

White Gables Care Limited

White Gables Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service:

- White Gables Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. White Gables Residential Care Home accommodates up to 37 older people in one adapted building. During our comprehensive unannounced inspection on 3 April 2019, there were 33 people using the service, some living with dementia.

People's experience of using this service:

- People told us that they were extremely happy with the service they received. They were highly complimentary about the caring nature of the staff and management team.
- People were supported by highly motivated and caring staff who knew them well.
- The service was led by a highly motivated and compassionate registered manager who continued to strive to continuously improve the service and provide high quality care to people at all times.
- There was an extremely open culture in the service. People using the service, their representatives and staff were asked for their views about the service and these were valued and used in the ongoing improvement in the service.
- The service had systems to continuously monitor, assess and improve the service provided.
- People shared very positive relationships with staff. People's privacy, independence and dignity were always respected.
- People were listened to in relation to their choices about how they wanted to be cared for. These choices were highly valued.
- People received very personalised care, which was tailored to meet their individual needs. People had access to very meaningful activities, which reduced the risks of boredom and loneliness.
- There were systems designed to keep people safe, including from abuse. Risks to people in their daily lives were assessed and plans in place to reduce these. People's medicines were managed safely.
- There were enough trained and skilled staff to meet people's needs. Recruitment processes continued to be safe.
- Infection control procedures helped to protect people from the risks of cross infection.
- People had access to health care professionals when needed.
- People were supported to maintain a healthy diet. Meal times were social occasions and people had choices of nutritious meals.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- There was a complaints procedure in place and people's concerns were addressed and used to drive improvement.

Rating at last inspection:

- This is the first inspection under this provider, who was registered with The Care Quality Commission in April 2018. The service had been previously owned by another provider, which was last inspected in January 2016 and rated outstanding overall. The key questions for caring and well-led were rated outstanding and the key questions for safe, effective and responsive were rated good. The new provider had ensured that people received the high quality care they were previously provided with.

Why we inspected:

- This inspection took place as part of our planned programme of inspections, based on newly registered services.

Follow up:

- We will continue to monitor this service according to our inspection schedule.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

White Gables Residential Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- The inspection was undertaken by one inspector.

Service and service type:

- White Gables Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. White Gables Residential Care Home accommodates up to 37 older people in one adapted building. During our comprehensive unannounced inspection on 3 April 2019, there were 33 people using the service, some living with dementia.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- This inspection was unannounced.

What we did:

- Prior to the inspection we gathered all the information we held about the service and used it to develop a plan for the inspection. We reviewed information provided to us from the Local Authority quality teams and information we received from the provider by way of notifications. Notifications are required by law and

identify incidents that had happened in the service and the actions taken in response.

- We used the information sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- To gain people's views and experiences of the service provided, we spoke with eight people who used the service, and two people's relatives. We looked at the care records of four people who used the service, including risk assessments, care plans and records relating to medicines administration. We also observed the care and support provided and the interaction between people and staff throughout our inspection.
- We spoke with the registered manager and six members of staff, including the deputy manager, senior care, care, and maintenance staff.
- We reviewed information the service held about how they monitored the service they provided and assured themselves it was meeting the needs of the people they supported. This included audits, and staff training and recruitment records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained and understood their responsibilities in the systems designed to keep people safe from abuse.
- People who used the service and relatives were encouraged to discuss any concerns relating to safeguarding. Accessible safeguarding information was provided in people's bedrooms.

Assessing risk, safety monitoring and management

- People told us that they felt safe using the service. One person said, "I know we are all safe, warm and well looked after." One person's relative commented, "It is safe, they [people who use the service] get 24 hour care, they check [family member] through the night."
- People's care records included risk assessments which guided staff about how the risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, and moving and handling. One person's relative confirmed that their family member received the care they required to reduce the risks of pressure ulcers, "They [staff] go up and help [family member] to turn every two hours."
- Portable electrical equipment, moving and handling equipment and the system for fire safety was checked to ensure they were fit for purpose and safe to use. There was a system to reduce the risks of legionella bacteria in the water system.

