

The Royal British Legion

Dunkirk Memorial House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was unannounced and took place on 12 and 13 April 2016.

Dunkirk Memorial House is registered to provide accommodation and nursing care to up to 90 people. The home specialises in the care of older people including people living with dementia. The main house is divided into two main areas. One area provides care to people who require nursing care and the other provides care to people who need support with personal care. A separate 30 bedded unit called The Mews provides care to up to 30 people who are living with dementia. At the time of this inspection there were 80 people receiving a service at Dunkirk Memorial House.

The home provides care to ex-service people and their dependents.

The last inspection of the home was carried out in July 2014. No concerns were identified with the care being provided to people at that inspection.

There is 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.

Feedback from people about all aspects of the service was positive. One person said "If you have to live somewhere like this you couldn't be anywhere better." Another person said "The general atmosphere is very good which makes it a very pleasant place to live." One letter written to the staff team stated 'Dunkirk House is truly a very special and exceptional place.'

The staff morale at the home was high which led to a happy vibrant place for people to live. Staff were proud to work for the British Legion and had great respect for the people they cared for.

There was an excellent activities programme and a number of ad hoc activities which ensured people were fully occupied and received on-going social stimulation. Activities were arranged in accordance with people's interests and abilities.

The buildings were designed and maintained to promote people's independence. The Mews had been designed specifically for people living with dementia and had several design features which assisted people to orientate themselves and remain independent. There was a range of social and quiet spaces. Everyone had unrestricted access to safe garden areas and these were well used.

There were sufficient numbers of well trained and experienced staff to support people safely and ensure they were not rushed with their care. Staff told us there was good team work and support from senior staff and management. The staff were taking part in a year-long project aimed to promote the well-being of

people living with dementia. Staff spoke passionately about the project and felt people were already benefitting from the changes which had been made.

People's nutritional needs were assessed and met and mealtimes were considered important social occasions. Where people were identified as requiring support and encouragement to have a good diet, activities were provided to stimulate people's appetites.

People received effective care and treatment which took account of their preferences and needs. Care plans gave staff clear information about how people wished to be supported. Staff demonstrated an good knowledge of people and their previous lifestyles which enabled them to provide very individualised care to people.

People and/or their representatives felt involved in all aspects of their care and support. There were systems in place to make sure people had an active voice in the running of the home.

People told us they would be comfortable to make a complaint and were confident any concerns would be listened to. The registered manager told us they valued feedback from people and used it to continually improve the service offered.

People's health needs were monitored and changes were made to people's care in response to any changes in their needs. One person said "They just seem to cope with everything." A visitor told us "They have adapted to all the changes in their needs and always keep us fully informed."

People felt safe at the home and with the staff who supported them. A robust recruitment procedure for new staff and staff training on how to recognise and report abuse minimised the risks of abuse to people.

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.

There were sufficient numbers of staff to ensure people's safety and provide care in an unhurried manner.

Risks of abuse to people were minimised by a robust recruitment procedure and staff training.

People's medicines were safely administered by staff who had received specific training to carry out this task.

Is the service effective?

Outstanding ☆

The service was effective.

People were cared for by competent staff who received training which was relevant to their roles and promoted the well-being of people using the service.

People were supported to have enough to eat and drink and high importance was placed on ensuring people had pleasant meal time experiences.

The inside and outside environment was designed to enable people to maintain their independence regardless of the physical or mental abilities.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People were able to see visitors at any time and family and friends were always made welcome.

Is the service responsive?

The service was responsive.

People were able to make choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

There was an excellent programme of activities and social events meaning people were well occupied and stimulated.

People felt comfortable to make a complaint and there was a variety of ways for people to make suggestions and share ideas.

Outstanding 

Is the service well-led?

The service was well led.

People lived in a home which was effectively managed by an open and approachable management team.

High staff morale led to a happy and vibrant place for people to live.

The provider had systems in place to make sure people were cared for in accordance with up to date good practice guidelines and legislation.

