

Lexicon Healthcare Limited

Green Tree Court

Inspection report





81 Harrington Lane
Exeter
Devon
EX4 8NS

Tel: 01392240400
Website: www.lexiconhealthcare.co.uk

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 12 December 2016. Green Tree Court is registered to provide accommodation for 68 people who require nursing and personal care. The welcome brochure describes the home as "built to the highest environmental standard offering luxurious surroundings and beautiful fully landscaped gardens". No expense has been spared to ensure care, facilities and the environment are of the highest standard for the people living there. There are three wings, Larch, Maple and Willow. Willow wing is designated for people living with dementia. At the time we visited, 44 people lived at the home, seven receiving respite care.

The service was registered with CQC in November 2014 and has not been inspected previously. Since registration, the service was increasing numbers to capacity in a managed, measured way to ensure people's individual needs could be met.

There was a registered manager and two heads of care employed at the home who were clearly passionate about providing a high quality, individualised service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People had access to and were involved in developing personalised activities that complemented their individual hobbies and interests. Links with the local community had been established and people were supported to participate in community events and other events that were important and meaningful to them. For example, through the service partnership with the Exeter Dementia Action Alliance, foreign exchange students and local primary and secondary schools. This provided people with a sense of purpose and wellbeing. Some people used the service as respite for short periods before returning home to the community. This had become popular with people who used the home as a stepping stone following hospital procedures or to enable carers to have a break.

People and relatives were overwhelmingly positive about the care and service provided. The overall view was that the service was like a 'caring holiday'. Comments included, "It's like being on a cruise, so enjoyable", "I can walk away knowing I couldn't do better, it's lovely to see the manager work so well with her team" and "There are high standards all the time, people are treated as people." Reviews on the website included, "It is like a 5 star hotel, the service we have had has been faultless. Being a new building, the rooms are large and purpose built. Everything is fresh, airy and spotlessly clean", "The home is excellent" and "I feel Green Tree [Court] is a luxury care home of very high standards, and I have been very impressed with the care received." All reviews showed a five out of five star rating and people were 'extremely likely' to recommend the service.

People were supported by very kind, caring and compassionate staff who often went the extra mile to provide people with good, high quality care. This high standard of care enhanced people's quality of life and

wellbeing. The staff as a whole, supported by the activities team, were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations. They were pro-active in ensuring care was based on people's preferences and interests, seeking out activities in the wider community and helping people live a fulfilled life, individually and in groups.

The staff were happy working in the home and felt very supported in their role. They were clear about their individual roles and responsibilities and felt valued by the registered manager, heads of care and the wider provider, senior management team. Good leadership was demonstrated at all levels with pro-active effort to encourage ideas from staff to further benefit the people in their care and maintain a strong, stable staff team with a shared goal. Each individual staff member was engaged in sourcing new opportunities for people and putting ideas into practice.

People were safe living at Green Tree Court. There was a high staff ratio to ensure there were enough staff to meet people's care needs safely and also to provide individualised time and support in and out of the service. There was a strong culture within the home of treating people with respect. The staff and managers were always visible and listened to people and their relatives/friends, offered them choice and made them feel that they mattered. The registered manager said, "I'm so proud of this home. The staff are incredible and everything is about the person here." Staff spent time with people to get to know them and their needs and this had ensured that behaviours that could be challenging for staff and distressing for people were minimised. Issues were identified and staff spent time with people to improve the quality of their lives and promote independence. People and the staff knew each other well and these relationships were valued. For example, the registered manager was supporting one person who they felt would benefit from returning to the community with support. The focus was on what was best for people individually to promote good quality living, reflected by the Lexicon Health Pledge (home's aims and ethos) and staff comments during the inspection.

Staff had received appropriate training in line with nationally recognised qualifications and regular supervision to provide them with the necessary skills and knowledge to provide people with effective care. People received their medicines when they needed them.

The environment was outstanding. Each room was decorated and furnished to a very high standard. For example, specialist beds and furniture were bespoke, of a very high quality and designed to look as domestic and luxurious as possible. Premium rooms on the lower ground floor were quieter and included access to private garden spaces. The communal garden was landscaped with the safety and enjoyment of people living with dementia in mind, including safe, enclosed areas directing people in circular walks. Children's play areas outside and inside encouraged people to spend time with their families. There were numerous communal spaces, lounges, quiet rooms, dining areas and a large decking balcony. People were able to move around the home freely or with support, enjoying the spaces. The service also provided a fully equipped professional beauty and holistic therapy room, nail bar, a physiotherapy gym and an activity room and professional hairdressing salon. A large, staffed reception area, café and snack station for residents and relatives, library, IT and learning area, shop and large wall fish tank made the entrance very welcoming.

