

## Eton House Residential Home

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### 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?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Eton House Residential Home is a care home without nursing that is registered to provide care for up to 26 people. During our inspection there were 24 people using the service.

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

The majority of people who lived at Eton House Residential Home had a diagnosis of dementia. The registered manager ensured there was a joined up approach for staff to understand dementia; how it affected those who lived with it and how the environment and positive engagement with people were beneficial to people's well-being.

The service signed up to Care England's 'Dementia Pledge' to demonstrate their commitment to provide great dementia care and this was taken further by the registered manager who took a pro-active approach to ensure staff received learning that would enhance best practice in the area of dementia care. The registered manager obtained a grant that helped the service to develop a physical environment that was 'dementia friendly'.

People and their relatives were overwhelmingly positive. We heard various comments such as, "The care home goes beyond caring, it's the best", "The care offered here is pretty high", "I think the home is very good", "There's lots of communication between staff and relatives", "I think this is a lovely place and the staff do what they can to provide for a normal life" and "If this is where I have to live then this is where I want to do it." We saw outstanding examples of how staff went "the extra mile" to ensure people's care needs were met.

Positive caring relationships were developed with people who used the service and staff demonstrated an excellent understanding of their care and support needs. The service continually strived to develop their staff team to ensure people were treated with compassion, kindness, respect and dignity. Observation records carried out by management ensured people were being treated with dignity and respect.

People were protected from the risk of harm at the service because staff were well-trained and fully understood their responsibilities in regards to safeguarding. People said they felt safe from harm. Fire safety evacuation plans and personal evacuation plans developed ensured people would receive the help required in the event of an emergency.

People were given their medicines safely by appropriately trained staff. There were sufficient numbers of staff to keep people safe and meet their care needs. People and their relatives showed appreciation that there was not a high turnover of staff.

Staff spoke positively about their supervision and professional development support received. For example, a staff member spoke about how they were supported in their current job role. They commented, "I am dyslexic but I am signed up on a leadership and management course. X (the registered manager) sees our potential, gives encouragement, sits down with you and lets you know how they will support you. This has really boosted my confidence."

People had access to healthcare services. We saw good examples of the service working in partnership with a local commissioning group and other health professionals to ensure the best outcomes for people.

People participated in person-centred activities within the service and in the local community. We noted a wide variety of social activities were on offer. This included the involvement of students from local college and universities, who provided therapeutic activities (reminiscence) for people diagnosed with various forms of dementia.

Care plans and risk assessments were regularly reviewed and kept up to date. Reviews of care were undertaken to ensure the service was responsive to people's care and support needs.

People and relatives knew how to raise a complaint but said they had no concerns about the service. There was an overwhelming response of not having to do this as the service always communicated with them and let them know what was going on.

People were supported at end of their life by staff who was compassionate, understanding, and who had the right skills. We saw outstanding examples where staff cared for and supported people that mattered to the person who had passed away with empathy and understanding.

People received care and support from staff who were highly motivated and proud of the service. Comments included, "I enjoy working for the home, it's a part of my life", "I think management and team leaders are amazing, they're very supportive. The culture of home is open and supportive."

People and those who represented them were overwhelmingly positive when discussing how well the service was managed. Comments included, "The management and staff of Eton House is of the highest standard and has excellent leadership and should be an inspiration to other care homes everywhere" and "Very well led and all staff have a positive attitude towards their work which reflects on the management."

The registered manager was involved in a number of accreditations schemes and ensured best practices was introduced to the service to improve the quality and safety of the care provided to people.

There were clear visions and values for how the service should operate and staff promoted these. The service had established effective quality assurance systems to assess, monitor and improve the quality and safety of the service it provided.

## 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.

People were protected from harm because staff knew what to do if they suspected abuse had occurred.

People were kept safe because there were sufficient numbers of staff to meet their care and support needs.

People were given their medicines safely by appropriately trained staff.

Good 

### Is the service effective?

The service was very effective.