Staffing and recruitment

- People told us that they felt that there were enough staff and their requests for assistance were responded to promptly. One person said, "I don't have to wait long if I ask for help."
- There was a system to calculate the numbers of staff required to meet people's physical needs, this was also done to ensure that staff could spend time with people to meet their social and emotional needs. This was confirmed in our observations and comments made by people.
- There was a good retention of staff and agency staff were not used, which supported continuity of care.
- New staff were recruited safely.

Using medicines safely

- People told us that they were satisfied with the arrangements for how they received their medicines. One person said, "They bring the tablets round morning, lunch and evening, all very good."
- We observed part of the lunch time medicines administration. This was done safely by staff.
- Some people had medicines which were prescribed to be taken 'as required' [PRN]. This included pain relief medicines. There was guidance for staff when these medicines should be considered for administration.
- Records demonstrated that people continued to receive their medicines when they needed them.

- Medicines were stored safely and securely in the service.
- Regular audits and checks on medicines supported the registered manager to identify and address any shortfalls promptly.
- Staff responsible for administering medicines had been trained to do so safely and their competency was assessed by senior management.

Preventing and controlling infection

- The service was visibly clean throughout. Bathrooms and toilets held hand wash and disposable paper towels to use to reduce the risks of cross infection.
- People were complimentary about the cleanliness for the service. One person told us, "It is always clean, they do a good job."
- Disposable gloves and aprons were available for staff to use to reduce the risks of cross contamination.
- Staff had received training in infection control and regular audits supported the registered manager to address any shortfalls promptly.
- The service had been awarded the highest rating in a local authority food hygiene inspection in July 2018.

Learning lessons when things go wrong

- The service had systems to learn from incidents and when things went wrong. Analysis of incidents and accidents demonstrated that the service learnt from these and used this learning to reduce further risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving into the service, a comprehensive needs assessment was undertaken by a member of the management team. This was done in consultation with people, their representatives and any appropriate health and social care professionals. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Equipment and technology was used to support people's independence and safety. This included pressure mats, hoists, toilet raisers and wi-fi throughout the service.

Staff support: induction, training, skills and experience

- People told us that they felt that the staff had the skills to meet their needs. One person said, "They are so efficient."
- Staff were provided with training they needed to meet people's needs effectively.
- The registered manager told us improvements had been made in staff training, this included a greater suite of training available and training was tailor made for the individual needs of staff including e-learning and face to face training. One staff member who had recently joined the team told us, "We get lots of training e-learning and face to face a good mixture, you can say if you don't like the e-learning and they will do all face to face."
- Staff received an induction when they started working in the service, this included training and shadowing more experienced colleagues until they were confident and competent to work unsupervised. The service had recently developed a buddy system of existing staff to help newer colleagues to settle into the service.
- Staff were provided with one to one supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Supervisions held a topic for each month to provide staff with knowledge on specific subjects and the opportunity to discuss them. Topics included discussions about the new providers, technology, teamwork and reflective practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the food they were provided with. They told us that they always had choices of what they wanted to eat and the quality and quantity of food was good. One person said, "We always say the food is good, we are all getting fatter," and they patted their tummy. The person punched the air and said, "Oooh it's dumplings hooray." Another person commented, "The food is excellent."
- People told us that they got enough to drink, which reduced the risks of dehydration. There were jugs of cold drinks in the service that people could help themselves to. We saw staff offering people drinks throughout our inspection visit.
- People's dietary needs continued to be assessed and met. This included people who were at risk of

choking and/or were not maintaining a healthy weight. Staff spoken with were knowledgeable about people's dietary needs. One person's relative told us about the food supplements their family member received and the actions staff were taking to reduce the risks of malnutrition when they refused food. This was confirmed in the person's care plans.

- Mealtimes provided people with a positive and social experience, people were served with their choices of food and drinks. Potatoes, vegetables and sauces were served at the table by staff so people could choose what and how much they wanted on their plates.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had positive relationships they had with other professionals involved in people's care. This included visiting health and social care professionals.

