

## The Lawns Residential Care Home Limited

# The Lawns Residential Care

### Inspection report

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Date of inspection visit:  
13 January 2016  
14 January 2016

Date of publication:  
21 April 2016

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

# Summary of findings

## Overall summary

This inspection took place on 13 and 14 January 2016 and was unannounced.

The provider of The Lawns is registered for accommodation and personal care for up to 40 people some of whom may be living with dementia. At the time of our inspection 32 people lived at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a very positive atmosphere within the home and people were very much at the heart of the service. People and their relatives were enabled to be involved in the care and staff were highly motivated in ensuring people were treated as individuals and had an enjoyable life. People were able to see their friends and families when they wanted. There were no restrictions on when people could visit and they were made welcome by staff.

Staff had developed positive, respectful relationships with people and were extremely kind and caring in their approach. People's privacy and dignity were respected by staff who worked to a set of values around providing care centred on each person. People were supported and encouraged to be as independent as possible in all aspects of their lives. Extensive work had been undertaken to make the home environment both interesting and stimulating with helpful pictorial clues to support people with dementia.

People told us that staff concentrated on what was most important to them and made sure they received the care they needed and preferred. People were supported to take part in planned and spontaneous activities which they found fulfilling. People told us that they valued how staff had thought of ways to make sure they could continue with daily routines they liked. Staff anticipated people's care needs and responded to people swiftly, respectfully and with warmth.

People, who lived at the home, and or their representatives, were involved in making decisions about their care and support. Staff were aware of people's individual communication needs and used these to support people to give their own consent to their care and make everyday choices about the care provided where possible.

People had been helped to eat and drink enough to stay well. We saw people were provided with their meals in serving dishes to actively support people in making their own choices and promote people's dining experiences. When necessary, people were given extra help to make sure that they had enough to eat and drink.

People were supported by sufficient numbers of staff with the right skills to meet their needs and reduce

risks to their safety. Staff knew people well and used every opportunity to continue to enhance their skills and knowledge in order to effectively meet people's needs. People had access to a range of healthcare professionals when they required specialist help.

Staff practices around the administration and management of people's medicines reduced the risks of people not receiving their medicines as prescribed to meet their health needs. This included making sure all people's 'as required' medicines was consistently available to them should they choose to have these.

Staff knew how to protect people and reduce accidents and incidents from happening by ensuring people's needs were met in a safe way. Staff knew how to recognise and report any concerns so people were kept safe from harm and abuse. Recruitment checks had been completed before new staff were appointed to make sure they were suitable to work with people who lived at the home.

Staff supported people who lived at the home and their relatives to raise any complaints they had. The registered provider had a complaints procedure which included investigating and taking action when complaints were received.

The registered manager and provider regularly assessed and monitored the quality of care to ensure national and local standards were met and maintained. Continual improvements to services provided were made which showed the registered manager and provider were committed to delivering high quality care.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People were kept safe because there were sufficient staff to meet people's assessed needs. People were protected from potential abuse and harm by staff who had the knowledge to do this. People's medicines were effectively managed and administered to meet their needs safely.

### Is the service effective?

Good ●

The service was effective. People had access to appropriate healthcare support and their nutritional needs were met. Staff knew how to support people's rights and respect their choices and decisions. Staff received training and consistent support from the registered manager in order to meet people's needs, wishes and preferences.

### Is the service caring?

Outstanding ☆

The service was very caring. People consistently praised the staff and described how they went above and beyond to provide excellent care in a compassionate way. People and their relatives told us they knew they mattered as staff were highly motivated to provide individualised care with kindness. People were encouraged to be independent and to live the life they wanted. Privacy and dignity was consistently maintained and staff were respectful when providing care and support to people.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs. People were supported to follow their own interests and encouraged to have stimulating things to do of their choice. People's views were actively sought and there was a system in place for resolving complaints.

### Is the service well-led?

Outstanding ☆

The service was very well led. There was an inclusive and positive approach to the running of the home where people were very much at the heart of the service. The registered manager showed they had strong leadership skills which they used to inspire the

staff team in providing dementia care based on creative best practices. Staff were encouraged to share ideas about the service provided and quality checks were used to drive through continual improvements which enhanced the lives of people who lived at the home.

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# The Lawns Residential Care

## Detailed findings

### Background to this inspection

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

This inspection took place on 13 and 14 January 2016 by one inspector and was unannounced.