People received a bespoke, nutritious diet and enough to eat and drink to meet their individual needs. The service ran a commercial kitchen, managed by a Hotel Services Manager and national award winning head chef, providing bespoke meals to an excellent, high standard with the support of a team of hosts and hostesses trained in customer care. Timely action was taken by knowledgeable staff when they were concerned about people's health and there were good links with local health professionals.

There were effective systems in place to monitor the quality and safety of the care provided. People felt able

to raise any concerns and be confident they would be addressed. Where concerns were raised by people, relatives or through regular auditing we saw the home took them seriously and took appropriate actions to focus on learning and improvement for the benefit of the people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risks to people's safety had been assessed and actions taken to reduce the risks of them experiencing harm.

Systems were in place to protect people from the risk of abuse.

There was a high staff ratio to meet people's needs in an individualised way and to keep them safe whilst enabling them to make informed choices.

People received their medicines when they needed them.

Good 

Is the service effective?

The service was very effective.

Staff and management had the knowledge and skills to provide people with care to meet their individual needs in a very person centred way.

People's rights were protected by staff who understood their legal obligations including how to support people who could not consent to their own care and treatment.

People had a bespoke choice of appetising and nutritious food and drink and they received enough to meet their individual needs.

People were supported by the staff to maintain their health and wellbeing in a timely way.

Outstanding 

Is the service caring?

The service was very caring.

Staff cared deeply for the people they provided care for. They were kind, caring and compassionate and often went the extra mile to improve people's quality of life.

People and their relatives where required, were involved in

Outstanding 

making decisions about their care. People were actively encouraged to make choices about how they lived their lives and the focus was on promoting independence and wellbeing.

People were treated with dignity and respect at all times.

Is the service responsive?

The service was very responsive.

People received person centred care and time from staff who promoted their needs in an individualised way.

People were able to participate in activities of their choice, individually or in groups that was tailored to their needs.

People and their relatives knew how to raise concerns and could be confident in the complaints process and staff response to ensure improvement and learning.

People had working individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff.

Outstanding 

Is the service well-led?

The service was very well-led.

There was an open, inclusive culture within the home where people, relatives/friends and staff were listened to and felt that they mattered.

Management was pro-active in sourcing ideas from the staff team to further benefit the people in their care.

Good leadership was demonstrated at all levels, the registered manager and deputy managers were hands on, supportive and visible throughout the service.

Quality assurance systems ensured people received a good quality service driven by responsive improvement.

Outstanding 

Green Tree Court

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 December 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we requested that the provider complete 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. This was received from the provider. We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During the inspection, we spent time with ten people living at Green Tree Court. We spoke to four visiting relatives, one ex-resident who now visits new friends regularly, two visiting health professionals, a visiting school teacher (with whose school the home had developed links) and the registered manager. We spoke with the head of dementia care and head of clinical care, three registered nurses, six care staff, the activity co-ordinator and an activity assistant, the chef and second chef, maintenance man and laundry person. Due to some people living with dementia, they were not always able to comment directly on their experiences at the service so we joined three people for lunch. We also observed people's care and interactions with staff in the communal areas.

The records we looked at included four people's care records, people's medicine records and other records relating to people's care, three staff recruitment files and staff training records. We attended a daily head of unit meeting and a visit from local school children with whom the service has on-going links. We also looked at maintenance records in respect of the premises and records relating to how the provider monitored the quality of the service such as audits and quality assurance surveys.

Is the service safe?

Our findings

All of the people we spent time with told us they felt safe living at Green Tree Court. People told us they felt safe in the care of the staff. People and relatives said, "Having a lot of staff makes a difference, they all know their roles and can do their job properly", "I'm so relieved that my relative could come here. I was caring 24/7 and now I can be as hands on as I want. It's like a holiday cruise" and "I go out for a walk when I want, it's like living in a lovely village." One relative said, "Anyone could leave their relative here and go on holiday because they are on holiday too."

Comments on the service review website said, "My relative has made such a good recovery since being at Green Tree, she is more confident and I know she is very well looked after there, which is such peace of mind", "The staff are attentive but not patronising. In the past I have found that so called 'care plans' look good on paper but bear no relationship to the care that is actually given. Green Tree Court develop a care plan and act upon it. The staff communicate with each other about [person's name]'s care needs, and they communicate with them" and "We visited Green Tree Court and met with staff there who were kind, compassionate and knowledgeable. We really liked the layout at Green Tree, which is modern, spacious and very clean."