The service carried out screening tests that helped to determine whether people were in the early stages of dementia. This had significantly reduced the waiting time for people to gain a diagnosis of dementia.

The service signed up to Care England's 'Dementia Pledge' to demonstrate their commitment to provide great dementia care and this was taken further by the registered manager who took a pro-active approach to ensure staff received learning that would enhance best practice in the area of dementia care.

Care records clearly documented the positive outcomes achieved in regards to people's health as a result of the service's good working relationship with other health professionals.

Outstanding 

### Is the service caring?

The service was very caring.

People who used the service and those who had contact with service, spoke highly about the caring attitude of staff. We saw outstanding examples of how staff went "the extra mile" to ensure people's care needs were met.

The service continually strived to develop their staff team to ensure people were treated with compassion, kindness, respect

Outstanding 

and dignity. Observation records carried out by management ensured people were being treated with dignity and respect.

People were supported at end of their life by staff who were compassionate, understanding and who had the skills in this aspect of care.

### **Is the service responsive?**

**Good** 

The service was responsive.

People participated in person-centred activities within the service and in the local community

Care plans and risk assessments were regularly reviewed and kept up to date.

People and relatives knew how to raise a complaint but said they had no concerns about the service.

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

**Outstanding** 

The service was very well-led.

People and those who represented them were overwhelmingly positive when discussing how well the service was managed.

People received care and support from staff who were highly motivated and proud of the service.

The registered manager had obtained a grant from the Kings Fund an independent charity working improve health and care in England. This enabled the service to carry out a number of initiatives which included improving the home's interior facilities to be more dementia friendly as well as to create a therapeutic environment and outdoor garden, designed to meet the needs of people with dementia.

# Eton House Residential Home

## **Detailed findings**

### Background to this inspection

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

This was an unannounced inspection which took place on 31 March & 1 April 2016 and was carried out by an 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 this type of care service.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service.

During our visit we received feedback from a social worker from the local memory clinic.

We were unable to speak at length to some of the people who used the service, due to their capacity to understand or communicate with us. 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 to us.

We spoke with five people, six relatives of people who used the service; one senior care worker; two care workers; the registered manager, and the proprietor. We looked at four care records; three staff records and

records relating to the management of the service.

# Is the service safe?

## Our findings

People said the service was safe from abuse and they could raise concerns which would be dealt with. They said they felt care and support was delivered in a safe way. Comments included "I am safe because of the number of staff in the home", whilst another person said they felt safe because, "Everyone (staff) is around." In a 'visitor/relative satisfaction questionnaire' dated August 2015 the majority of visitors and relatives felt the service was safe with comments such as, "I have no reason to believe it is not safe" and "We have no concerns in this area. I have always found when I have been at the home that it is safe."

People were protected from abuse because staff were well-trained and fully understood their responsibilities in regards to safeguarding. Staff were knowledgeable about the signs of abuse and were able to give good examples of what would constitute a safeguarding concern. We observed a checklist on safeguarding practice clearly displayed for staff. This listed actions staff should take if they suspected a person had been abused. We noted staff were up to date with the relevant training.

A review of safeguarding records showed all safeguarding concerns had been reported to the local safeguarding team and safeguarding notifications were submitted to us. We noted investigations carried out were thorough and actions taken were in line with the service's 'Safeguarding Service Users from Abuse Policy' and the 'Berkshire Multi-Agency Adult Safeguarding Policy and Procedures' dated September 2016.

We spent time talking to people in communal areas and in their bed rooms and observed no unsafe practices throughout our visit.

People were protected and their freedom supported. We observed people moved around the home with no restrictions. Where the service assessed potential risks to people's health, these were appropriately managed. For instance, risk assessments showed staff were given detailed information about how to support people in a way that minimised risk for them and others.

There were sufficient numbers of staff to keep people safe and meet their care and support needs. People and their relatives showed appreciation that there was not a high turnover of staff and that they were always on hand. One person commented, "There are always two staff members to look after me." Staff comments included, "Yes, there is enough staff" and "We have enough staff, we don't have any agency staff." Our observations supported what people, their relatives and staff said. This was further supported by a review of the staff roster and 'service users' dependency level' records that ensured staffing levels met people's care and support needs.

