sociable.

People had detailed individual nutrition/hydration care plans and staff knew their likes and dislikes. A four week menu plan offered a wide choice of meals, including vegetarian and sugar free options. Where any nutrition concerns were identified, staff took positive actions such as by increasing their calorie intake by offering regular snacks and milkshakes between meals. A "Fizzy Friday" event was being planned to get people trying new drinks and increase their fluid intake.

Staff carried out a detailed pre-assessment to discuss people's care and treatment needs with them, their relatives and relevant professionals before they came to live at the service. People had regular health checks such as sight and hearing tests, dentist and chiropody appointments. Staff worked with local health and social care professionals such as local GP's, community nurses, speech and language therapists and specialist nurses such as a Parkinson's nurse. Professionals confirmed staff knew people's health and care needs really well, contacted them appropriately and followed their advice.

For example, when a persons' mental health needs increased they contacted the community mental health team and worked closely with them to support the person. When they could no longer meet the person's needs, they liaised with their family, professionals and a specialist service about their transfer there. Staff helped the person settle into their new home and since then, people and staff have continued to visit and keep in regular touch with them. At a relatives meeting, the registered manager spoke about the changing nature of dementia, and reasons why occasionally some people need to move to a specialist service in their best interest.

New staff received a full induction and completed the national 'Care Certificate' programme, to ensure had the knowledge and skills needed to care for people. A probation period was used to check new staff demonstrated the values required before they became a permanent member of staff. Staff did regular training and updating in moving and handling, fire safety, health and safety, diet and nutrition and food safety. They completed qualifications in care and additional training relevant to people's needs. For example, training in caring for people living with dementia, with mental health needs and in end of life care.

Staff reported positively on training and development opportunities. Training and development took account of a variety different learning styles, language skills and education levels. For example, by providing additional support to staff who struggled with literacy or for whom English was not their first language. Mentorship, coaching and observation assessments were used to check staff knowledge and skills and give staff feedback when working with people around the home. Staff were encouraged to reflect on their practice, identify what went well and areas that needed to be improved. Individual supervision meetings and staff appraisals helped staff identify further training and development needs.

Young people were offered work experience placements at the home following robust recruitment and supervision procedures. The registered manager hoped positive experiences of care for older people would prompt and inspire them to explore care as a career choice. The provider had developed policies and procedures for 'Taster days.' These enabled potential job applicants, who had not previously worked in care, to gain a meaningful and realistic experience of working in a home and the expectations of the role.

## Is the service caring?

### Our findings

People were supported by staff who provided exceptionally person centred, kind and compassionate care. One person said, "I can't tell you how well cared for I feel living here. My life is wonderful now. I have complete peace of mind and feel that I belong here." A relative in a thank you card wrote, "You do an outstanding job, you are all wonderful." Other relatives comments included, "What strikes me every time I visit my relative is just how warm, friendly and welcoming all the staff are," "I have been really impressed with the attention to detail given to my relative's needs, interests and choices. I really believe the staff here care." A professional said, "It's as near a home from home as you can get. Nothing is too much trouble, everyone is treated as one of the family. There isn't anything they wouldn't do, they are outstanding as far as I'm concerned."

In August 2017, the service hosted a family day for people, staff and their respective families. Families were asked to bring in family photos to chat with people about them. A relative said, "It was lovely to see the staff who came, even brought their own children. It gave the whole event such a lovely family feeling."

Since we last visited, the service had continued to improve and find new and innovative ways to help people establish and maintain community relationships that mattered to them. A staff member had a lead role in promoting people to retain and develop new ways for people to participate in their local community. For example, they supported two keen golfers who were no longer able to play to visit their local golf club. Both people enjoyed having a drink in the club house and reconnecting with old friends. This led onto supporting others get involved in the local cricket and rugby clubs. To celebrate care home open day, the service had invited air cadets, the mayor and a local politician to visit.

Several people visited their local library and attended the annual Honiton show. Malden House had a well-established gardening club which entered the Sidmouth in Bloom competition each year, with considerable success. Others enjoyed visits from a school choir and when students from Sidmouth College did a poetry reading session. Other community events included fund raising events such as a quiz night to support local charities.