There were systems in place to protect people from the risk of abuse and avoidable harm. For example, staff were vigilant in ensuring people whose behaviour could be challenging for staff and others was minimal. This was because staff knew what people liked and what events could trigger behaviour which could be challenging or raise people's distress levels. Reviews included medication reviews and resulted in minimal medication and increased interaction with staff. Staff reflected on the care they gave and were able to demonstrate how they positively affected people's lives whilst keeping them safe. Staff knew how to keep people safe. This included from the risk of abuse. All of the staff knew the different types of abuse that could occur and told us they would not hesitate to report any concerns they had to senior staff. They added they would also report any concerns outside of the home if they felt this was appropriate. Staff and the registered manager understood the correct reporting procedures and we saw these had been followed when necessary using the local authority safeguarding process.

Risks to people's safety had been assessed and actions taken where necessary to mitigate these risks. This included risks in relation to falls, not eating and drinking, developing skin pressure damage and social isolation. There was clear information within people's care records providing staff with guidance on how to reduce these risks. Staff were clear that the least restrictive method was sought and regularly reviewed. For example, people were free to move around the home as they wished. The spaces were large and airy but still homely and enabled people to have space and avoid confrontation. Staff were able to demonstrate they understood these risks and what they needed to do to keep people safe. For example, some staff told us the importance of making sure the environment was safe and clear of any obstacles when people were walking around the home. Each room and bathrooms had movement sensors above the beds to ensure lights came on when people entered their rooms and the building was purpose built to include specialist advice about caring for people with dementia, for example.

In respect of the premises, we saw that fire doors were kept closed and the emergency exits were well sign posted. They were clear of any obstacles so that people could easily reach the exits if needed. Testing of the fire equipment, sprinkler system and the fire alarm system had taken place regularly, including role play evacuations. Staff demonstrated to us they knew what action to take in the event of an emergency such as a fire or when someone became unwell. They confirmed they had received training within these areas. Each person had a personal protection evacuation plan (PEEP) in 'grab bags' giving staff and the fire brigade easy access to important information about individuals. The equipment that people used such as hoists including individual slings had been regularly checked and serviced in line with the relevant regulations to make sure it was safe to use. Audits showed new suppliers were sourced to ensure equipment was to a high standard.

Any accidents or incidents that took place were recorded by the staff and investigated by the registered manager. We saw action had been taken when any accidents or incidents had occurred to prevent reoccurrence. For example, a twilight staff shift (more staff were employed in the evenings because the provider recognised this was a time of the day when people may be tired and were at greater risk of falls) was implemented to minimise falls at that time.

Staff balanced 'real risk' and promoting people's independence well, for example by giving people the time they needed to move independently rather than use equipment unnecessarily. A full-time occupational therapist was employed who advised staff on best practice to support each person to gain maximum independence in all daily activities. People were encouraged to access the community and local area independently if possible or supported in the least restrictive way. Where people needed assistance with personal care tasks such as brushing their teeth staff took time to support people to carry out this task independently. One couple living with dementia enjoyed spending time with each other. Staff recognised the benefit of supporting relationships in a sensitive and safe way following best interest process and involving families. The couple were clearly comfortable in each other's company. The registered manager told us how the couple's individual behaviours due to living with dementia had substantially improved in a positive way therefore reducing distress. Some people were also accessing local taxis to go out.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. The service had high levels of staffing. This remained around 1 staff member to three people during the day and one to five at night depending on need. There was the registered manager, two heads of care, three registered nurses and twelve care workers on duty throughout the day. Eight hosts and hostesses assisted with meal times. This supported a bespoke meal time service so that people could take their meals where and when they wanted to, closely monitored by an electronic tablet system linked to the kitchen and care team. The registered manager told us the number of staff required to work was calculated based on the needs of the people who lived in the home and was kept under regular review. For example, if one to one care was needed for someone at the end of their life, the service would provide it. Other regular staff included, six housekeeping staff and two laundry assistants, a full time activity co-ordinator and part time activity assistant, beauty and nail therapist three days a week, a physiotherapist one day a week, full time occupational therapist, a hotel services manager, front of house manager and reception and administration staff, two head chefs, two chef de parties and four kitchen porters and a maintenance man. These staff also covered evenings and weekends with a head of care available at all times. People told us there was definitely enough staff and relatives echoed this. Staff told us there were lots of opportunities for people to go out, there was a mini bus trip weekly, and staffing levels were adjusted to enable this. It was an important part of how the service was run.

We observed staff meeting people's requests for assistance consistently in a timely manner during the inspection but also pro-actively going and spending time with people, dancing, chatting, offering things to

do and generally enjoying time together. The service had used agency, temporary staff if necessary but not often and a summary of people's needs was available to ensure these staff could meet these needs effectively.

Staff files showed that the relevant checks had taken place before a staff member commenced their employment. This included criminal record checks (DBS), gaps in employment and the service asked for at least two references including previous employer. This was to make sure potential new staff were safe to work with vulnerable people.