Where there were incidents or unusual behaviour that challenged staff and affected other people who lived in the home, behavioural management strategies were put in place. These captured triggers for people's behaviours and techniques staff should use to diffuse them. These were reviewed and any actions required or taken by staff were recorded in people's care records.

Necessary recruitment processes and checks were in place and followed. Staff records included evidence of

pre-employment checks such as Disclosure and Barring Service (DBS) checks. These ensured staff employed were suitable to provide care and support to people who used the service.

People were given their medicines safely by appropriately trained staff. Senior care workers were responsible for administering medicines. One senior care worker spoke about their daily routine and commented, "In the morning I start to administer medicine from 8am and carrying out blood and glucose tests. I will call the GP or district nurses if I have concerns. The GP is very good at carrying out reviews of people's medicines."

We observed the senior care worker on their medicine round. They waited patiently and ensured people had taken their medicines before recording this information on people's medicine administration records (MAR). We noted the senior care worker washed their hands in between each task. We reviewed the MAR charts which confirmed the medicines were administered to people they related to. We noted the names of medicines prescribed and the dosage administered and saw the senior care worker's signature. We saw clear protocols were in place in people's MAR charts for medicines that were 'as when required'. A review of the service's medication policy showed it was up to date and staff were up to date with relevant training and relevant competency assessments were undertaken.

People were safe from infection because staff ensured they used the appropriate personal protection equipment (PPE) and followed correct infection control procedures. We observed the home was clean with hand sanitisers clearly visible throughout. People were complimentary of the tidiness of the home, as summed up by one person who stated, "It's very clean."

An emergency fire plan was clearly displayed in the office. This advised staff on what action to take if there was a fire. Care records contained personal evacuation plans for people which detailed how they should be evacuated from the building. This ensured people would be appropriately evacuated in the event of an emergency.

## Is the service effective?

### Our findings

People and their relatives felt staff were very experienced and highly skilled to provide care and support. They told us it was the general skills of the staff that gave them the confidence in the care and support delivered. Comments included, "Staff know how to speak to people living with dementia" and "Staff take on a pro-active approach to care and are very competent. We have no concerns everybody is always on hand and has the necessary skills."

Staff received appropriate induction, training and supervision. Staff told us their induction prepared them to understand their job roles and the training received enabled them to provide effective care and support to people. Comments included, "Every year we have to attend training. It has given me the knowledge on how to work with people in the best way" and "I have completed all training. This has given me the ability and skills to work with people, especially those who are non-verbal." The staff training matrix and training records confirmed staff were appropriately trained. The service used the Skill for Care's Care Certificate to induct staff which is a recognised set of standards that health and social care workers adhere to. This showed staff received learning to enable them to fulfil the requirements of their role.

The service worked in partnership with the local universities and colleges to offer training placements for students. We saw works that had been produced from students who provided therapeutic activities (reminiscence) for people diagnosed with various forms of dementia. This helped promote positive experiences for people using the service, and brought new learning into current good dementia care practices into the home. For example, one person who was fond of cricket and rugby spent a lot of time reminiscing through books and watching old cricket games shown on You Tube with students. Staff found these engagements had promoted improvements in the person's behaviour; eating and sleeping patterns.

Staff spoke positively about supervision and said their personal development needs were met. Comments included, "Senior carers are very supportive. They follow through on concerns and you can ask them anything", "I meet with my shift leader every month, they ask how I feel and if I have any problems with my job or the people I provide care to. It helps me to talk about my needs." A senior care worker spoke about how they were supported in their current job role. They commented, "I am dyslexic but I am signed up on a leadership and management course. X (the registered manager) sees our potential, gives encouragement, sits down with you and lets you know how they will support you. This has really boosted my confidence." We noted annual appraisals were undertaken to assess staff's overall performance in their roles and assess areas where, if necessary, further support was required. This showed staff received appropriate professional development, supervision and appraisal to be able to provide effective care, treatment and support to people who used the service.