Good 

Dunkirk Memorial House

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 April 2016 and was unannounced. It was carried out by an adult social care inspector, a specialist advisor 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, the provider completed a Provider Information Return (PIR). 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in July 2014 we did not identify any concerns with the care provided to people.

During the inspection we spoke with 24 people who lived at the home and two visitors. We spoke with 21 members of staff which included registered nurses, care staff and ancillary staff. We also spoke with two volunteers. The registered manager was available throughout the inspection. Some people who lived at the home were unable to verbally express their views to us, we therefore observed care practices in communal areas and saw lunch being served in all areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included seven care plans, medication records, four staff personal files and records relating to quality assurance.

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person told us "I am very safe and secure here. The staff treat you decent." Another person said "I'm safe here I have nothing to worry about." People who were unable to verbally express their views to us were very comfortable and relaxed with the staff who supported them. In The Mews there was a happy atmosphere with people interacting with staff by chatting, laughing and seeking physical reassurance and comfort.

People said there were enough staff to meet their needs. One member of staff said that in the unit that supported people who had personal care needs they felt people would benefit from additional staff. They said they did not always have enough staff to spend time chatting and socialising with people. However people who lived in this part of the home did not raise any issues. One person said "There always seems to be staff about and they never rush you with anything." In other parts of the home all staff spoken with thought they had enough staff to support people with all their needs.

People did not wait for long periods of time when they required assistance. People said when they rang their call bells staff were very quick to respond and assist them. One person said "If you ring your bell, there here and always seem very happy to help you out." In The Mews there was enough staff to make sure people received individual attention and were provided with on-going social stimulation.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff told us they had been unable to start work until all checks had had been carried out. Records and systems in place confirmed this.

To further minimise the risks of abuse all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said "If I saw anything or had any concerns I would report directly to [registered manager's name.] It would be sorted." Another member of staff said "I've never seen or heard anything that worried me but If I did I would go straight to [registered manager's name] I know she would listen and do something."

Risk assessments were carried out which identified risks and the control measures in place to minimise risk. The balance between people's safety and their freedom was well managed.

The provider told us in their Provider Information Return (PIR) that they carried out risk assessments to promote positive lifestyles for people with minimum risks to themselves and others. People told us staff discussed risks with them and they agreed together any changes that needed to be made. One person said "I used to go out on my own but I'm not so mobile now. We had a long chat about stuff and all thought it was best if I asked staff to come with me when I go out. I still go out but I have someone with me." The

person told us having a member of staff gave them confidence and they enjoyed the company.

Assessments were carried out to make sure people received care safely and any risks to their health and welfare were minimised. For example where people were assessed as being at high risk of pressure damage to their skin appropriate pressure relieving equipment and care practices were put in place to minimise the risk of them developing pressure sores. One person who used a wheelchair said "After lunch I always have a lay on my bed. It helps to have a change of position. They move my bed so I can see the telly. It's very nice."

All accidents which occurred in the home were recorded and analysed to look for trends and ways to minimise further risks to people. The provider had identified a large number of falls had occurred in the home and had sought advice from the falls prevention team and occupational therapists. In response to this advice some people who wished to remain independently mobile had been offered hip and head protectors to minimise the risks of injury whilst enabling them to retain their independence. People were able to choose if they wanted to wear the protective items.

People's medicines were administered by registered nurses and staff who had received specific training and supervision to carry out the task. All staff who administered medicines had their competency assessed on an annual basis to make sure their practice was safe. We observed staff administering medicines competently and safely.

There were accurate recordings to show when medicines, including controlled drugs, had been administered or refused. This meant there was a clear audit trail which allowed the effectiveness of medication to be monitored. There were efficient systems for ordering medicines including medicines which were needed between full orders. This made sure people always had access to their prescribed medicines in a timely manner.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Where people were prescribed these medicines staff ensured they were not given unless required or requested. One senior member of staff said they had asked a person's GP to review a medicine which had been prescribed for them on an as required basis as they felt they were now in need of more regular pain relief.