The service had developed an innovative weekly 'Tiny feet club' which provided positive opportunities for older and younger people to spend time together for their mutual benefit. Staff and relatives brought their children and grandchildren. People's expressions showed how much they enjoyed their visit. One person held a toddler on her lap, and chatted with them, whilst they played with the person's necklace. Some people reached out their hands to the children, offered them toys and played with a ball, whilst others preferred to watch from afar. A photograph depicted a person in bed with a baby in one arm and a teddy in the other. Their huge smile showed how much they enjoyed and benefitted from the experience. Minutes of meetings captured how these sessions prompted memories and discussions about parenting and bringing up children.

Staff supported a person to care for their beloved cat, who had its own care plan, and others also benefitted from the companionship. One person said, "There is a cat here called George and having him around makes

it feel homely." Staff and relatives also brought in various dogs for regular visits, so people could enjoy regular contact with their animals.

The provider had a 'Hartford Care Charter' in which staff committed to uphold people's rights, treat them with dignity and respect and as a valued member of the community. The service used the national 'Dignity in care' initiative ten good practice steps to guide their practice. For example, by supporting people with the same respect they would want for themselves or for a member of their family. A 'dignity champion' raised awareness of dignity issues. For 'Dignity in care week' they used a talking point calendar to explore dignity issues with people. For example, people discussed the importance of paying attention to how they speak with one another. A dignity area staff focused on was to improve their skills in helping men shave to make sure they were well presented.

All staff undertook equality and diversity training. For example, as part of a workshop staff explored ways in which they could support people to express their sexuality. Good practice ideas were incorporated into each person's individual care plan. A relative said they appreciated how staff made sure they had opportunities to spend time together as a couple.

Important cultural events were celebrated, for example, people celebrated Australian day by learning about the country and its culture and having a barbecue. For Valentine's day people enjoyed making truffles, fudge and heart shaped sandwiches. Visual reminders kept people up to date with current sporting events. For example, people were following the six nations rugby tournament when we visited with flags of the six nations involved displayed.

People looked relaxed and well cared for, staff supported people to take pride in their appearance, and dress in their preferred taste and style. For example, staff knew one person liked to wear the colour purple, and another liked to have a flower in their hair. One person said, "The carers take the trouble to notice what you've been wearing each day and then make sure you change and put clean clothes on." People regularly enjoyed having their hair and nails done as well as aromatherapy massages.

Staff sought regular opportunities to encourage and praise people and celebrated their achievements. A person proudly told us about their role in the home to welcome new people, befriend them and help them settle in. A photograph on display showed a person wearing their medals with pride on 'Poppy Day.' Another person had taken up photography and were capturing images of the garden in all seasons. To celebrate their work, staff were planning to host an exhibition of their photographs and invite family, friends and everyone who lived at the home to attend.

Staff knew each person as an individual and what mattered to them. They spent time chatting with people, gave them time to interpret information and formulate a response. When a person became anxious, staff noticed, spent time with them and gently reassured them. When another person looked lost, a staff member steered them in the right direction.

People were relaxed and comfortable with staff who were attuned to their needs. For example, at lunchtime, for a person who was unable to speak. A staff member carefully described what was for lunch in an appetising way. They sat with the person, held their hand and checked regularly whether the person was ready for the next mouthful of food. Throughout the meal they maintained good eye contact, encouraged and praised the person. The person responded positively with nods, vocal sounds and a happy smile.

People were encouraged to maintain their independence and contribute to day to day running of the home. Those who wished to were encouraged to contribute to the day to day household tasks around the home.

For example, setting and clearing the table and pouring drinks, folding napkins, spring cleaning and helping with maintenance tasks. Photographs depicted various people enjoying helping with vegetable preparation, cooking, making cakes and buttering rolls for a picnic. Staff upheld people's rights when relatives attended a meeting and expressed concerns about people being in the kitchen near hazards such as boiling water and sharp knives. They reassured relatives that people were not left unattended in the kitchen but were supported by staff in the kitchen. Staff reminded relatives people had the right to live their lives and their role in promoting their independence.