We looked at the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We requested information about the service from the local authority. They have responsibility for funding people who use the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with eight people who lived at the home, five relatives, the registered manager and the deputy manager and three staff including the chef.

We saw the care and support people received from staff in the communal areas of the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three people's care records which related to consent, medicines and assessments of people's needs and identified risks in some aspects of their care. We also looked at the information kitchen staff held

about people's dietary needs, three staff recruitment records and quality checks of aspects of the services people received made by the registered manager and provider.

## Is the service safe?

### Our findings

People spoken with shared their experiences of feeling safe. One person told us, "They (staff) know what I need and are always there when I need them." This person described how staff being around helped them to feel secure and keep safe. Another person told us, "Staff treat me very well and I know I am in very safe hands here." We also received equally positive responses from relatives about how they felt their family members were supported to stay safe. A relative told us, "The staff make the difference here, I know [person's name] is both safe and well cared for."

Staff we spoke with were able to tell us how they kept people safe and protected them from potential harm and abuse. They had received relevant training and understood their responsibility for reporting concerns. Information was displayed in the office for staff with details of the procedures they needed to follow. When we spoke with one member of staff they told us they had access to this information and said, "I have never seen anyone being harmed here but if I did I would report it to [registered manager's name]. I always think it could be my mum and I would not want her being abused by anyone." We saw from records that where safeguarding incidents had taken place the registered manager had ensured action to protect people from harm.

We saw risks to people's health and safety were identified, managed and reviewed to promote their safety. One person told us they had their walking frame which they used to assist them so they felt confident and safe from falling. They told us, "I would be very wobbly without this (pointed to walking frame), it just gives me a little bit of support when I need it." Staff told us and this person's care records showed why this equipment was needed to help manage this person's risk of falling. Another person was at risk of not always drinking sufficiently. We saw staff were aware of and managed this risk. For example, staff regularly offered this person drinks and gently reminded them when they noticed this person had forgotten about their drink so the risks of dehydration were reduced.

We saw and heard from the registered manager and staff how they promoted people's independence while reducing risks of avoidable harm. For example, the provider had an electronic system which alerted staff when people accessed the grounds. This supported people to retain their independence in going into the garden area, while making sure they remained safe. We also saw some people with dementia needed prompts about why and where they were in the home at times. Staff provided these together with some visual prompts so people were reassured they were in a safe place as they walked without unnecessary restrictions around their home.

Staff understood how to report accidents and incidents and knew the importance of following the procedures in place to help reduce risks to people. When accidents or incidents had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, a person had fallen and action had been taken which included consideration of what equipment would help in reducing risks to their safety and wellbeing. Accidents and incidents were also discussed at the handover meetings between each shift to make sure staff were aware. People's needs were monitored if they had experienced an accident.

People who lived at the home and relatives spoken with told us staff were always available to provide care and support. One person said, "If I need the staff they are always available so I get the help I need." Another person said, "The staff keep popping into to us all the time to check we are okay and or just to have a chat." We saw there were sufficient numbers of staff to meet people's needs which was confirmed by all staff spoken with. When one person became anxious staff spent time with them to provide support until they felt better. We also saw when people struggled to walk independently staff noticed so people had the help they needed and people were supported in an unrushed manner. We saw that the registered manager regularly reviewed staffing levels to ensure they were based on the individual needs of people.

People told us they had confidence staff were suitable to work with them. One person said, "I feel safe, they are all nice here." Staff told us and we saw recruitment checks were in place to ensure staff were suitable to work at the home. These checks included requesting and checking references of the staffs' characters and their suitability to work with people who lived at the home.

People's medicines were stored securely in their individual rooms and people told us they liked this. Some people managed some of their own medicines and where they did this a risk assessment was in place which was kept under close review. People we spoke with told us they always received their medicines as prescribed and were happy for staff to support them with these. One person said, "They (staff) know when I need my medicines and I get all the support I need to take them. This is reassuring as I may forget otherwise." People were supported to take their medicines when they needed these by staff who were trained to do this. We saw systems were in place that ensured medicines were ordered, stored and administered to protect people from the risks associated with them. Some people had their medicines 'as needed' which detailed when people might need them, such as when in pain. This medicine was monitored by staff in consultation with the doctor. We spoke with a staff member who administered medicines and they knew how to manage and administer people's medicines to make sure people received their medicines at the right time and in the right way.