- Regular visits to the service were undertaken by the local surgery nurse practitioner, GP, and district nurses. This assisted people to maintain good health and for staff to raise any concerns about people's wellbeing in a timely way.

- People told us that they had access to healthcare professionals when needed. One person said, "I have seen the doctor, I am not having a good day today. The [staff] know when I am struggling and help me along."

Adapting service, design, decoration to meet people's needs

- People were complimentary about the environment that they lived in.

- There was signage in the service to help people to navigate to their bedrooms.

- The environment was suitable for people using the service, this included a passenger lift and aids and adaptations, including toilet raisers and grab rails so people could use the toilets comfortably and safely.

- There was a secure and well-maintained small garden that people could use.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS referrals had been raised to ensure any restrictions on people's liberty were lawful.

- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

- The service had changed ownership in April 2018, at the previous inspection of January 2016 caring was rated outstanding. The registered manager told us how it was important to provide people with continuity of care through the change and ensure that the quality of care provided was not compromised. This had been respected by the new providers. The registered manager and the providers had worked to ensure that people continued to be provided with an exceptionally caring service and were continuously identifying ways of improving further to sustain the high quality care people were provided with.
- The ethos of the previous owners was the provision of a Christian based service, this was being respected by the new owners. An example of this included, people continued, if they chose to, say grace before each meal. One person told us how they were able to continue to attend their church, which they had done before they moved into the service, which enabled them to maintain their valued relationships within the community and continue with their preferred way of worship. This demonstrated people's diverse needs were respected and met. People told us that the Christian ethos contributed to choosing to move into the service.
- Without exception, people told us that the staff were extremely caring and respectful. One person said, "They are all so very caring." Another person told us, "The staff are lovely, I can't fault any of them, all friendly and caring." One person's relative said, "It is a lovely home, it is the thoughtfulness of the staff, they are all kind." Another relative said, "They are a lovely lot, [family member] loves the banter."
- We saw some examples of extremely caring interactions. A person became tearful and they told staff, "Something has touched me today." Staff demonstrated extremely caring and compassionate interaction with the person. One staff said, "It is not often we see you cry, you are making me cry too." The staff member used touch to reassure the person and they talked about how the person was feeling. This made a positive impact on the person, they stopped crying, chatted with the staff member about what was bothering them, smiled and held hands with the staff.
- We observed that staff were very respectful in their interactions with people. Staff communicated with people in an extremely caring and respectful way. They positioned themselves at people's eye level and used reassuring contact. We saw that people and staff shared positive relationships and knew each other well. The way that staff communicated with people made a positive impact, this was because we saw people smiling, laughing and talking with staff.
- Staff spoke about people in a very compassionate manner and they were committed in providing a caring service. They shared the registered manager's values of putting people first and providing an extremely caring service. They were aware of people's specific needs and how these were met equally. This included people's diversity such as their gender, age, sexuality, language, disability and religion. Staff were knowledgeable about people's communication needs and interacted with people in a way which met these needs.

- Staff responded quickly when there were comments made between people which may be upsetting. They did this in a reassuring and caring way which was supportive of all people involved and not in a punitive manner.
- People told us that they could have visitors when they wanted them and there were no restrictions. This assisted people to maintain meaningful relationships with others who were important to them. We saw that people had visitors throughout the day of our inspection visit. These visitors were warmly greeted by the staff, people's relatives told us that they felt welcome to visit any time.
- The staff showed people that they mattered, an example of this were birthday celebrations. On the day of our inspection visit a person was given a birthday cake with staff and other people using the service singing happy birthday to them. The person told us that they appreciated the effort that had been made and staff were making efforts to make their day special. A person who used the service had gained signatures in a card from other people and staff to give to the person.
- A card received by the service from a relative said about a birthday party for their family member, "It was kind of you to invite all of [family member's] family to join [family member] and we will remember this for years to come."
- Many cards and letters had been sent to the service from people's relatives thanking them for the care provided which demonstrated the continuous care and compassion shown to people. Comments in these included, "We wanted to say how much we have appreciated the care, kindness and dignity you afforded [family member]," "To all the fantastic, kind, patient staff at White Gables. You are amazing!" and, "Thank you for all the kind and wonderful care... White Gables is a true example of what a care home should be."
- To demonstrate the family atmosphere in the service where people were cared for, we saw a former staff member visiting people. Another staff member who had been on leave brought their baby in to visit people. Everyone was introduced to the baby, which they all clearly enjoyed. People leant forward to look at the baby, and smiled and laughed. People asked about the baby's weight and talked about their children and how much they had weighed. The staff member told them when they were returning to work and they told people how they had missed them.
- Staff were attentive to people's needs, one person had asked for a cardigan and two staff arrived with one each, which made the person laugh.