A number of people were living with dementia. The registered manager took a pro-active approach to ensure staff received learning that would enhance best practice in the area of dementia care. For instance, the service signed up to Care England's 'Dementia Pledge' to demonstrate their commitment to provide great dementia care. Staff used a specialist dementia toolkit to help them. This toolkit helped the service to understand and implement dementia care. This was clearly seen in our observations of care, care records

and the various specialist training arranged by the service not only for staff but for the family and friends of people who were living with dementia.

For example, care records ensured staff not only looked at people's physical, mental and social well-being but also their emotional needs. For instance, emotional mapping analysis highlighted events that caused people enjoyment, happiness, irritation or anger. An emotional analysis undertaken for an individual between 4 July 2015 and 31 December 2015 helped staff to understand events that caused the individual to experience these emotions. We noted the person was happy with one to one discussions, enjoyed meal times but became slightly angry at a particular period in time when personal care was being carried out. Staff recorded when they had changed the time personal care was carried out, the person became less anxious and was engaged and content. This helped staff to ensure the emotional needs of people living with dementia were effectively met when they carried out various aspects of care.

The registered manager worked with a relative and arranged training about dementia for family members of people who lived in the service organised by the Alzheimer's Society. We spoke with the relative who worked with the registered manager. They stated, "I wish I had the training earlier as it would have helped me to understand what my mum was going through. It was very good and helped family members to understand and know how to speak to their loved ones whose lives are affected by dementia." We noted approximately 25 relatives attended the course, we spoke to some of the relatives who spoke highly about the training and said they found it very beneficial.

The registered manager working closely with the deputy manager in January 2014 arranged specialist person-centred dementia care training for staff. The training helped the service to develop a physical environment that was 'dementia friendly'. This was supported by our observations where reminiscence pictures were seen displayed throughout the service, with memory boxes used to stimulate people's memories situated outside their rooms. This demonstrated the service identified training that was based on the needs of people who used the service.

The service had participated in a pilot project run by a local clinical commissioning group (CCG). Staff attended coaching and mentoring skills training; training on how to reduce pressure sore and how to reduce the use of antipsychotic medicines prescribed to people living with dementia. This was supported by one health professional who commented, "Staff seem very respectful to patients and are trying to ensure they are appropriately stimulated and not over medicated." This was further supported by care records. For example, the GP had reviewed one person's medicines after staff had noticed an increase in their risk of falls. With a reduction in antipsychotic medicines prescribed to the person staff noticed the risk of falls had considerably reduced. This ensured people received better quality of care; staff increased their job skills and the service established better working relationships with other health care professionals.

The registered manager took initiative in regards to their own learning. They arranged for themselves and the deputy manager to be trained to use a cognitive screening tool used by GPs to carry out early screening (cognitive impairment/functional skills and mood). This was carried out on people who did not as yet have a diagnosis of dementia. Having established a good working relationship with their local GP, it was agreed the service could carry out initial screening tests with people who lived in the service, who had no formal diagnosis of dementia. Due to this the waiting time for early diagnosis for dementia for people who lived in the service reduced significantly. The registered manager said initially they had to wait 12 to 13 weeks for people to be referred for a diagnosis but now the waiting time for an early diagnosis in the service was two weeks and six days .

This was supported and confirmed on the second day of our visit when we were invited to attend a meeting

with a person who had undertaken an initial screening test, their social worker from the memory clinic and the person's relative. The relative explained that in the middle of last year they noticed significant changes in their family member's behaviour which affected the way they communicated with them. The relative commented, "We felt like we had lost our father." The social worker stated by the home carrying out this initial test and making the appropriate referral they were able to confirm an early diagnosis of dementia and provide the person with treatment. The social worker stressed it was the early screening test undertaken by the service that enabled the person to have a positive outcome. During the meeting the person was able to maintain conversation with us. Their relative commented, "We know there is no cure for this disease but we now feel like we've got our father back." This meant the service's dementia initial screening test had the potential of improving people's well-being and quality of life.