People received their medicines in a safe and caring way. The service used an electronic system which minimised the risk of missed medication and errors. There were systems and policies in place so that people could look after their own medicines if they wished, and it had been assessed as safe for them. There were clear records of medicines administered to people or not given for any reason. This helped to show that people received their medicines correctly in the way prescribed for them. There was separate information with instructions for staff to record the use of creams or other external items. There were clear protocols for each person to guide staff when to offer or give medicines prescribed 'when required' to help make sure people received these medicines correctly, and when they were needed. Regular medication reviews ensured people were taking minimal medication to meet their needs effectively.

Occasionally there were agreements in place for staff to give people their medicines covertly. This meant staff could disguise the medicines in food or drink to make sure the person took them. Safeguards were in place to protect people and make sure this was in their best interest.

There was an audit trail of medicines received into the home and those sent for destruction. This helped to show how medicines were managed and handled in the home. Staff completed medicines checks and audits to help make sure that medicines were managed safely. We saw that any issues with medicines were picked up, reported and handled appropriately. Medicines were stored securely. There were suitable arrangements, records and regular checks for medicines requiring extra secure storage. Policies and procedures were available to guide staff, and information was available for staff and residents about their medicines.

Is the service effective?

Our findings

People received effective care based on best practice from staff who had the knowledge and skills required to enable them to carry out their roles. People all said they felt the staff were well trained. A GP who carried out a weekly surgery at the home told us, "I have forged a good relationship with the current and previous manager, as well as the staff, to try and ensure an efficient service is provided for a cohort of patients who have complex medical needs. The care is of a high standard, and the staff are open to working together to find effective solutions such as creating an email address for communication to and from the practice instead of having to phone and leave messages that can become distorted, missed, and provide no audit trail. We have created simple protocols [together] for common issues and ailments which hopefully help streamline the medical care and an efficient system of communication for the weekly visit has been devised."

Green Tree Court was purpose built to high specifications including advice from the University of Stirling who specialise in dementia care. The dedicated dementia wing meets the gold standard for dementia-friendly design as published by the University of Stirling Dementia Services Development Centre. The home was laid out well with many different areas people could access all areas freely. Willow wing was specifically designated for people living with dementia. Rooms all had door knockers like front doors to individual accommodation and were discreetly identified by personalised memory box frames displaying items that were personal to people. All areas were clearly signposted and coloured to make rooms easier for people living with dementia to find independently. For example, bathroom doors and toilet seats were brightly coloured to help people see them easily. The advice from Stirling was to use red and gold in some areas which is stimulating for people living with dementia, for example and pastels in other areas. Some doors to exits and near stairs were colour blended with the walls to discourage people living with dementia from accessing areas of higher risk. This was also to protect people from the risk of falls and to maximise independence and maintain dignity. People and relatives all commented on the lovely, light and airy homely feeling at the home. Following distressing care at home one relative said, "[Person's name] has received an outstanding level of care and provided us with reassurance." People were able to move around safely and freely due to the level of staff support and the purpose built environment which was also shown in the low levels of falls. We saw people living with dementia moving independently to their favourite areas in the home, bathrooms and to the outside decking area.

Staff felt they had received enough training to provide people with very effective care. All new employees had an in depth week long induction in the classroom followed by time spent shadowing more experienced staff. Staff had completed training in a number of different subjects such as safeguarding adults, dementia, medicine management, tissue viability, nutrition and hydration. Additional topics included delivering high quality care customer service, equality and diversity, person centred care and dignity and respect. This training was put into practice. For example, people's wellbeing was enhanced especially with people who previously had experienced long periods of isolation before living at the home. Staff were able to support people using positive person centred time with those residents exposed to long periods of isolation prior to admission. Staff enabled people to pro-actively become involved in many social activities within the home or spend time with staff individually. We saw staff using learnt positive distraction techniques with people

with mental health or anxiety issues, successfully reducing stressful situations. Another example of learning in practice was one person had been experiencing significant anxiety spirals, resulting in isolation. The staff employed the 'chain effect of interaction' with details in the care plan, to slowly build a relationship building on the knowledge of the person's past interests, hobbies and job. The person now actively took part in activities that enhanced their mental well-being transforming them into a relaxed social person. All staff, not only those working in care, knew details about people and how to interact and support them. For example, one person with distinct routines could be confident these routines would be respected such as where they liked their drink in a particular way.

Understanding the principles of person centred care had also had transformative effects on several residents well being when admitted to Green Tree Court from a failing care home. Using these principles staff re-engaged these people who had been covering and protecting their meals for example, with a sense of comfort, identity, inclusion, occupation and attachment which in turn improved their social health. Two people who had experienced significant weight loss, not wanting to eat prior to admission achieved healthier weights by the gentle reinforcing of the above principles resulting in enjoying all the social aspects regarding meal times. Both people had gained significant weight and now loved their food. Two other people with significant issues around self-neglect and acceptance of person care and territorial space issues, using the principles taught at staff induction began to enjoy their 'pamper time' and guarding space became less and less pronounced. They were now happily accepting personal care intervention and were less anxious. Records confirmed the positive responses to knowledgeable staff input.