Supporting people to express their views and be involved in making decisions about their care

- People told us that their choices were always listened to. One person said, "We do what we want. It is our home."
- People's care records demonstrated their full involvement in the decisions about how they wanted their care to be delivered. This showed that people's choices were valued, promoted and respected.
- This is Me documents in people's records included information about the person's history and what was important to them, documents also included how people wanted to be cared for.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy, dignity and independence were always respected. This was included in care records to ensure staff received guidance in how to respect people's rights.
- Staff knocked on bedroom and bathroom doors before entering. People told us that the staff always knocked on their doors. We saw that staff spoke with people in a discreet way about if they needed assistance with their personal care needs, which respected their privacy and dignity.
- Staff encouraged people's independence, such as when they were mobilising and eating lunch. One person was recovering from a broken bone and the staff were assisting them to start to mobilise again independently. They did this gently and at the person's own pace and continuously checked with the person that they were not in pain.
- With a person's permission, we watched the staff assisting them to move using the hoist. The staff

encouraged the person's participation as much as possible in a gentle and caring way. This included asking the person to hold an area of the hoist and to lift parts of their body to enable the sling to be placed safely. Staff used good manners when asking the person to do things, such as, "Hold this please, that's it well done, are you okay?" The staff used a blanket to cover the person's legs and bottom half to ensure their privacy and dignity.

- One person told us, "They do not take over, it is my life and I know what I am capable of doing."
- The staff encouraged people's independence and respected people's choices. An example of this was that a person continued to arrange their own blood tests, which they had done when they had lived in their own home. The registered manager said in the PIR, "We want people who live at White Gables to feel they are still in control of their health and the decisions about it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Without exception, people told us that they received a very personalised service which met their needs. One person commented, "We are all looked after very well." One person's relative said, "[Family member] is very happy here." Another relative told us how the staff had assisted the person to settle into the home when they moved in. This reduced the person's anxiety about living in a care home.
- Positive comments were made on a website where people could put their views of the service. One statement was, "The care that [family member] has received has been tailored to [their] needs for [their] increasing dementia."
- People's care records demonstrated that people's individual needs were assessed, planned for and met. People's communication needs were identified, recorded and highlighted in care plans.
- Records of unpredictable behaviours were maintained which were analysed and used to improve the outcomes for people. This assisted staff to identify potential triggers for their distress reactions and to assess how best to support them to reduce their anxiety.
- One person who was living with dementia told staff they needed to get the bus to get home, they chatted for a while and the staff member reminded them there was birthday cake later, this made the person laugh and say, "I might stay for that, I can't miss the cake." This demonstrated that the staff understood the person's condition and responded to their comments appropriately. In addition, the approach of staff reduced the anxiety of the person who had been worrying about catching the bus.
- There was an excellent programme of activities which reduced the risks of people being lonely and isolated. We saw several photographs of people enjoying these activities including the art club. One person told us, "We have lots of fun here."
- We saw that people who chose to stay in their bedrooms were visited often by care staff who provided time to ensure they were not lonely or isolated. The relative of one person who was care for in bed told us, "The staff go up to see [family member] and chat."
- Staff were visible throughout our visit and they engaged with all people so they received quality interaction. One person's relative said, "[Family member] has a great time."
- Photographs of people doing activities with 'Little Gables' which was children from the community visiting people using the service. The photographs showed people and members of Little Gables playing darts and ball games. People and the children were visibly enjoying their time, there was lots of smiles. An Easter egg hunt was planned for over Easter with the Little Gables. The week before our inspection visit children from a local Beaver group had visited people. People told us how they enjoyed the visits, one person said, "Keeps us young."
- There was a programme of planned creative activities including biscuit decorating, making mocktails and fruit kebabs, and slide shows. There were also impromptu activities held in line with how people wanted to spend their time. This included a sing song before lunch at the request for people. The registered manager