People were encouraged to maintain their independence and a number of people self-administered their medicines. Care plans for these people contained self-administration assessment and consent forms which had been signed by the person and a senior member of staff.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration.

Is the service effective?

Our findings

Staff were well trained to make sure they had the skills and knowledge to effectively support people. Comments from staff included "The training is excellent" "They are really on the ball with training" and "Great training, you can ask for anything and they will find a course for you." People told us they thought staff were competent in the roles and had the right skills to meet their needs. One person said "The staff here are very professional in everything they do." Another person said "Even the new ones are very good. They get good training when they start to make sure they know how to do things right."

To make sure staff were able to effectively support people they received training according to their job. Registered nurses told us they were good opportunities for training which enabled them to keep their clinical skills up to date. They told us they had access to training provided by the British Legion and were able to source training from outside providers if it was relevant to the needs of the people they supported. Registered nurses had completed courses which included; infection control, verification of death and catheterisation as well as mandatory health and safety training. In The Mews all staff, including non-care staff, received comprehensive training in how to care for people living with dementia. One member of staff said "The training has really helped me to communicate better with people." During the inspection we saw one person, who was living with dementia, spending time and interacting with a member of the domestic team. They were comfortable and happily chatting together.

The Mews was taking part in 'The Butterfly Project.' This is a year-long project which provides a focus on improving the lived experience for people living with dementia through a mix of methods which include audits of the service and staff training. Although this project had only just begun, staff were passionate and excited about the changes that were being made to provide a stimulating and person centred approach to care. Changes put in place had included improving meals times to take account of people's individual needs and providing additional social stimulation by involving all staff, not just activity staff. Throughout our visit there was a happy atmosphere and everyone had opportunities to take part in a wide range of activities and received positive social interaction. One member of staff said how The Butterfly Project was helping them to personalise everything they did. They said it was about people's individual abilities and interests. They told us "We have learnt about providing short periods of occupation for people rather than expecting people to join in with big activities which they no longer have the concentration span for. We are doing more one to one activities for short periods of time that enable people to stay focussed." We saw this in action as staff frequently interacted with people for a short sing song, to read a book or go out for a walk.

The buildings were designed and adapted to enable people to maintain their independence. All corridors were light and bright and doorways were wide enough for people with all levels of mobility, including wheelchair users, to move around freely. There were a variety of communal spaces to enable people to join in with busy activities or spend time quietly. All bedrooms had large en-suites with level access showers and equipment and adaptations were in place to meet people's specific needs. One person said "I really value the fact that I have a shower I can use and be independent."

Everyone was able to access the grounds as there were numerous exits to the gardens and wide level

pathways. Many people commented how much they enjoyed the gardens and throughout the inspection we saw a large number of people enjoying the outside facilities which included summer houses and a greenhouse, all of which were wheelchair accessible. In recognition of people's military backgrounds there was a memorial garden where a wreath was laid each Remembrance Day by a people who lived at the home.

The Mews had been open for approximately two years. It was built to meet the needs of people living with dementia and had won an architect's award for its design. There was a main hub where people could meet for activities and social interaction and three corridors which ran from the central hub. There was also a large conservatory area which opened onto a safe and secure garden. The main hub contained comfortable seating, spaces for activities, a hairdresser's salon with an old style barbers sign outside, an open plan kitchen with a large printed café sign above it and an office area. Throughout the inspection we saw people and visitors socialised in the central area and used the kitchen area to make drinks and help themselves to snacks. Each corridor contained bedrooms with en-suite showers, a dining room and a lounge. There were also assisted bathing facilities for people who preferred a bath to a shower. Staff told us some people found the large assisted baths intimidating so they were planning to replace one with a domestic style bath. This would allow people who still had good mobility to use a bath in a style they were more familiar and comfortable with.

Each corridor had a colour theme and all toilet doors were painted bright blue which helped people to orientate themselves and maintain their independence. One member of staff said they felt the design really helped people. They said "People often ask to be directed to a blue door which gives them their dignity and independence." During the inspection we saw people moved freely around the home and chose where to spend time. We saw that when there was a loud activity in the central area one person had taken themselves off to a quiet lounge. Other people spent time in the home or walked and sat in the garden. The design of the building allowed staff to supervise people and ensure their safety whilst enabling them to choose where they spent time and move around as they wished to.