Therefore, staff understanding of the principles of positive person centred care and 'knowing about people' learnt at induction and on-going had created an atmosphere whereby people living at Green tree court were given the time, space and opportunity to enable them to experience an enriched full day. We also saw a reduction in the use of psychotic and anxiety medication for people living at the home following intensive assessment and support by staff and with support of their GP. This was further aided by the high levels of staff. All staff spoke of the joy and reward of 'having time' to spend with people.

Relatives also received 'dementia friendly' training. Relatives said, "This was absolutely invaluable" and "We gained an insight into this distressing condition and it has enabled us to take this understanding into the wider community and managing unpredictable behaviour. An example of the thought put into supporting family and friends." Green Tree Court was also linked with a local secondary school and provided short dementia awareness sessions to raise awareness of the condition in the community. One child commented following an session, "The talk was engaging and informative and greatly broadened our understanding of the problems and stigma surrounding dementia. There was a lovely focus on the person as an individual with very effective analogies. We would recommend it." The home had also applied for Admiral nursing training, a course which set out to achieve a gold standard for dementia care. The head of care had contacted local memory cafes and other organisations that specialised in dementia care to link with.

Staff said they were given lots of opportunities to attend training in areas that reflected the needs of the people who lived at Green Tree Court. For example, one person had a special care plan with hand-outs about their condition, identifying treatment, rehabilitation process and patient specific symptoms. The head of clinical care who ran the training department said, "They have the daddy of all care plans" and staff had been trained in the person's care. Staff had achieved or were working towards 'Care Certificates' or 'National Vocational Qualification'. These are a set of recognised standards that health workers are expected to follow in their daily working life to provide safe, compassionate care. The provider information return (PIR) said that more staff would be attending in depth infection control training and dignity training resulting in further dignity and infection control champions to oversee staff competency and keep up to date with legislation.

The registered manager said, "We can be responsive and adaptive with training and we welcome feedback from our residents and family and their comments help me steer training in the areas which will benefit the residents and their person-centred care." Examples of training put into practice included bespoke training for all staff relating to one individual receiving respite care with a rare condition. The training was based on the person's history using their own person care plans and a presentation from the spinal unit specialist nurses where the person had been looked after post-injury. Staff ensured a manual sphygmomanometer (blood pressure machine) was on hand as required as on electronic machines the reading would alarm unnecessarily. This enabled the person to feel secure in staff ability to respond appropriately to an emergency and continued to choose regular respite at the home. One person benefitted from support with a stoma (an opening on the abdomen to safely deal with waste), when staff realised the person was no longer self-caring. A training course at the home enabled the person to continue receiving respite care from knowledgeable staff and their relative was relieved to know staff knew what to do. Another person had substantially improved the control of their diabetes and dietary choices through support from care workers trained in diabetic management. Staff had assessed diet choices and compared these with blood sugar levels at different times and the person's health had improved. Another person had moved from another home with dangerously high blood sugar levels and weight loss. Knowledgeable staff were able to alleviate and manage this due to the above training and their blood sugar had been stable for some time and their weight increased.

Staff supervision was carried out regularly as well as three and six month reviews for new staff during a six month probation period. Staff competency was regularly assessed and staff received clear and constructive feedback to enable them to improve their practice when necessary. We observed the staff providing people with safe care and demonstrating good care practice throughout the inspection. Staff talked to us about the support and supervision they received. They said they felt well supported within the home and that there was always someone to go to for advice. One staff member had been sad to leave the home for a different career opportunity and wrote, "You [the manager] have always been there to listen when needed, which was greatly appreciated. I feel I am leaving my friends and family. Thank you."

The home was part of the South West Work Fit programme who support employee placements for people living with learning disabilities and Down's Syndrome. We saw the feedback from the employment development officer about one recent employee placement. They said, "One year ago [employee's name] was taken on by your team at Green Tree Court. From the induction process through to on-going training it has been the perfect example of how together we can change peoples' lives. By treating [person's name] as an individual and with your structured personal development plan not only have they exceeded their expectations they are well on the way to achieving their full potential." A website video of the home's work has now been commissioned and is being used as an exemplar of what can be achieved. The employee had also been invited to speak about their experience as part of a government initiative to identify areas of existing good practice that others can learn from. Staff received from the disability charity demonstrating that if staff are enabled with enough time, resources and correct training those with a disability or condition could still achieve their full potential, be it staff or a person living at the home.