Each person had a key worker, whose role was to focus on that person and advocate for them within the home. They regularly spent time with the person and involved them in decisions about their care treatment and wellbeing. They supported the person to keep in contact with family and friends. People signed their care plans to confirm they had been consulted and agreed with them. Referring to the person's key worker, a relative said, "Whenever there's a need to update me about anything that affects my relative, (staff name) is on the phone straight away. I feel very well informed about what's going on."

## Is the service responsive?

### Our findings

People experienced a level of care and support that promoted their physical and mental wellbeing and enhanced their quality of life. People's comments included, "Nothing is too much trouble for the staff. You can have as much help as you need, at any time, and it always comes with a smile" and "You can ask to do anything you like and they'd arrange for it if at all possible." Relatives commented, "He loves being pampered, he is used to the high life and he clearly gets it here" and "I couldn't be happier, he is very relaxed and independent."

People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. There was a focus on wellbeing and having a sense of purpose. People's comments included; "It's quite amazing the lengths they go to in order that we have our time filled and our minds. There is so much to do here, I value being kept occupied," "There are trips out to the museum, the theatre and the sea front" and "There is the company of the others who live here, plus gardening club and even woodwork."

Photographs were widely used. They helped people to recall and initiate conversations about important events their past and about what they had enjoyed doing more recently. The themed activity programme for 2018 was focused on ensuring each person was able to contribute, promoting self-esteem and giving people a sense of identity. Each morning a group activity encouraged people to keep up to date by reading a newspaper or book together and discussing it. In the afternoon, a sensory activity encouraged people to use their sense of smell and touch, to identify a range of herbs and spices. An extensive and varied monthly activity programme included a range of clubs, including a gentlemen's club. Also, cooking, poetry, reminiscence, knit and natter and table top games.

Staff used opportunities to stimulate people's interest and learn new things. In the dining room, an activity mood board displayed what hobbies and interests' people had in the past and new hobbies and interests they developed since coming to live at Malden. For example, one person previously liked playing golf and watching TV. Since coming to live at Malden House they were interested in sky diving, musicals, visiting the library and gardening. New hobbies for another person included climbing trees. To expand their variety of exercise opportunities, people attending a residents meeting asked staff to invite local people to provide taster sessions of Yoga, Pilates and Zumba (dance to music). These had proved popular and were continuing.

People enjoyed regular visits to the 'Beehive cinema' which showed nostalgic films. Others enjoyed visiting a local dementia friendly coffee shop and a museum that enabled people to touch and feel objects and reminisce about their use. Staff knew about people's lives, their interests and talents. For example, on International women's day, they paid tribute to a person who lived at the home. A newspaper article on display showed they were one of first female engineers in Britain. A staff member told us about a person who preferred to stay in their room. The person had a career in education in the past. To try and engage with the person, they asked them to teach them a new language. This had progressed to weekly lessons for the member of staff, which both of them were enjoying.

People discussed their favourite flowers, vegetables and herbs and what they had grown in their own gardens. Although it was snowing when we visited, people were busy getting ready for spring by planting seeds indoors. People and staff had embarked on a new project to grow their own food. They discussed what to grow and decided which aspects they wanted to be involved with, such as watering and weeding.

Staff helped people keep in touch with friends and family in other parts of the UK or abroad through regular e-mail, photographs and through video calls. To further enhance people's experience of using technology, the service had installed a booster system to improve the internet signal in all areas of the home.

Where a person was unable to sit upright, staff asked an occupational therapist for advice about purchasing a special reclining chair so they were more comfortable. A relative said they were delighted with how staff had sensitively supported a person to recover from depression following bereavement.

People were asked about where and how they would like to be cared for when they reached the end of their life. A care plan entitled 'My wishes and needs at the end of my life' captured people's views about resuscitation, the withdrawal of treatment and preferred funeral arrangements. This gave people the opportunity to let other family members, friends and professionals know what was important for them in the future, when they may no longer be able to express their views. When a professional suggested a decision about resuscitation staff knew a person did not support, they acted as an advocate for them.