## Is the service effective?

### Our findings

People who lived at the home and relatives thought staff had the abilities to meet people's needs and knew how to care for them. One person told us, "Very well looked after here, they (staff) know what to do." One relative said, "The care is good" and "Staff do know what they are doing as I have seen the care they provide works well for [person's name]."

Staff told us they had received training which included an induction that provided them with the skills they needed to meet people's needs. One staff member told us they supported staff through their induction. They said, "Staff do shadow as part of their induction which is important as it gives them a good understanding of how people's care is provided." Another staff member said, "Proper induction is provided to all new staff, for them to know how we care people, standards we expect." Staff also told us that their induction together with their training and one to one meetings had enabled them to provide more effective care.

The registered manager had completed a leadership course and a diploma in dementia care and several other staff had gained, or were working towards, nationally recognised qualifications. One staff member said, "The training we receive around dementia really supported me in understanding dementia and knowing the most effective ways of communicating with people. Now I know I have to think about how I ask people questions and make sure I do this in an unrushed way." Another staff member said, "We had some training which we learnt about how care should be planned around each person and everyone is an individual. It was good and we all make sure this is put into practice in the care we provide."

We saw examples of how staff effectively used their training when they supported people. Staff knew people's individual communication needs and effectively used different ways of making sure people felt understood. We saw examples where the warmth of touch was used by staff where they recognised it was appropriate for each person. For example, one person had a hug with one staff member and smiled in acknowledgement to show how their wellbeing was enhanced by this gesture. Staff also enabled people to lead conversations and we saw people enjoyed laughter with staff at different times and at other times reassurance was provided to help some people feel well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People we spoke with told us that staff asked them if they would like any help before they did anything. We

saw staff frequently obtained people's consent and supported them to make everyday decisions about different aspects of their care, such as, whether they would like a drink and what they wanted to do. Staff we spoke with told us they were aware of a person's right to accept or decline care. They had an understanding of the MCA, and had received relevant training about this. Staff we spoke with understood the importance of making sure that people were able to make choices relating to their care. One staff member said, "Everything we help residents with we ask them if it is okay first." They told us and at different times we saw they used people's individual preferred methods of communication to help people make everyday decisions, such as, showing people items when this assisted them to make their own choices known. Another staff member told us, "It's all about helping people make their own decisions where possible. If they are unable to do this we look at involving others who know them in their best interests."

The registered manager had a good understanding of the MCA and DoLS was aware of her responsibility to ensure decisions were made within this legislation. For example, where people had restrictions in place to keep them safe and meet their needs applications under the DoLS had been made to the funding local authority. This was to make sure people were not being restricted unlawfully and they could continue to receive the care and support they needed..

We saw staff knew how to support people to choose what they wanted to eat and people told us they enjoyed the food and drink provided at the home. One person told us, "Food is very good." Another person said, "I like my meals, they are cooked well." A relative told us, "Food always looks good and smells delicious. I have seen staff encourage people to eat, they are so patient and understanding of people's different ways which provides confidence people will get the support they need to eat well." Staff helped people into the dining room for the meals if this is where they wanted to have them and we saw this was done in an unhurried way with staff having a chat with people along the way. Staff were aware of people's health needs which impacted upon their dietary requirements, such as, people who required a diabetic diet and we saw people's diets were catered for. A staff member said, "We always let the kitchen know if people's diets change or we are concerned about people's eating or drinking. There is good teamwork here." When we spoke with the chef they showed they were passionate about ensuring their food was cooked well and served to meet people's preferences, allergies and dietary needs. They told us, "I will do my utmost to prepare food as I would for my family. We have residents meetings where they are asked what meals they would like or miss." They showed us there was guidance for kitchen staff about people who required their meals fortified and how this should be done together with people's food likes and dislikes.

People and their relatives told us and we saw people were supported to access a variety of health and social care professionals if required. One person said, "My hearing aids and glasses are coming next week and I can see the doctor whenever I need to." Another person told us they were supported to visit the dentist and they were receiving treatment to maintain their oral health care. A further person said they were receiving specific medicine from their doctor to treat their current health need and hoped they would feel better soon. We saw people's health and wellbeing needs were closely monitored and action was taken when changes in people's health or wellbeing were identified. For example, people's weight was monitored and any significant changes in weight were reported to healthcare professionals so action could be taken to keep each person well.