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 be as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's rights were protected because staff understood the issues of consent, mental capacity and DoLS. The registered manager had submitted DoLS applications appropriately to the local authority. Staff had received MCA and DoLS training and demonstrated a good understanding of the MCA. They knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow. This was clearly recorded in people's care records to ensure staff acted in accordance with the requirements of the MCA.

People's nutritional and hydration needs were met. People said they were able to make their own choices in regards to food and were involved in decisions about their nutrition and hydration. Comments included, "The food is excellent", "The food is very good" and "Yes I am involved in decisions about my food, I am a vegetarian."

Meals were adapted to meet people's cultural and religious needs. Where specific concerns were identified in regards to people's nutritional needs we observed staff working in line with people's individual risk assessments. This ensured people were effectively supported at meal times.

A food safety report dated 8 January 2016 showed the service had been given the highest rating for food and hygiene by the local authority. The report stated, "A well run food business." This meant the service's standards for food and hygiene was very good.

People had access to healthcare services. We noted the service currently had two dementia champions who supported and worked with staff to ensure people experienced good healthcare outcomes. Care records showed some people had long term physical and mental health conditions and received regular external care, treatment and support from health professions such as GPs, district nurses, social workers, occupational therapists, and dieticians. We noted the service had established good working relationship with them.

## Is the service caring?

### Our findings

People who used the service and those who had contact with service spoke highly about the caring attitude of staff. People said staff were kind and caring to them. The 'relatives/visitors satisfaction questionnaire' captured feedback received such as, "Staff are very respectful and caring and go the extra mile to make sure mum is given the opportunity to ask for things", "Excellent", "Once again in my opinion the care in all areas is the best anyone could ask for and every individual need is met. I feel when I visit Eton House I am visiting a family Home, not just a care home", "Always really caring. Staff touch my father's hand and arm when they talk to him" and "All staff shows compassion to residents."

The local priest wrote an article about the home and described when they were asked to visit how they "Was immediately struck by the warmth and the happy atmosphere that welcomed you as you walked through the door." Relatives, when describing what they liked most about the service gave comments such as the, "Friendliness and approachability of staff" and the "Very caring and attentive" (attitude of staff).

Throughout our visit there was a relaxed and welcoming atmosphere. Staff had time to engage in meaningful discussions with people and were attentive when people spoke to them. People were treated with kindness and compassion when staff carried out care and support.

Positive caring relationships were developed with people who used the service. Staff demonstrated a very good understanding of people's care and support needs. They told us about people's family histories; their preferences; their communication needs and hobbies and interests. A review of people's care records confirmed what staff had said. This was further supported by family members and health professionals. For instance one family member commented, "Almost everyone (staff) I meet knows mum....they (staff) know everyone's names and level of competency." Whilst a health professional commented, "I think management and staff are very knowledgeable about their patients."

Staff were highly motivated and inspired to offer care that was kind and compassionate. For example, one care worker told us about the time when they (and other staff members) had become concerned about a person's health. This was because the person continually refused to take fluid despite the different ways it had been presented. This started to have a negative impact on the person's health. The staff member said they could not stop thinking about the person after they had finished work. Whilst out doing their weekly shopping, they saw and purchased a bottle which they thought they could use to encourage the person to drink. This appeared to have worked as the person began to drink and now their fluid intake is at a reasonable level. The care worker commented, "I really care for people, you just can't switch off especially when you know they are not well." We spoke with the person's family member who told us, "Mum only drinks from a bottle, she won't drink from anything else. She's quite stubborn but staff are very patient with her and show excellent care."

Relatives valued the relationships they had developed with the staff team and felt staff often went 'the extra mile' for them when providing care to their family members. For instance, one relative told us due to a serious health condition they were hospitalised and could not be present to move their family member into

the service. They said the registered manager knew how sensitive and emotional the move would be for the family member, so arranged to escort the person from their home to the service and chose a scenic route to travel to ease the person's mind. The relative expressed deep gratitude and said the move was successful and their family member settled well in the service.