People were supported to have a peaceful, comfortable and dignified end of life care in line with national best practice guidance. For example, staff were trained to use an 'Abbey Pain Scale' to look for non-verbal signs of pain or discomfort, so they could provide pain relief in a timely way. A relative said, "Thank you for the wonderful care you gave my precious mum, it was a comfort to know she spent the last months of her life being cared for by such a caring, energetic and efficient team." A health professional said, "End of life care has been brilliant, very holistic and people treated with dignity and respect."

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plan included information about people's individual communication needs. For example, that one person with hearing loss wore hearing aids, and another used the loudspeaker on their phone for their calls. For a third person, staff had to look directly at the person and speak slowly and distinctly, so they could read their lips. Information was available for people in different formats. For example, large print and audio books, as well as use of easy read formats with picture symbols.

Since our last inspection, the service had implemented an electronic care record system. Staff used hand held electronic devices to keep people's records up to date, which they said freed them up to spend more time with people. The new care plans were comprehensive, personalised, and were regularly reviewed and updated. Further improvements were underway to allow relatives with appropriate consent or legal power of attorney to access part of the electronic record. This was so they could see how the person was day to day, including accessing their photographs.

People and relatives said they had no concerns or complaints about the home. One person said, "I've never had to complain. I can't think there'd ever be reason to do so, but I am totally confident that (the registered Manager) would listen and respond if I raised a concern." At individual reviews and at residents meetings, people were asked if they had any concerns and confirmed they hadn't. There was a complaints procedure in place, which set out a clear process for investigating any concerns and included details of external agencies that could help. No complaints had been received since we last visited.

## Is the service well-led?

### Our findings

People, relatives and professionals spoke about the exceptional quality of care provided at Malden House. One person said, "There's nothing I'd change here, you can't improve on perfection." A relative said, "The atmosphere here is so family feeling and you can't buy or install that. It has to come from the top". Other relatives comments included, "My father likes everything about it, the staff, the food, the company, the activities," "staff are amazing "and "I have no hesitation in recommending." A professional said, "I find Malden House to be excellent in every way. I would use it for my own relative."

The service had a positive culture that was person-centred, open, inclusive and empowering. The provider had a clear vision for the service with an emphasis on care, comfort and companionship. This was expressed through the provider, Hartford Care Mission Statement pledge to "provide comfort and companionship in a safe and happy environment."

The provider was committed to developing staff through their 'Stars of the Future' leadership and development programme. The registered manager completed the programme and the deputy manager was undertaking it. They described benefits of increased confidence, motivation and awareness of their own strengths and weaknesses. It included a focus on positive impact for people through more involvement in decision making, and helping people live their lives to the full. Also on staff development and continuous improvement.

As part of the programme, the registered manager involved people, relatives and staff in setting the vision, values and aims of the service. These included people living their lives to the full and having a laugh, feeling proud of their achievements, building relationships, and love. Other aspects included being involved in everyday life, learning new skills and hobbies and being part of the 'Malden' family and the local community. The deputy manager led on implementing the new electronic care records and led a staff discussion about motivation. Staff identified what motivated them, which included providing best care for people, seeing people enjoying themselves, being appreciated, a sense of achievement, as well as friendship, loyalty and support.

A director described Malden House as the "flagship" service within the provider group. They explained how new managers were sent to visit Malden House as part of their induction, to see a well-run home. They said staff survey results for Malden House consistently showed the highest staff satisfaction levels of all 14 homes within the group.

The registered manager and deputy manager led by example and set high expectations for staff. They used a coaching style of leadership, and delegated roles and responsibilities to staff. They set clear expectations of the high standards expected, with a focus on continuous improvement. The registered manager said, "I'm so proud of the staff team." A relative said, "What I like about (registered manager) is her ability to listen and understand."

Staff understood their roles and were developed to take on more responsibilities. They had opportunities to

work in other job roles within the service. This promoted flexibility and good working relationships within the team. For example, when the activity co-ordinator had a planned absence, the busy and varied programme continued seamlessly.