People were supported to maintain good health wellbeing and had access to healthcare services as necessary. People were referred in a timely way and saw external healthcare professionals such as their GP, dentist, optician or chiropodist when they needed. If people chose to access health care appointments independently this was arranged. Staff had developed excellent relationships with community specialists. This included the local GP who was retained for weekly surgeries at the home although people could choose to register with a GP of their choice too. The healthcare professionals we spoke with told us the staff were very knowledgeable and always referred people to them in a timely way if they had any concerns about their health needs.

There was a full time occupational therapist (OT). All people living at the home received an assessment with the focus being to increase/ maintain individual's independence using a holistic approach. They worked closely with the part time physiotherapist and beauty therapist and staff to find the best solution for people, which could be exercises, equipment or massage, for example. They often visited people's homes before they went home from a respite stay to facilitate a safe return. They were able to request any equipment they needed, including a self-propelling wheelchair commode for one person who visited on regular respite to enable them to be fully independent in the bathroom. There were many examples of effective practice. One person had arrived very weak and hardly able to stand with two care workers. Following an evolving, graded exercise programme they were now able to mobilise independently and even climb stairs and use the exercise bike in the home's gym. The OT also carried out facial muscle, grip and voice exercises. Another person relied on equipment and two care workers to mobilise. They had a dramatic positive outcome after three months; they were now able to walk independently without their frame and they were supported to lose weight as they had hoped. The OT provided photographs of how to use equipment correctly, correct posture and sequence of exercises for example, to remind people and staff. They also referred people to external health professionals and effective treatments such as injections or custom made equipment to further improved people's daily lives. Staff training was ongoing in this area and there were on the spot refreshers and staff observations.

The head of dementia care told us how their team had helped people living with dementia enrich their quality of life. They were highly qualified and had also completed a dementia leadership university course which they used to train staff. Nine people living with dementia had benefitted from medication reviews. Medication was now at a minimum because they had gained an understanding of why people presented with behaviour which could be challenging. One person living with dementia had previously only eaten if the food was pureed from a cup and had been reluctant to socialise with people at mealtimes. Using what they had learnt from their training, the staff had slowly and gently encouraged them to sit and eat their meals with other people, and the person now found mealtimes were an enjoyable occasion. Another person had anxiety causing self-isolation. A slow transition from individual activities to group participation had resulted in them wanting to share their life story in the Green Tree News. The head of dementia care been invited and had attended a meeting at 10 Downing Street which had further inspired them to continue to provide high quality dementia care. They had been recognised for their contribution to dementia awareness as they had now trained 500 people and their relatives, others in the community and staff to become a 'dementia friend'. The head of care said at the time, "What many people don't realise is that two thirds of people with dementia live in the community which is why Green Tree Court actively supports the national 'Dementia Friends' campaign. People living with dementia want to carry on going about their daily lives and feeling included in their local area, but sometimes they need a bit of help to achieve that."

There were regular staff team meetings. There were meetings for each department focussing on issues pertinent to them for the benefit of people living at the home. For example, care workers were reminded to persist with promoting independence for one person rather than use the hoist and that staff preparation was key to good mobility. Staff felt able to raise any issues and these were addressed. For example, the OT had responded to an issue raised by care staff about mattresses. This was taken to a clinical governance meeting and where they decided to request a meeting with the mattress manufacturer to discuss the issues and seek a solution. As a result of this meeting further amendments to the mattress order and size of mattresses ensured there was no risk of injury to people or staff. Any substandard practice was noted and raised by all staff and actions taken.

There was a high class restaurant style catering and hotel services departments. People received support with eating and drinking and to maintain a balanced diet. People we spoke with and visiting relatives all told us the food was of an excellent quality. Family bookings for meals were very popular. We had lunch with

three people living with dementia. The customer service by the hosts and hostesses was excellent. There was a homely atmosphere in a restaurant setting. We saw meals were very flexible with people having late breakfasts, early lunch, snacks and whatever they wanted. People told us they ordered meals such as lobster thermidor and other 'off menu' dishes they enjoyed. The hosts/hostesses were very attentive and smart in ties and waistcoats. They all had a discreet radio link direct to the kitchen staff which enabled them to provide a prompt and personalised service, for example '[person's name] is ready for their main course' or '[person's name] is choosing to eat somewhere else'. People were offered condiments and wine and helped with linen napkins. The home used computer technology on a tablet to help them provide a more efficient mealtime service. The front of house manager told us it had been tailored for the needs of people at the home. Hosts/hostesses were able to place orders while they were assisting people and guests at the table, avoiding the need to get up and leave people unattended. Once the order was placed a ticket was sent to the kitchen printer. The order could be for anything at any time of the day. Staff said the system was, "A great opportunity for us to spend even more time with our residents and guests." Once logged on to the computer tablet system the user selected a person living at the home which displayed a photograph. This meant the staff could check they were taking the correct order for the correct person. Once selected their dietary requirements, likes and dislikes and preferred portion sizes and allergies were displayed and would also appear on the ticket printed in the kitchen. Staff were also able to input how much of the meal the person had eaten and if they enjoyed it. If the person had a food monitoring chart, for risk of weight loss for example, this information was saved and passed to the care team.