People were supported to have enough to eat and drink and high importance was placed on ensuring people had pleasant meal time experiences. In the main part of the home there was a large dining room where people could eat their meals. People told us they were able to choose to eat in the dining room or in their rooms. Some people said they ate breakfast in their rooms but always went to the dining room for lunch. One person said "I wouldn't miss lunch. It's one of my highlights." Another person said "Lunchtime here is lovely. You get to chat and find out what's going on. And the food is very good." We saw that after people had finished their meal many remained in the room chatting and drinking tea and coffee.

People told us friends and relatives were able to join them for meals. One person said "My relative is coming for lunch today. They often do. I feel I give something to them rather than expecting them to take me out all the time." One visitor said "Visitors are always welcome. We often come for afternoon tea."

In The Mews there were three small dining rooms and people were able to choose where they sat. We were told by the registered manager that some people in this area needed encouragement to eat so there was always a food based activity just before lunch. On the first day of the inspection people had baked tarts in the morning and there was a quiz about food based songs whilst people enjoyed a glass of sherry before their meal. Staff showed people the meals on offer to help them to make a choice. Staff then ate meals with people and offered encouragement and social stimulation. This all resulted in people eating a good meal.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People were offered choices of food at each meal and they were able to decide on portion size. Food

was served directly from a hot trolley to make sure meals were given to people at the correct temperature. One care plan showed the person had a poor appetite and had been seen by their GP and a speech and language therapist to make sure they received the correct diet. The person was receiving a high calorie diet and specific encouragement. Staff were monitoring their weight on a weekly basis. Weight records showed the person was maintaining a stable weight demonstrating the care plan was effective in meeting their needs.

People were supported to eat and drink according to their assessed needs. There were tables in the main dining room for people who needed physical assistance to eat. This enabled them to be part of the lunchtime experience but protected their dignity when being supported. Some people required their meals to be served at a specific consistency and these people were provided with the correct meals. Staff sat with people and assisted them in an unhurried manner, there was chatter and encouragement to make sure people had the support they needed and enjoyed their meal.

All areas of the home had facilities for people and their visitors to make hot and cold drinks. People who could not use the facilities were served drinks throughout the day. Afternoon tea and cakes were also served each day. In The Mews afternoon tea was a big social occasion with a high staff presence and a wide variety of cakes served from china cake stands. We asked a member of staff if this occurred every day and they told us it did. One member of staff said "A lot of people here walk around a lot and are very active so they burn a lot of calories. So we have made a big thing of the afternoon tea and people seem to eat very well because it's a fun activity."

People were fully involved in decisions about meals served in the home. There was a food forum which enabled people to be part of menu planning. When any changes to the menu were planned a group of people met with the main chef to discuss this. One person said "We go through every meal choice and say whether we want it or not. When the menus been running a while we ask people what they like and don't like and then meet again to make changes if needed. We certainly get a say in what we eat."

People received support and advice to meet their healthcare needs. All staff were responsible for monitoring people's health and any concerns were reported to senior staff. Staff knew people well and were able to notice when people were not feeling well even if they were unable to verbally express themselves. On the first day of the inspection a member of the care staff team reported that they felt someone who lived in The Mews was 'not themselves.' The person was monitored by the senior carer throughout the day and arrangements were made for them to be seen by their GP.

In the part of the home which provided nursing care people's health was constantly monitored and people received treatment to meet their needs. People who were being nursed in bed were assessed on a regular basis to make sure they were comfortable and pain free. Charts in people's rooms gave information about the food and drink people had been offered and taken including snacks during the night. There were also repositioning charts to show people had been assisted to change position to reduce the risks of pressure damage to their skin. Charts contained an action plan and a prompt to up-date the care plan if required to make sure care plans were reflective of people's up to date needs. People being nursed in bed were clean, warm and comfortable.