## Is the service caring?

### Our findings

People who lived at the home told us they were treated with kindness and compassion which they described as being outstanding. One person said, "The staff are outstanding here, they are more than just staff they have become our friends." Another person told us, "If it was not through the dedication of the staff and manager we would not have such a happy home to live in."

We saw a lot of thought had gone into creating as homely an atmosphere as possible where people felt they mattered and had a sense of purpose. For example, people were provided with homely items which they would recognise from home, such as, brightly coloured decorated cups and different coloured teapots. One person asked the inspector if they would like a cup of tea as they were pouring their own from the teapot and helped other people by passing items to them. We saw from their facial expressions and body language they very much enjoyed this experience and felt important. Another person told us how they had worked locally and spoke positively about the conversations they had with staff about the work they did. They said, "The staff are great, we have a laugh and it makes the day brighter." We saw staff knew this person's working history which helped promote talking points and laughter was shared. We also saw staff showed the warmth of touch which was important to people. For example, when people needed and or wanted a hug this was provided. One person said, "I love the staff, they are like family."

We saw caring and thoughtful communications between people who lived at the home and staff. For example, a staff member asked a person if they were comfortable. The person replied by saying they were not and the staff member promptly assisted the person to feel more comfortable. Another person needed some assistance from staff to maintain their dignity and this was provided without fuss made and in a discreet way. Another person wanted a staff member to share their sweets with them. The staff member did more than share a sweet with them but took time to sit alongside them and chatted with them. We saw this person enjoyed this spontaneous exchange of communication and time spent with them.

Staff were seen to understand the importance of supporting people with dementia in communicating their needs and wishes. They used appropriate reassuring touch, made eye contact and listened to what people were saying, and responded accordingly. These approaches helped as we saw one staff member noticed when one person looked uncomfortable. They spent time speaking with this person to check how they were feeling. The staff member was interested in what this person had to say, often using prompts which helped this person to say how they were feeling. We also saw staff were on hand to encourage people to get the most out of the exercises which were provided. Everyone was clearly enjoying the actions which accompanied these, many people were laughing and smiling. One person was a little reluctant to do the exercises and did not always understand what to do with the objects being used. This did not deter staff from supporting them to join in and to have fun. For example, a staff member sat alongside them and they jointly did the exercise. The person showed through their facial expressions they enjoyed this staff members company and that they were entirely focused on them.

We saw people were supported to access advocates to help them express their views, opinion or concerns. Advocacy services are independent of the service which can support people to make and communicate their

wishes. The registered manager had used this service to promote people's opportunity of voicing their own views.

Relatives we spoke with were consistently positive about the care their family members received. One relative said locally the home, "A good reputation for offering very good care." They added staff were, "Excellent as they really show they care and always have a smile for people which goes a long way to making people feel they are cared about." Another relative told us, "Staff are great, absolutely first class. Very helpful. Not only carers but are friends, mum has a real giggle, really good relationships. Really important as make people feel more at home. [Registered manager's name] is lovely."

Staff were also seen to provide support to people's relatives. One relative we spoke with told us whenever they visited, they were always offered a drink and could have a meal if they chose to. We saw relatives were made very welcome and sat with people and joined in conversations. For example, relatives were very much at home and involved in everyday life at the home which included afternoon tea. A relative said, "It's like what you would do when you are at home. I think it is a brilliant here, all the staff are so kind. It is such a pleasure to be here with [person's name] which is very much down to the staff and manager making this a 'home from home.'" What we saw and heard during our inspection was echoed in the comments relatives had made.

The registered manager held an inclusive management style and held very strong values around people being at the heart of all continuous service improvements. The registered manager's aims and values alongside the on-going training staff received had clearly been absorbed and were put into action by staff. We saw staff valued people as individuals and their approaches were very caring and thoughtful where the emphasis was clearly placed on celebrating what people could achieve.