The registered manager told us about a person who had to be admitted to hospital for specialist treatment. The person had to be taken to a hospital some distance away from the service so the registered manager immediately contacted the person's family member to inform them of the situation. Knowing how anxious the person would become, the registered manager travelled behind the ambulance to the hospital. We later spoke to the person's relative who confirmed what the registered manager had said but expressed immense gratitude as they never expected to see the registered manager at the hospital when they arrived due to how far away the hospital was from the service.

People and their relatives were involved and supported in planning and making decisions about their care. They told us they felt able to make decisions about their care. Where people were unable to get involved care records showed their legal representatives were involved. A relative commented, "We were involved in every aspect of X's (family member) care." Another relative stated, "If X (family member) picks up an infection, or there are any other concerns or events we should know about, we are always kept in the loop." This was further supported by minutes of meetings held with people and those who represented them which showed the service had sought their views and input in regards to various aspects of care.

The service used creative strategies in order to communicate with people. For example, this was demonstrated when we looked at one person who was living with dementia and had lost their hearing. Staff were presented with behaviour that challenged when they tried to engage the person in personal care. In order to find a solution to this situation, staff created a 1950's dressing table with flash cards that identified items such as make up and necklaces that were placed on the dressing table. Each prompt card had short sentences so that the person could understand and choose what items they wanted to wear. As a result of this the person engaged positively when personal care was being carried out. The registered manager told us once the person's personal care had been attended to, staff were also able to manage the person's nutritional intake, social engagement and continence.

Staff promoted people's independence and supported them to exercise choice. Staff said they encouraged people to be independent and would only assist people with tasks they were unable to do themselves. This was supported by a relative who told us their family was able to live independently with support from staff as and when needed. We observed people exercised choice in regards to their food choices, what activities they wanted to participate in and where they wanted to go.

People were treated with respect and their dignity was preserved. People confirmed staff were respectful towards them and protected their dignity. They gave various examples such as how staff addressed them to how personal care was carried out. One person said it was important for them to have the privacy to be able to "See a visitor in my own room or the conservatory." They stated staff always ensured this happened.

The service continually strived to develop their staff team to ensure people were treated with compassion, kindness, respect and dignity. They accomplished this by using a specialist dementia 'Facilitation and Supervision' tool kit to observe staff practices and give feedback to staff on the quality of their engagement with people and whether they treated people with dignity and respect. A review of supervision records showed how management encouraged and supported staff in this area. Training records confirmed staff received appropriate training in order to promote people's dignity; show them respect and protect their privacy.

People were supported at end of their life by staff who were compassionate, understanding and who had the skills in this aspect of care. Training records confirmed all staff had received end of life training. We heard extremely positive feedback from relatives whose family members had recently passed away whilst in hospital. For instance, on the first day of our visit there was a funeral for one person. After the funeral the family members and friends of the person gathered at the service for 'the wake'. The relatives were very keen to talk to us about how the service had cared for their family member. They told us the deputy manager was at the hospital on Mother's Day visiting their family member and throughout the person's hospital stay management and staff showed compassion and care. The relative commented, "Staff have been very good, they kept us informed all the way, truly mum was cared for." The relative stated their relative had been receiving palliative care in the later part of the last year but appeared to become stronger and lived much longer than expected when they moved into the service. They felt this was due to the excellent care and support their family member had received from the staff team.

The relative went on to say they were not religious but knew their relative wanted a Christian funeral. They had no knowledge of how to arrange this and asked the registered manager to support them. The relative stated the registered manager knew their family member well and was able to play an integral part in arranging the funeral, choosing the readings and songs that their family member had liked.