People said staff helped them to stay healthy and supported them to attend appointments. One person said "You get it all here; a chiropodist visits to do your feet, a doctor comes if you so much as sneeze and there's a weekly exercise class to stop you getting too fat." Another person told us staff had supported them to attend an appointment for a minor medical procedure."

All appointments with healthcare professionals were recorded in people's care plans and these showed people were seen by a variety of professionals according to their specific needs. These included; doctors, speech and language therapists, opticians, district nurses and community mental health professionals.

People were always asked for their consent before staff assisted them with any tasks. Staff asked people if they were happy to be helped and respected people's wishes. One person told us "I still make all my own decisions."

Staff knew how to support people who did not have the mental capacity to make decisions. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us people were usually able to make day to day decisions for themselves and they offered people choices as far as possible. Where people were not able to make a decision staff told us they discussed what would be in the person's best interests with family members and professionals who knew them well. This showed they were practising in accordance with the law to make sure people's rights were protected.

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. The provider had policies and procedures to follow if people lacked the capacity to make decisions for themselves. The registered manager had made applications for some people to be cared for under the Deprivation of Liberty Safeguards and was waiting for the people to be assessed by the appropriate professionals.

Is the service caring?

Our findings

People were supported by kind and caring staff. One person said "The girls are very nice. They always help you." Another person said "They are all very kind and respectful."

The staff team were proud to work for the British Legion and expressed great respect for the ex- service men and women who lived there. One member of staff said "All the people who live here have given a great deal so they certainly deserve the best." A registered nurse said "There are a number of things that make me happy working here, but it's always the joy of caring for the residents."

The staff had received a number of cards and letters thanking them for the care they had provided for people and their loved ones. One card thanked staff for the 'Care, kindness and professionalism' another stated their relative had received 'Excellent loving care' at the home.

There was a consistent staff team which enabled people to build relationships with the staff who supported them. Throughout the visit interactions between staff and the people they cared for were warm and friendly. Many of the staff had worked at the home for a number of years and had formed strong relationships with people. Staff spoke affectionately about people and demonstrated a good knowledge of people's individual likes and dislikes. One person said "They have become more like friends but they are always professional." People said they had made friends with other people who lived at the home and we saw people socialising together.

People told us staff were always willing to do extra personal things for them. One person said they had mentioned to a member of staff that they needed something from the shop but would have to wait until their family visited. The member of staff said they would collect it for the person before their next shift. The person said "I didn't give them any money they said not to worry about that until they bought it in to me." Another person said they had expressed sadness when a member of the domestic staff had removed some dead flowers from their room and later the member of staff had come back with some greenery from the garden to put in their empty vase.

People who were unable to verbally express themselves responded positively to staff and were very comfortable with them. Staff used kind words and gentle touch to reassure people. We saw staff approach one person and the person opened their arms for a hug which was given. This made the person smile broadly. When a person was unsettled staff used gentle distraction techniques to reassure them. They sat quietly beside the person and offered them a drink and waited with them until they appeared more relaxed. One visitor said "They are always quick to react if someone isn't happy. They're very good at distracting people."

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. Families were able to personalise bedrooms before someone moved in to make sure they were welcoming for the new person. Bedrooms we saw were extremely personal to each individual. People had decorated their rooms with pictures, ornaments and small items of furniture. One person said "Having my

things about me is very important. Sometimes it looks a mess but it's my mess."

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. Double rooms were available if people wished to share but none were being used for double occupancy at the time of the inspection. There were two guest rooms where friends or relatives were able to stay if they were visiting from some distance or if their relatives were unwell and they wished to remain with them.

There were ways for people or their representatives to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. People we asked felt fully involved in the care planning process and people had signed care plans to say they agreed with the content. One person said "Everything is discussed with me. I know sometimes they don't agree with me but it's my choice and they respect that."