All staff and the management team were highly motivated to provide people with the best possible care to ensure people received support which was focused on excellent outcomes rather than on tasks. One staff member told us, "It's all about the residents and knowing they're happy." Another staff member said, "I would have my own mother here because I know we have a laugh with the residents. We sing together and dance and we all get involved." A further staff member said, "I enjoy working here, we all work as a team and we care about the residents." We saw examples where this happened on the day. For example, a staff member who worked in the kitchen made cakes to celebrate people's birthdays. Two people we spoke with told us a lot of thought had gone into making these cakes. This was because staff made sure they represented something about the person's life and or interests, such as, a football pitch or gardening. One person happily shared with us they had one made for their birthday which they thought was, "Extremely kind and thoughtful of them (staff)."

Another staff member used their own initiative and insight into what would make a difference to a person. They told us they were eager to support this person in continuing their life in the way they chose to. They had taken time to source equipment to enable a person to gain computer access in their own room and used some of their own time to achieve this. This had a significant impact upon this person's everyday life as it enabled them to continue with their main interest. They told us how this had enabled them to keep in touch with people who were important to them. Another person described to us how they had been encouraged to knit and they sold what they made to raise funds. As they showed us one of the items they were knitting we noticed how proud they were of their achievements as they described a specific pattern they were using and the different colours of wool. They said, "The manager is excellent and we are very lucky she is here." We saw the registered manager shared conversations with this person which included taking an interest in their knitting and giving them compliments about this. Staff also told us how one person did not want to leave their room. However, through the staffs perseverance they discovered they particularly

enjoyed going for a walk to look at the flowers which had a significant impact on their sense of wellbeing.

We saw and heard many examples which promoted the values of personalised care and treating people with dignity. One person shared with us their main interest of writing letters was a significant part of their everyday life even before they came to live at the home. They told us it was very important they were able to continue with their writing and in the privacy of their own room which staff respected. We saw a mail box had been provided so people were able to post their own mail which was then emptied and posted with the support of the registered manager. A part of another person's day was to pursue their enjoyment of serving lunchtime meals to people who they shared these with. This was recognised by staff who supported this person to do this but were also sensitive in making sure everyone who shared meals was also happy for this to happen.

We saw people's right to independence was promoted as staff enabled them to be as independent as they could be. For example, at lunchtime people helped themselves with the different items of food in serving dishes and placed on each dining table. This promoted not only people's independence and encouragement to eat but created a social occasion which was lively where people chatted with each while asking at different intervals for a person to pass them a serving dish. A person told us, "It is so lovely staff think of everything to help us all feel really mattered but most of all not just an old person."

## Is the service responsive?

### Our findings

People told us staff involved them in their care and cared for them in the way they wanted. One person we spoke with told us, "They (staff) are all wonderful, they listen to me and know me so well." Another person said, "They (staff) are always around to help me if I need them to and at times I prefer, I could not wish for anything more."

In the PIR the registered manager commented, 'An in depth preadmission assessment is always completed and always in the presence of the person who may wish to live at The Lawns, this is reviewed a month after their admission to see what is working and what is not.' This was also confirmed by people who lived at the home and relatives spoken with. A person invited us into their private space which had its own kitchen with a lounge area, bathroom and bedroom. They told us these different defined areas were really important to them as they gave them the, "Best of both worlds my own space and staff if I need them."

A relative said decisions about whether their family member's needs could be met at the home were done, "With every consideration to all of their needs without exception I would say." Another relative described how their family members needs had been listened to by the registered manager and showed they were paramount. For example, their room had been adapted to meet their family member's needs so they were able to live as independently as possible while staff support was on hand to respond when required.

We saw many examples which showed staff understood what mattered to people and how to respond to people with dementia effectively on a one to one basis. For example, when one person became unsettled staff recognised this and responded effectively by distracting this person with something they knew they enjoyed doing. We saw this person became more content and happy. Another person liked to hold a doll and staff knew this was important to this person. Doll therapy can be a meaningful and rewarding activity for some people with dementia. A relative told us they had seen staff with their family member prompting them to drink when they had forgotten to do this. They said staff did this in a way their family member particularly understood so they did drink and their needs were responded to in an effective way for them.

People could choose what they did during the day with fun and interesting things both planned and spontaneous. We saw staff spent time with people supporting them with different things. For example, two people played scrabble with the assistance of a staff member who was sensitive to their needs by prompting the making of different words. Both people looked happy and content. We saw music was played and people sang and tapped their feet in rhythm to the sound of the music. One person particularly liked to sing and their facial expressions showed this experience enhanced their wellbeing. Staff told us people had opportunities of singing with the local choir which was enjoyed by everyone.