Dining with dignity training was undertaken by all staff not just care staff. Individuals may need to eat a texture modified diet because they are generally unwell, through personal choice or because they have dysphagia (difficulty with swallowing). Dining with Dignity provided training for anyone who could be involved in the preparation, cooking and delivery of food to people at risk. It enabled staff to understand and be aware of the Dysphagia Diet Food Texture Descriptors that the speech and language team (SALT) use. The registered manager said, "We pride ourselves on the quality and appearance of our food but to still be safe and the prescribed descriptor for the resident. All the staff are then fully able to discuss the descriptors and offer appropriate suggestions from our menus. This benefits the residents obviously as they receive the right diet and remain safe but it helps take the pressure of the next of kin to make the right decisions/choices for their loved one. They can seek advice from the nurses, HCA's or host & hostesses." One person who came to the home on a PEG feed (percutaneous endoscopic gastrostomy, a means of feeding when oral intake is not adequate) following a neurological injury was having no oral intake when they arrived and was not predicted to. However, by the staff having the above training and knowledge and working closely with the SALT team the person gradually had oral intake introduced safely and is now off their PEG feed and solely on a texture modified diet which has had a big positive impact on their wellbeing and quality of life.

People and their relatives all commented on the "Amazing food!" and came to find us after lunch to see what we thought. The chef said their aim was to be the best nursing home in the South West. They met with each person living at the home and care staff regularly to discuss menus. The chefs had wide ranging experience in top hotels and restaurants. Produce was sourced locally and all dishes made fresh to order. Nothing was too much trouble. There was an extensive wine list, local ales and a wide range of teas and coffee. All kitchen staff were trained in texture modified diets. Examples of the menu included, breakfast- rich Greek yogurt with summer berries and honey, traditional full English breakfast, smoked salmon and eggs on an English muffin or pancake of the day. Lunch- a choice of three starters, sesame crusted sea trout, heirloom tomato salad or soup of the day, main- pan fried chicken with seasonal vegetables, catch of the day or roasted Mediterranean lasagne and dessert- dark chocolate panna cotta, passion fruit and lemon tart or West Country fine cheese plate with savoury biscuits followed by tea or coffee with chocolate served to your requirements in an area of your choice. However, people could choose anything they fancied to eat

and this would be sourced. The presentation was outstanding and the chef had recently won the 'Care Chef 2016' category at the 18th National Care Awards. The winning reasons stated, "He cooked an outstanding traditional meal served with a modern twist. Using locally sourced seasonal produce he created flavours and textures that would appeal to older people."

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff clearly understood the importance of seeking people's consent and offering them choice about the care they received.

Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests. They gave us clear examples and records showed how they supported people to make decisions. We observed staff asking for people's consent throughout the inspection. For example, showing simple choices of menu and pictures, clothes and drinks. Records showed that people's ability to consent to certain decisions had been assessed and best interest decisions made such as ensuring relationships for people living with dementia were safe and positive. These had involved the relevant individuals such as the person's family or a healthcare professional. There was clear information within these records to give staff guidance on how they needed to support people to make a number of different decisions about their daily lives. For example, wheelchair lap belts were used appropriately and their use was reviewed regularly.

Is the service caring?

Our findings

Without exception, people and visiting relatives told us the staff were extremely caring, compassionate, attentive and dedicated in their approach. One person said, "I've never seen staff as good as these." Relatives appreciated the café snacks area and the hot drinks machine in the reception and found it a nice touch. They were keen to tell us how they built relationships with staff. An ex-resident and now regular visitor was greeted like an old friend. They told us, "They [the staff] always call me the tennis player. I came for respite to recover from an operation and they knew I wanted to play again...and I do!" Staff from all departments came to chat to them on arrival. A relative told us how wonderful the staff and care was. They said, "It's the detail and going the extra mile. The staff were so kind and careful when changing [person's name]'s bed, so calm and methodical and told him what was happening. Now I have time to spend with [person's name] (instead of being responsible for providing the hands on care). Truly incredible." They added, "I come any old time and staff are always delightful. I come and go as I please with the door code so I couldn't ask for more. The staff all have time to spend with people. They know their role and they just do it."