People had care plans for how and where they would like to be cared for at the end of their lives and these care plans were regularly reviewed. The home was accredited to the Gold Standards Framework. This is a nationally recognised comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Staff said they had received special training to enable them to provide good quality care for people at the end of their lives. One member of staff said "I did an advanced course in palliative care and it really helped me. It's so important to get it right first time because you don't get another chance to make someone's last days comfortable and special."

A registered nurse told us how they had cared for a person who had been admitted for palliative care. Although they had been extremely poorly when they came to the home the staff had been able to stabilise their condition and they gradually improved up until two weeks before their death. The registered nurse told us during this period of stability they had enjoyed quality time with their family and been able to plan their own funeral. One relative had written a letter to the registered manager which said 'The care and nursing they received was an amazingly high standard.'

There was a chapel at the home and some funerals were held there. This gave people and staff an opportunity to pay their respects and say good bye to people who had lived at the home. A funeral was held during the inspection and it was attended by a number of staff. Refreshments were provided for people attending the funeral in a quiet part of the home by the chapel. One person said "It's nice to be able to go to the funerals if you have known them well." The registered manager told us if funeral services were held away from Dunkirk Memorial House a representative of the home attended.

Is the service responsive?

Our findings

There was an excellent programme of activities and people received on-going social stimulation from staff and a group of volunteers. There was a team of activity workers and other staff and entertainers were bought in on a sessional basis. Throughout the two days of the inspection we observed people were well occupied and had opportunities to take part in a number of group and one to one activities. People spoke very highly of the level of activity and entertainment provided. One person said "There is always something going on." Another person told us "We have a great activity team who try really hard to make sure there is something for everyone."

People received clear information about activities that were taking place. The activity workers produced two weekly programmes of events called The Weekly Bugle and The Mews Weekly Bugle. The Bugle was in written format and The Mews Bugle was in picture format to help make it clear to people living with dementia. People told us they were able to take part in activities in any part of the home and The Bugle always informed them where the activity would be taking place.

People planned their days around the activities which were taking place. One person showed us how they highlighted everything they wished to attend so they could plan other things around it. They said "This afternoon is the ladies choir which is always wonderful. I'll go down to the lounge straight after lunch to make sure I don't forget and to get a good seat, Its always very popular." This event was very well attended by people from all over the home and after the session people stayed in the lounge socialising. A visitor said they tried to plan their visits around activities which they knew their relative would not want to miss.

During the inspection we saw a number of activities taking place. A small group were making birthday cards for the Queen and sharing memories of times they had met her during their service careers, there were two visits from theatre groups and a small group of people baked tarts for afternoon tea. People were extremely animated and joined in with activities enthusiastically. One person said "We all like a bit of fun and you definitely get that here." A shop trolley toured all areas of the home on one day so people could buy small items such as toiletries and chocolate.

As well as organised activities there were more ad hoc activities for people. We saw one person polishing their shoes with a member of staff, another person in the greenhouse and people reading books with staff. A number of people got together for sherry before lunch and in The Mews this turned into a happy sing along. One person said "Everything goes on here from a game of scrabble to attending Buckingham Palace garden parties."

Staff supported people in their individual interests and hobbies. One person was a keen gardener and staff had cleared out the greenhouse to make sure they could easily access it. This person showed us how they were raising plants and cuttings. Another person had an interest in motorbikes. We were told by staff how when The British Legion riders branch visited the home the person was unable to go outside to see the bikes as they were being nursed in bed. A motorbike was therefore bought into their room to enable them to be part of the occasion.

People had access to transport and there were regular trips out. On the second day of the inspection some people went out for morning coffee to a local beauty spot. A trip to a farm followed by afternoon tea was planned for later in the week. One person told us there was a lunch club that met once a month and went to a different pub for lunch each time. The activity co-ordinator said they used people's personal histories and feedback to plan activities and tried to make sure activities were planned around the things people were interested in. They said "We aim to provide an enabling environment and motivate people to keep up their skills and interests."

To enable people to continue to practice their religious faith there was a chapel on site where a weekly service was held and other festivals were celebrated. The chapel was always open for people who wished to use it for quiet contemplation. A service was always held on Remembrance day, but due to the large number of people wishing to attend, this service was held in the main dining room which was able to accommodate a larger group.