Staff were motivated, enthusiastic and felt proud to work at Malden House. They consistently commented on good teamwork, communication and approachable and supportive management. Staff comments included; "I love Malden," "amazing atmosphere," "the way we pull together" and "we are a team to be proud of." The provider had a 'Hartford Heroes' award scheme they used to recognise and reward staff for going above and beyond and demonstrating positive staff values, attitudes and behaviours. The scheme sought nominations from people, relatives and staff to recognise and reward staff for going 'over and above' for people they supported. For example, a staff member was recognised for taking people out for a walk and an ice cream on a sunny day, although they were off duty.

The provider was committed to continuous improvements. They used best practice guidance from the Social Care Institute for Excellence (SCIE), the National Institute for Health Care and Excellence (NICE) guidelines and the Care Quality Commission (CQC) fundamental standards to inform their quality monitoring framework. They also used the Northern Council for Further Education for some aspects of staff training. This is a national, educational awarding organisation that designs, develops, and provides diverse qualifications and training, in response to need. Registered managers and other staff roles within the group met regularly to share good practice ideas of what worked well and to identify areas for improvement.

The Care Home UK association online reviews showed Malden House had average scores of (9.6 out of 10) from (34) respondents. People and relatives were 'Extremely likely' to recommend the home to others. Nationally, the provider, Hartford Care, had just been awarded the top mid-size care homes medium size group in the national Care Home UK awards. This was in recognition of demonstrating exceptional quality care across all their services.

The Malden House residents and relatives' 2017 survey showed an average satisfaction score 96% and 97% respectively. The proportion of people expressing satisfaction with pursuing their interests and hobbies had increased from the previous year. When asked what Malden House did well, people said they appreciated being well looked after and kept occupied and happy. People's comments included, "(staff) give us space if we want it," "They ask us our opinions and what we would like to do" and "you couldn't get better anywhere else, it's a lovely atmosphere." Areas for improvement were more opportunities to exercise, listen to stories and use the garden more. These had been incorporated into the home's improvement plan.

People were partners in their care, their views were actively sought, listened to and acted on. For example in relation to menu planning, decisions about planning events, trips and activities. At the February 2018 residents meeting people went out in the garden to decide on a planting scheme. One person suggested the benches were painted yellow, other suggestions included placing bird feeders all around the garden, planting bluebells, sweet peas and roses. A trip to the garden centre to implement these suggestions was planned.

The 2017 staff survey also showed overwhelmingly positive feedback with staff reporting the home was a positive place to work. Staff comments included; "I love working here, there is a great atmosphere and the team work well together." Staff reported good development opportunities and felt enabled and supported to carry out their role. Staff suggestions for further improvements were implemented, for example, the introduction of food moulds, involving residents in kitchen, and introduction of more innovative ways of promoting people to drink more. The registered manager identified further actions to continuously improve. For example, by celebrating 'small wins' by praising staff during handovers, at one to one and staff meetings.

To focus on staff wellbeing a member of staff was developing a 'Happy staff' team building workshop to explore further ways to improve the team.

Each day, a staff handover meeting was held to communicate any changes in people's health or care needs. Mid-morning, staff had another ten minute get together to check how the day was going for each person, and to address any new needs or wishes. For example, one person was feeling much better after a recent illness and another person was going out with their family for lunch.

The service used a range of quality monitoring systems to continually review and improve the service. A range of audits were undertaken, for example, of medicines management, care records, health and safety and infection control. Accidents/incidents, complaints, and staffing levels were monitored and reported monthly to the provider. The registered manager did unannounced night visits to check standards of care were maintained throughout the 24 hour period. Other registered managers, a quality control manager, health and safety lead and the chief executive regularly visited the service to talk to people, relatives and staff. Any improvements needed were captured in an action plan which identified who was responsible for and the timescale. The improvement plan was monitored monthly to make sure it was completed.

Where the registered manager identified an issue about individual staff performance, they spoke with the staff member to identify contributory factors. They sought advice from head office about how best to support them to make the required improvements. This included an individual programme of one to one coaching, working alongside them in practice and arranging additional training.