played the piano and asked people, "Are we ready to sing?" People enthusiastically answered that they were and they joined in singing, along with the staff. There was a lot of laughter, clapping, arm waving and gestures along with the lyrics of the songs. A person arrived in the lounge and a staff member said, "Hope you have your singing voice on," this made the person laugh and join in.

- People played a ball game in the morning, no one was left out and we saw that people were keen to take their turn. Where people needed assistance from staff this was provided, for example a staff member held a person's arms, with their agreement, to help them catch the ball. The person had gained confidence from this and said they could catch the ball themselves, which they did. A staff member told another person when they were throwing the ball and where they were throwing it from so the person could get ready to catch it. There was lots of laughter and applause. A person told us, "We are a happy lot here. It is always like this, we have a lot of fun and always something going on."

- Staff enthusiastically took part in activities which in turn encouraged people to participate, with lots of laughter.

- Activities were introduced to meet people's specific interests, for example a scrabble club and knitting club. The knitting club was held on the afternoon of our inspection visit, people sat and chatted whilst they were knitting. The registered manager told us that one person had started to teach another staff member to knit, which they continued at home and brought back into the service for the person to check. This demonstrated that people were central to the service and their input and experiences were highly valued.

- A choir had been started, with the help from people's relatives, which was confirmed by a person's relative. Notices in the service told people when the next practice was. The choir had done a performance, which was attended by friends, family and the mayor, in March 2019 and raised money for a local coast watch. The registered manager and a person's relative told us how the people who used the service enjoyed the choir and took it seriously. This was confirmed by people who used the service, one person said, "We love singing here."

- People could access events in the local community including the Salvation Army, places of worship and community centre. The management and staff assisted and encouraged people to remain part of the community that they lived in and maintain the interests that they had before moving into the service.

- One person wanted to continue to attend their attendance at church. The service had worked with the local church to support the person to do this, including providing training to assist people safely to mobilise when using their wheelchair. This person told us, "I really value that I am still able to do this." In addition, other people had wanted to attend and this was also supported.

- The service had set up a library, with donations of books, this allowed people to access books to read. The registered manager told us how they had purchased a trolley which enabled staff to take books to people who chose to stay in their bedrooms.

- Over Christmas, there was a photograph booth in the service with props, such as Santa beards, where people could take photographs of themselves and with their families. People went out to the local area to look at the Christmas lights, which was what they had asked for in a meeting. Records identified that people had enjoyed this and agreed that a local village was the best for decorated houses.

- Activities were designed to value people and their particular interests. An example of this was a person using the service gave a talk to the other people using the service about a collection of items they had accumulated over a number of years. This was advertised in the service with a photograph of the person and part of the collection so people were aware it was happening.

- The service had introduced the 'bucket list'. A notice was on the wall telling people if they have ever wanted to do something or do something they used to enjoy to let the staff know who could help them for their wish to become a reality. The registered manager told us that this was to meet people's aspirations and to recognise that new experiences for people did not end when they moved into a care service. It was a new initiative but people had responded keenly and were thinking about what they wanted to do.

- Tea cups were displayed in the service with flower arrangements in them, notices nearby said that these

had been arranged by people using the service. We talked with a person about the flowers and they said, "That is one of mine, they are lovely, aren't they?"

Improving care quality in response to complaints or concerns

- People told us that they felt confident that if they raised concerns that they would be addressed.
- There was a complaints procedure in place. This was displayed in the service to ensure people and visitors were aware of how to raise concerns. Records demonstrated that concerns were addressed and used to drive improvement.
- We saw many letters and cards sent to the service thanking them for their care and support.