There was also a bar which the registered manager was the licensee for. The bar was opened regularly and on special occasions. One person said "There are lots of celebrations here. There's always a birthday cake and a drink when it's your birthday."

Everyone who lived at the home was encouraged to make choices about all aspects of their care and support. People told us they continued to follow their own routines and staff worked around them. One person told us "My day is very individual. I have my own routines and they fit around me." Another person said "The beauty is you can please yourself."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

Staff told us that due to their military backgrounds many people liked to have a structured life and they tried hard to provide this. There was set times for meals and information was provided to everyone about what activities were planned each day. Where people did not require this structure, routines were more flexible. We saw one person had a late breakfast in their room and staff told us "They never like to eat too early."

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Staff told us care plans gave them all the information they needed to provide individual care and support to people. There was clear information about people's personal histories to make sure staff were aware of their lifestyle choices and what was important to them. In The Mews a member of staff told us about a person who had always taken great pride in their appearance and explained how they continued to assist them in this.

People received care according to their assessed needs and wishes. One person had a care plan which gave very clear guidelines for how they needed to be supported at mealtimes. We saw this was put into practice demonstrating that staff were familiar with each individual care plan. Everyone we asked said staff supported them to be independent as far as they were able. One person said "They always discuss things with you and help you when you need it but they also let you get on with things."

Care plans in The Mews contained the Alzheimer's Society document entitled 'This is me.' This gives information about the person, their needs and likes. It can be used by other professionals, such as hospital staff, if people's care needed to be provided away from the home. This meant that anyone involved in the person's care would have clear information about the person, their abilities and needs and could provide

appropriate care and support.

Information and changes to people's well-being was communicated to staff at handover meetings before each shift. Staff said the handover meetings were extremely comprehensive and they discussed every person to make sure all staff were aware of any changes in people's needs or wishes. The staff responded to changes in people's needs and adjusted care accordingly. People told us as their needs had changed the care they received had changed with them. One person said "They just seem to cope with everything." A visitor told us "They have adapted to all the changes in their needs and always keep us fully informed."

The home was able to meet a wide range of needs and some people had moved between units as their needs had changed. This enabled them to remain in their familiar setting but receive a different level of care. For example one person's needs had increased and they were able to move to the area of the home which provided nursing care where their increased needs could be met. Another person had moved from The Mews to the main building as they had found it difficult to settle.

There were lots of ways for people to share their views and make suggestions. The registered manager acted on all suggestions were appropriate to do so. There were annual satisfaction surveys and completed surveys from 2015 showed a high level of satisfaction with the service offered and the facilities available to people.

There were meetings for people who lived at the home and one person was nominated to take forward ideas to the house committee. The registered manager told us they had some concerns that people who lived in The Mews were not always well represented on the house committee and were currently looking for another representative to act on their behalf to make sure all views were considered. One idea that had been taken forward to the committee was the renovation and rejuvenation of the pond in the grounds. This work had been carried out and many people commented how nice to be able to see the fish again. People had also requested improvements to the WiFi system throughout the home and ways to achieve this were being looked into.

People said they would feel comfortable to make a complaint and all felt their concerns would be listened to and acted upon. One person told us "I did raise something once and it was sorted out without any fuss." Another person said "You can always talk to staff. If something annoyed me I would definitely complain."

There was a formal complaints procedure and where complaints had been made these had been fully investigated and action had been taken to address any shortfalls in the service. Letters were written to any complainant following an investigation to tell them the outcome and offer apologies where appropriate.

Is the service well-led?

Our findings

Feedback from people about all aspects of the service was very positive. One person said "If you have to live somewhere like this you couldn't be anywhere better." Another person said "The general atmosphere is very good which makes it a very pleasant place to live." One letter written to the staff team stated 'Dunkirk House is truly a very special and exceptional place.'