Another relative expressed their gratitude at the way the home cared for their family member. They told us they received a call from the deputy manager to advise them to go to the hospital, as their family member's health had deteriorated. When they arrived at the hospital they were shocked to see the deputy manager there, as it was not a day they should have been working. During their visit their family member passed away and the deputy manager was there to support them. This meant staff also cared for and supported people that mattered to the person who had passed away with empathy and understanding.

The local priest talked about how on a visit they saw the registered manager was having a teaching session with two care workers, and talked to them about death and the care for the dying. The priest stated, "So we had a discussion about death, about how each individual confronted it, and how both the physical and spiritual needs of the dying should be met in the home."

People's preferences and choices for their end of life care was clearly recorded, communicated and kept under review in their care records.

## Is the service responsive?

### Our findings

People and their relatives felt the care delivered was personalised and responsive to their needs. For instance, a relative told us how their family member's dementia had progressed to a stage where their family member was unable to speak English but instead reverted back to their first language. The relative stated that management promptly responded to their family member's needs by creating flashcards with short words written in the family member's language which enabled staff to give simple instructions to the person as well as understand what the family member had to say.

Staff told us how 'full assessments' were carried out to determine people's care and support needs. Care records reviewed supported this and contained information about people's care and support needs, medical histories, family and social histories and preferences. This ensured the care and support delivered reflected what people said they wanted.

Care records captured people's cultural, religious needs and gender preferences. We observed one person in a quiet area listening to prayers on a radio during the morning and afternoon. The person was able to carry out their faith without any interruption and was given a place where this could be done without any disturbance to them or anyone else. One person told us the service met their preference for a female care worker to assist them with personal care. We heard staff talking to people and addressing them by their preferred names.

People's care plans and risk assessments were regularly reviewed and kept up to date. Care records showed reviews of care were undertaken with people, those who represented them and health professionals, where relevant. We noted where changes were made to people's care and support needs, people's views and those of their representatives were clearly recorded.

The service enabled people to participate in person-centred activities within the service and in the local community. We noted a wide variety of social activities were on offer for people. On the first day of our visit we observed an Easter egg hunt. People were supported by staff to participate and some family members were also in attendance. We noticed good team work amongst the staff to ensure everyone who participated enjoyed themselves and had been able to collect some eggs in their baskets. The registered manager told us the service had created a beach atmosphere where plays such as 'Punch and Judy' were a success. This was supported by relatives who spoke highly about this event as well as others. Relatives felt the service encouraged people to maintain their hobbies and interests, which helped to provide quality to people's life and maintain their social well-being.

Last year the service was involved in various fund raisers for Great Ormond Street Hospital, Marie Curie, and Alzheimer's research which raised significant amounts of money. The charities were chosen by people. We saw acknowledgement letters from all of the charities which thanked people and the service for donating to their cause.

People and those who represented them said they knew how to raise concerns. There was an overwhelming

response of not having to do this as the service always communicated with them and let them know what was going on. Care records detailed whether people would need support to make a complaint if the need arose. How to make a complaint poster was clearly displayed and told people what they should do and who they could raise their concerns to both within and outside the service.

## Is the service well-led?

### Our findings

People and those who represented them were overwhelmingly positive when discussing how well the service was managed. We heard various comments such as, "The care home goes beyond caring, it's the best", "The care offered here is pretty high", "I think the home is very good", "There's lots of communication between staff and relatives", "I think this is a lovely place and the staff do what they can to provide for a normal life" and "If this is where I have to live then this is where I want to do it."

Relatives said the management team (the registered manager and the deputy manager) were very caring and showed genuine concern for people. The culture of the home was open and relatives and friends of people who lived in the service were able to visit people without any restrictions.

Staff spoke positively about the home. Comments included, "I enjoy working for the home, it's a part of my life", "I think management and team leaders are amazing, they're very supportive. The culture of the home is open and supportive" and "Everyone is well co-ordinated in here. You learn by mistakes and management support you through the process. There is a real focus on developing staff and providing us with all the training we need for us to carry out excellent care."