End of life care and support

- There were systems in place to support people who required end of life care. People's care records included their choices relating to the end of their lives, including if they wished to be resuscitated and how and when they wanted to be cared for at the end of their life and these were respected.
- The registered manager understood how working with other professionals could improve people's experiences at the end of their life, this included anticipatory medicines to reduce people being in pain. This was confirmed in a person's records, the service had worked with the GP and the medicines were available when the time came for them to be needed.
- Staff had received training in end of life care.
- The registered manager, in the PIR, stated, "We are very proud of our care at end of life. We work very closely with our GP's, District nursing team and hospice at home. We learn from them and gain knowledge from their expertise. We want to make sure that residents have a 'good death' and that we are as supportive as possible for their families."
- Relatives were supported to stay overnight at the service if they wished to, so they were with their family members at the end of life.
- Letters and cards received by the service from people's relatives thanks the service for the care provided to their family members at the end of their life. Comments in these cards included, "Thank you from the bottom of my heart for all the love and care you gave to [family member]," and, "The care [family member] received at the end was exceptional."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had changed ownership in April 2018, at the previous inspection of January 2016 caring and well-led was rated outstanding. The registered manager, who had remained at the service throughout the change, told us how it was important to provide people with continuity of care through the change and ensure that the quality of care provided was not compromised. This had been respected by the new providers and the registered manager told us that no changes had been made to negatively compromise the high quality of care provided. One person's relative told us, "We were all worried that the new owners were going to make changes, but it is a year now and it is still as good. We are relieved about that."
- However, the registered manager and provider were continuously improving the service to enhance people's quality of life. There had been improvements made and being made in a number of areas. New technology was being introduced into the service for care planning and maintaining records. We saw records of this roll out, including staff training, which started to be implemented in March 2019 ending the end of 2019. This would free up staff to spend more time with people rather than recording in paper records. Improved training and supervision systems were in place. This included training to meet staff's individual training preferences such as e-learning and face to face training and a greater number of subjects being available. Supervisions included topics to be discussed such as dietary needs, holistic and reflective practice. This demonstrated that staff were kept updated and participated in the ongoing improvements in the service. An action plan was in place for 2018/2019 to identify the continual improvement of the service. This included the introduction of the 'bucket list', rooms requiring redecoration and the planned food survey for June 2019.
- The registered manager had an excellent oversight of what was happening in the service, and demonstrated an in-depth knowledge to support high quality care to people using the service. They were a visible presence in the service and people and relatives chatted to them throughout our inspection visit.
- All people we spoke with were extremely complimentary about the registered manager and the staff. One person's relative said, "The manager is wonderful, it is very well-led."
- There was a programme of quality assurance checks in place, including care provided, care records, health and safety and medicines. These supported the registered manager to address any shortfalls promptly, assess any improvements they could make and provide people with a high quality service.
- The registered manager told us that the new providers were being supportive and they were in regular contact. In addition, the head office administration team had visited the service. This was to ensure they were aware of how the service was run and to ensure that continuity of processes were maintained.
- Analysis was undertaken in areas such as falls to check for any patterns and systems developed to reduce

future risks.