People lived in a home which was well led and efficiently run. There was a staffing structure which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy manager and there was a head of department in each unit. In addition to this there were registered nurses and senior carers. This meant people always had access to experienced and skilled senior staff. One person said "Always someone to ask about things. They're always happy to listen to you." A visitor told us "There's always someone senior here and they're quick to react to things."

The registered manager led by example and promoted a culture which enabled people to share ideas and raise issues. This culture was embedded into the service because staff and people saw ideas being put into practice to continually improve the service offered to people. For example; where suggestions, such as the renovation of the pond, were raised in resident's meetings this suggestion was taken forward and work was carried out.

The registered manager told us the ethos of the home was to make it as homely as possible and ensure people remained in control of all aspects of their lives. These values were communicated to staff informally on an ongoing basis and in more formal settings such as meetings and supervision. Staff practice, behaviour and our conversations with them demonstrated this ethos was part of everyday life in the home.

Discussions with the registered manager demonstrated their commitment to making sure people remained at the heart of the service and were consulted and involved in all areas of planning and delivering care and support. They ensured they employed and trained staff with the same values and ethos. This was demonstrated throughout the inspection with staffs' enthusiasm to new projects such as the Butterfly project but also in enabling people to continue enjoying things that were important to them. For example, the importance of routines for some people and people being enabled to take part in activities that they enjoyed and valued. The building was also designed and maintained to promote people's independence and well-being. There were various ways, such as meetings and forums, to make sure people were involved in decisions about their care and the running of the home.

People said they continued to make choices and any changes in their wishes or needs were fully discussed with them. Where people were unable to verbally communicate fully we saw they were involved in decisions and staff supported them to take part in activities of their choosing. Comments from staff showed they worked in accordance with the philosophy. One member of staff said "We try to make everything as individual as possible so people can still live as they choose." Another member of staff said "It's all about enabling people to independent and have a fulfilling life."

People and staff said the management was extremely open and approachable. We saw that members of the management team were visible in the home and people were extremely comfortable and relaxed with them. This enabled the management team to constantly monitor standards of care and seek people's views on an informal basis. Staff felt very well supported and said they had access to good training, regular supervisions and annual appraisals. All said they would be comfortable to raise any concerns with a member of the management team. The registered manager told us they welcomed feedback from people and saw this as a way to continually improve the service offered.

People were cared for by a happy staff team who had a real sense of pride in their work and delivered quality care. A large number of staff had worked at the home for over two years and several over ten years. They identified good team work and strong management support as a major factor. Some staff travelled several miles to work but said it was worth it to work for "Such a good organisation and with such great people." A member of staff said "It's just the most fabulous place to work." The high staff morale and sense of pride lead to a happy and vibrant place for people to live.

The provider had comprehensive policies and procedures which made sure practice was in accordance with current best practice and up to date legislation. The registered manager met with other managers within the British Legion group to share ideas and seek ways to continually improve the service at Dunkirk House. For example, the introduction of the butterfly project which has already led to better experiences for people in the home. Representatives from the provider supported the home with health and safety issues and regularly audited all aspects of care and support.

The provider had systems in place to make sure people were safe and comfortable. There were regular checks and audits carried out at the home. A clinical audit was carried out each month which recorded information such as numbers of falls, other incidents, any pressure sores, visits by health care professionals and hospital admissions. Any significant finding from the audit were taken forward and discussed at a clinical governance meeting. This enabled staff to look at issues and suggest ways of improving practice.

A senior manager from the provider visited the home and carried out a full audit every month. This involved talking to people and staff, inspecting the building and looking at records. From the audit report an action plan was produced with time scales and nominated staff responsible for each action. For example at the last audit it was highlighted that not all staff were confident completing risk assessments. The action proposed was for all staff to attend workshops with the registered manager or deputy to improve their skills and competency in this area. The registered manager informed us this was work in progress and would be checked by the provider at next month's visit.

All accidents and incidents which occurred in the home were recorded and analysed by the provider. The records of accidents had identified a high level of falls at the home and action taken had included seeking advice for individuals from appropriate healthcare professionals and falls prevention training for staff. The number of falls at the home had decreased since the action had been taken

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.