We saw people chose to sit and walk in different parts of the home which provided them with different experiences. This is because an extensive amount of work had been undertaken to adapt and create an environment to help people with dementia have interesting things to promote their wellbeing and reduce feelings of confusion and anxiety. We saw different shop windows had been created for people to look in, such as, a pawn shop and a shop with food items which would be familiar to people. We saw the positive

effects of this as people walked around their home, for example, one person chatted to us about the items in one of the shop windows as they reminded them of past times in their life. There were also different places which would be found in a community such as a police station, café area and laundry. A person described to us how they enjoyed having their meals in the café area which had been created on the first floor of the home.

We saw staff kept daily records of the care they delivered and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and verbally shared information between the staff team, such as, at handover meetings and care plans were regularly updated. A staff member confirmed, "We are encouraged to read care plans. You always know when people's needs change as care plans are updated straight away."

We found examples where these arrangements for assessing, planning and reviewing people's care needs had been successful. For example, when staff had noted one person found the afternoon periods difficult that they had looked at how this could be managed to enhance this person's sense of wellbeing. Staff found a solution for this person and now they enjoy afternoons better and join in the different options which provide fun and stimulation. A staff member described to us how the staff team had learnt from the paramedics how to respond to a person to check whether they needed urgent medical treatment. They commented, "If we can find a way to do things better we will." Relatives we spoke with also told us they were kept informed by the staff of any changes in their relations needs and or if they became unwell. A relative told us, "The important thing is that the staff know what [person's name] needs and they provide it, and I've seen the staff do that."

The registered manager was able to show us the process for investigating people's concerns and complaints. We saw that there were no on-going complaints and action was taken when complaints had been made. We asked two people who lived at the home and relatives who we spoke with how they would complain about the care if they needed to. People who lived at the home were aware they could tell staff if they were unhappy. A relative told us, "I think they have been first class whenever issue or problem they have dealt with it." We also asked staff how they would know if people with dementia were unhappy with their care and were not always able to verbally express their feelings. A staff member told us, "We know people very well, we would be able to see and tell if they were unhappy. They may stop eating or drinking or become withdrawn."

## Is the service well-led?

### Our findings

We saw people who lived at the home and relatives we spoke with knew who the registered manager was and told us that they felt comfortable in approaching them. One person told us the registered manager and the deputy manager were both visible around the home and said, "I think it is first class. The place is run well." During our inspection we saw people felt comfortable enough to approach the registered manager who took time to chat with people and be part of their day.

We saw people and their relatives were provided with opportunities of sharing their views about the quality of the service they received. We saw meetings were held with people so they were able to voice their views and share suggestions for improvements. For example, people had discussed trips out and meals at the recent meetings. However, the registered manager had used their knowledge to use other spontaneous everyday life moments with people to gain ideas on how their aspirations and requirements could be met. We saw many examples where people felt comfortable enough to approach the registered manager who took time to chat with people and be part of their day. The registered manager promoted the 'butterfly' approach which about being with people and creating moments of opportunities for people. This had been effectively implemented into staff practices to assist in gaining an understanding of what made life enjoyable and fulfilling for people with dementia. The registered manager and staff implemented this in their everyday practices to reinforce people's strengths and preferences. For example, a person was encouraged to knit which they enjoyed doing to raise funds and there was a choir people could join. We saw how singing was positively uplifting for people as they joined in lots of spontaneous moments of singing. Staff complimented people for their singing which made people smile.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. In the PIR the registered manager commented, 'The manager has an open door policy for all members of staff, family, friends and visiting professionals.' We saw this happened during our inspection as the registered manager spent time with relatives and staff.' A relative we spoke with confirmed the registered manager was responsive and made them feel welcome and listened to. Another relative said, "Would recommend the home to people as it is run very well." A further relative wrote a comment which read, 'He enjoys being with you and loves you all. You are like an extended family to us because you care not only for dad, but us too.'

Staff we spoke with told us they felt supported and were able to approach the registered manager about any concerns or issues they had. Staff told us that they had one to one meetings which helped them to monitor their learning needs, gain feedback about their work and make suggestions for improvement. A staff member said these meetings provided, "The chance to talk about my development and I can make suggestions about how to improve the service." Another staff member told us, "[Registered manager name] is very good and I can talk to her. She does listen and take everything on board." A further staff member said that they were supported by the registered manager to take part in care reviews where relatives and other professionals were present which they valued as they found it a good learning opportunity.