- The registered manager and staff spoken with were highly motivated, and shared the same values of putting people using the service first. One staff member told us, "It's a lovely home. This is just what a care home should be like, it's very caring, friendly and supportive." Another staff member said, "It is an amazing place to work, staff don't change often we are one big happy family."
- The registered manager understood their responsibility of the duty of candour.
- All people we spoke with were positive about the service provided. One person's relative said, "This is a lovely place, a home. We knew as soon as we walked in this was the right place for [family member]." Another relative commented, "[Family member] loves it here. It is a different way of life, but they are so settled."
- Staff spoken with were positive about the registered manager and how they run the service. One staff member said, "It is well-led, we all know where we stand. If something is wrong we do something about it."
- We heard a group of people talking about our presence in the service. One person said, "They have to check, you hear about other places, my [relative] checks and this is high up on the stats, nothing to worry about here." Another person commented, "Yes I am quite comfortable here."
- Staff were positive about working in the service. This was clear because five had left when the change of owners had happened and four returned. Most of the staff had worked at the home for many years, including the registered manager. One staff member who had recently joined the service said, "I am so happy to be working here, it is not often a vacancy comes up, I was lucky." This demonstrated that people were supported by staff who knew them well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were actively engaged in developing the service; through surveys, meetings and ongoing communication to check they were happy with the service they received. The results of surveys were published included actions taken. In addition, the minutes to meetings attended by relatives and people using the service were displayed in the service with feedback what the management team had done in response to their comments. This included putting a bird box in the garden and changing meal times. This demonstrated that people's views were valued and used to drive the continuous improvement in the service.
- As a result of listening to people, it was found that not all people felt comfortable attending larger meetings. In response to this, as well as the larger meetings, there were smaller focus groups and people could speak on a one to one basis with their key worker. Topics for the bi-monthly focus groups included, community involvement, care, food, bucket list and family involvement. This assisted people to feel able to contribute their views in smaller groups, where they had not felt confident to do so in a larger meeting. This demonstrated a commitment to ensure that all people's views were heard.
- A notice in the service stated, "Your home, your voice. We want you to feel that White Gables really is your home. Please let us know anything we can do to make that happen. Please chat with any staff member, at any time."
- Newsletters kept people and their representatives updated with things happening in the service, such as activities, planned focus groups and actions taken as a result of their comments. This included taking people put in the local community bus to look at the Christmas lights. The newsletter asked people to contribute to it if they wanted to.
- Planned assessments checked that the service could meet people's needs. Ongoing reviews included people who used the service to identify how they wanted their care delivered.
- The registered manager and provider demonstrated that staff were highly valued, this included a Christmas party and gifts, such as on their birthday. Staff were thanked for their hard work in meetings. Staff were also able to receive discounts from various community companies. Because the staff felt valued there

was a high level of staff retention, which meant that people received consistent care from staff who were happy in their work and who they knew.

Continuous learning and improving care

- The registered manager kept their learning up to date and understood the importance of keeping up to date with changes in the care industry to ensure that the service continuously improved. They were part of the Suffolk Association of Independent Care Providers which assisted keeping the service up to date. The registered manager, deputy manager and two senior staff had recently attended a conference. The registered manager told us they also attended break out groups relating to falls. This information was being used to reduce the risks to people.
- All of the management team and senior staff had achieved or were working on a management qualification in health and social care. In addition, all staff were encouraged to achieve care qualifications and received training relevant to their role.
- The service had been awarded a bronze award from Investors in People.

Working in partnership with others

- The registered manager told us about the very positive relationships they maintained with other professionals involved in people's care. This included GPs, community nurses and the pharmacy provider. This ensured people received a consistent service.
- The service continued to develop links within the community, which in turn supported people to maintain their own community links. This included participating and fund raising for local, such as Felixstowe Dementia Action Alliance, and national initiatives, such as the Macmillan Coffee Morning, and taking part in the shoebox appeal which was filling a shoe box with gifts for children across the world for Christmas, messages had been written by people using the service to the child who would be receiving their gift.
- Staff and people using the service had attended a local intergenerational event, held by the local authority. The purpose of the event was to bring young and older people in the community together. This was being used to further strengthen the work the service was doing in providing meaningful activities for people with younger people who lived in the community. The registered manager had met with the organiser to discuss any further events they could be involved in.
- The day before our inspection visit the registered manager had attended the first meeting of the 'Felixstowe Care Home Support Group' which included attendees from other local care homes. The purpose of these meetings was to share good practice and ideas, with the possibility of sharing costs for joint training, activities, and day trips.
- The service was hosting an initiative 'Christians against poverty' which was to be held one evening a week for a three week course. People in the community would be invited and staff also, if they wished, to gain advice and support in managing their finances. We saw notices in the service advertising the course and inviting staff to attend.
- The service worked with local places of worship to enable people to continue with their religious observance.