Staff team meetings occurred on a regular basis. This was supported by review of minutes of meetings. We noted discussions were held about quality standards in the service and how staff were to achieve this. We noted the registered manager reminded staff to ensure tables at meal times were set in a person centred way rather than in a routine manner. For instance, if people wanted their drinks placed in front of them before their meals this should happen.

In order to ensure the service was kept up to date with best practice the registered manager was board member to a number of organisations. This included a local Care Association and the Slough Safeguarding Partnership Board. They also was a member to the National Skills Academy which helped them to keep up to date with various aspects of leadership and management. We noted any new learning obtained from these meetings was introduced to improve the quality and safety of the care provided to people.

The proprietor of the service expressed confidence in the registered manager's ability to ensure people received safe, effective and high quality care. They stated, "Anything X (registered manager) needs to ensure the quality of this service is maintained, I will ensure it is actioned." The registered manager confirmed the provider had ensured the management team received support and their professional development was promoted.

The registered manager told us the service's mission was to "Provide high quality care for elderly people in a comfortable physical and therapeutic accommodation, through the commitment to the core values of privacy; independence; choice; rights and fulfilment." This was observed in staff practice and the care records reviewed. The registered manager organised various specialist dementia training to further enhance staff's skill set. This showed the service's commitment to improve and to enhance staff knowledge in relevant fields.

The registered manager had obtained a grant from the Kings Fund an independent charity working to improve health and care in England. This enabled the service to carry out a number of initiatives which included improving the home's interior facilities to be more dementia friendly as well as to create a therapeutic environment and outdoor garden, designed to meet the needs of people with dementia. One person commented, "What I like the most about this home is the garden." This showed the registered manager led by example to ensure the service achieved it's aims and worked in line with its mission statement.

The service had established good working relationships with other health professionals and had been involved in a number of accreditations schemes. We saw evidence of their participation in local commissioning group projects which included SKIN intelligence project to reduce /prevention of pressure sores, End of Life Care, Harm Care Free, Coaching and mentoring project. This demonstrated the service took a pro-active approach by working in partnership with other organisations to ensure people 's health needs were met.

The service had established effective quality assurance systems to assess monitor and improve the quality and safety of the service it provided. We reviewed a thematic analysis on hospital admissions gathered from accident and injury reports from May 2015 to December 2015. This captured the number of people who lived in the home who were admitted to hospital during that period and reasons for their admissions. The registered manager explained to us that staff had been effectively trained to identify and manage behavioural and psychological symptoms associated with dementia, they were also able to identify the differential factors, such as confusion linked to urinary tract infections. This in turn triggered early GP intervention and subsequently reduced people's admission to hospital.

In order to ensure good practice was being followed, a review was conducted of the 'GP visits report' undertaken from May 2015 to August 2015. This gave reasons why GP call-outs were made such as chest infections; ear infections and back pain. The report concluded that all call outs during this period warranted a GP visit.

The staff training matrix ensured management was kept up to date with staff's training needs and enabled them to rebook training that was due to expire, as well as assess what additional training was required.

Various audits were undertaken such as infection control audits, cleaning audits, care plan audits, medicine audits and health and safety audits. We saw recommended actions were followed up and completed by the relevant staff.

The complaints register showed the service responded appropriately when concerns were raised and ensured their response was to people's satisfaction.

The service sought feedback from health professionals they worked in partnership with. A review of the service's 'Health Professionals Survey' completed in August 2015 showed there was an overwhelming confidence in the service's ability to provide high quality care. For instance a health professional when referring to medicines stated, "I find most medications seem to be stable in dose so that would lead me to conclude that patients' needs are being handled well. Changes are always dealt with promptly and with ease due to the excellent prescription management I have experienced."

An analysis of 'Visitors and Relatives Satisfaction Questionnaires' dated August 2015 but analysed in November 2015 showed the majority of respondents felt the home was safe, effective, caring, responsive and well-led. Comments included, "The management and staff of Eton House is of the highest standard and

has excellent leadership and should be an inspiration to other care homes everywhere" and "Very well led and all staff have a positive attitude towards their work which reflects on the management."