The registered manager spoke with us about their responsibilities under the duty of candour (responsibility to be honest and to apologise for any mistake made). They said, "We promote openness and honesty. We have discussions with relatives and learn by mistakes which give us a good reputation." Staff told us the registered manager listened to and dealt with any concerns they had in a constructive manner. One staff member said, "Anything I've ever raised has been dealt with and [registered manager's name] is always around if there ever is a problem. They [registered manager's name] are really good and passionate about the resident's welfare." Another staff member said, "I always feel listened to and I am in no doubt if I had any concerns [registered managers name] would deal with these."

We saw the registered manager was very much part of the staff team and led by example as they promoted the ethos of people experiencing personalised care. They told us the dementia and person centred training had made a, "Huge difference to my thinking. I want to make a difference to people's lives." They spent time with different people who lived at the home at different times throughout our inspection. One example was when they chatted with people in the lounge about the songs played and encouraged people to sing along. On another occasion they sat with two people in another room talking and looking at some photographs. They also supported people to write to the Royal family when different events which had taken place, such as marriages and births. We saw the letters had been responded to and these were framed for people to look at and as another talking point for people. One person pointed to these when talking with us and said they felt honoured to receive responses to the letters sent which was only due to the registered managers, "Enthusiasm, which was catching."

The registered manager was fully supported by the staff team which included the deputy manager and the registered provider. Staff spoken with told us that they enjoyed working at the home and were highly motivated to provide a good standard of care to people. One staff member told us, "We all work together to make people happy even the laundry and maintenance staff spend time with people. We all try to brighten people's day." Another staff member told us, "I always say we are a happy team here, we all get on and put in a hundred per cent." We saw many examples where staff worked as a team and were able to share ideas, which had a positive impact upon people who lived at the home. For example, a staff member told us they were proud of their achievements in making sure the guidelines around end of life care were in a format staff could easily refer to. Another example was recognised by a relative who told us staff did small things which made a difference, such as, changing the battery in their family member's clock without needing to be asked.

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The registered manager embraced the learning she had taken from her leadership and diploma in dementia care to continually research and implement innovative ideas. For example, the idea of staff using the theory around spending moments with people and turning task centred practice into care centred around each person. We saw examples throughout our inspection where people were made to feel special and valued due to the approaches introduced by the registered manager who has taken some of her learning and ideas from research done around dementia care. This included the unique and interesting home environment with features such as the traditional shop fronts full of past times items. This had been recognised by other managers who came to the home to look at the practices which had been implemented by the registered manager so they could take learning and ideas back to their homes.

The registered manager told us how they kept up their own practice by researching best practices into

dementia care. We found the registered manager had a sustained track record of delivering high standards of care and managing improvements. For example, we saw a very positive report from the local authority commissioners and we had received notifications as required. The registered manager was committed to make further improvements which included a project to create a beach area in one of the corridors in discussion with people who lived at the home and relatives. We saw the registered manager's enthusiasm had been infectious as visitors brought items to add to the various shop windows. This approach had supported the growth and development of strong links with the local community which included families and friends.

The registered manager and provider were committed to providing all round high quality care. We saw evidence that regular quality checks were completed. These checks included care plans and infection prevention and control. The registered manager and provider had also achieved the highest rating of five stars awarded for food hygiene practices. Staff practices was an area the registered manager was passionate about continually developing to support people with dementia in living as full a life as possible. This was an area for which the registered manager had been recognised for by the local authority for the last three years as they successfully achieved the award for meeting the standards set for practices around dementia care. The feedback from the local authority commissioners informed us the service had always been a very good one. We saw staff practices shone through in enabling people who were living with dementia to do as much for themselves as possible. For example, people were supported to eat independently due to the practices which had been put in place. These included people having serving dishes on each of the dining tables so people were encouraged to help themselves to the food they wanted. One staff member said these practices had also helped people who at times were reluctant to eat. We saw there was pictorial signage to help people identify the room's purpose, such as toilets so people's independence was promoted and people's anxieties were reduced. A relative told us, "The staff and manager all work together to ensure all the residents who live here have excellent care. This is because they genuinely care about their quality of life here which to me is outstanding."