All staff signed a provider Lexicon Healthcare team pledge, ensuring their commitment to delivering excellence. For example, to maintain dignity and treat people as individuals. We saw staff in all roles spending meaningful time with people and people living at the home and staff had built up good relationships that mattered. One person said, "They play scrabble with me. I've just had a 45 minute chat with a care worker as I was a bit glum this morning. How nice!" The registered manager said it was important for people, their relatives and friends to feel involved and comfortable at the home. For example, 22 friends and family had booked in for Christmas lunch at the home with their loved ones and the kitchen had added extra sittings. One person said, "They always involve me [in activities] and make my day when I'm here." All staff said it was important to build up relationships to get the best out of people and build trust. For example, the OT spent time getting to know people before introducing treatment plans. Two particular examples involved people who were anxious about using a hoist and so had limited mobility options. This prevented them from socialising with others in the home. The OT had spent time building up their confidence to use hoisting equipment. They now spent much of their time enjoying wider opportunities. The OT told us, "[Person's name] used to strongly decline using the hoist due to past experiences. Now, they are reluctant to go back to bed. We reassured them and persuaded them they would not get hurt."

When we spoke to staff, including those not providing personal care, they all had lovely stories to tell us about people who lived at the home. Staff said how lovely it was to see one person aged over 100 'holding court' with their friends and staff. They told us how people had settled in and improved since living at Green Tree Court. One person now went out with their club and enjoyed telling staff all about it. Another person was trying out new activities having not spoken for a long time. Staff had spent time understanding their body language and encouraging interaction. Another person was spending more time out of their room which had improved their mental wellbeing. Staff knew details about individuals such as how they liked their drinks and what they liked to do.

We observed the staff engaging with people in a polite manner and respecting their privacy at all times. People were addressed by the staff using their preferred names and the staff knocked on people's doors

before entering into their room. When personal care was being given, the staff made sure that the doors to people's rooms remained closed or prompted people to remember to close their doors. There was a dignity champion whose role was to ensure people continued to be treated with dignity and respect. For example, they had noticed that one person travelled in their wheelchair to the bathroom wrapped in towels so a new bathrobe was obtained to further preserve dignity. The dignity champion had been nominated for an award from the provider, Lexicon. Staff said, "She strives for person centred care and gives her time to external activities to give people a boost and great at end of life care" and relatives commented, "She displays a very calm yet knowledgeable approach and understanding and takes the time to understand individuals, caring and kind." Staff gave examples of how the dignity champion role had improved practice. One person had been non-verbal. They were facilitating a trip to town with a care worker as they were younger than most residents and had indicated they would like to go out to town with friends for some shopping once a month. The dignity champion role followed Department of Health guidelines.

We saw one person living with dementia, who was new to the home, becoming agitated. Staff supported the person's relative as they discreetly assisted the person to a quieter area, distracting and chatting with them. They explained to the relative that the person had seen the GP for a medication review and the new medication would take a little time to be effective. They told the relative that all staff were trained to ensure people were safe and calm and there was a normal settling in period. Later the person and relative were enjoying a tour of the home again. Another relative told us how they praised the attitude of the care workers. They said, "[Staff member's name] is gorgeous, she just really makes my dad laugh. It has really lifted his spirits. I don't worry about the care, I just know dad is looking great and staff have given him his dignity back." They told us about an incident when their relative had enjoyed a glass of wine with them. They said how sensitive the staff had been as their relative had complex needs and short term memory loss, "The staff acted like they were in a restaurant, reacting to his table order and pouring the wine. It was like having lunch with the dad I knew before he was ill." The activity co-ordinator had later sent the relative a video of their dad playing various instruments in a music session. "He really went for it!" and went on to say, "The staff are very inclusive at every level."

The IT and learning area was in the library and easily accessible. We heard how people living at the home used the computer to communicate with their families in real time using the top of the range computer and high speed internet. One staff member was known as the 'Skype King' and had assisted people to take a meal with a relative abroad for example, using the technology.

People were supported and encouraged by staff to join activities such as attending a musical performance by local school children, or helping with making Christmas biscuits in the activity room. Often staff were sat chatting to people, clearly aware of people's interests or events such as recent birthdays and trips out. People and relatives all told us staff always had time to talk and listen.

The continuous training and development staff received had embedded a culture within the home that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. They all knew about people's backgrounds. For example, one person had been a pilot. They still were able to retain good general knowledge so the staff enabled them to join in quizzes. Other people had been opera singers or business men and these memories were kept alive for them. One person had been a highly trained health professional and now lived with dementia but they were enjoying reading a medical book. One person receiving respite care said, "I can't wait for my next operation! Nothing is too much trouble. The staff always say how lovely it is to see me." Staff clearly all shared this ethos and people living there agreed. Staff showed us how they promoted real independence for people, enabling them to maintain their wellbeing. People were surrounded by items within their rooms that were important and meaningful to them and rooms, especially for those living with dementia, had memory

box frames by their bedroom doors showing what was important to them. Staff could refer to these items to stimulate conversation.

We observed throughout the day that people could make decisions about how they wanted to be cared for. This included areas such as making choices about where they wanted to spend their time within the home, where they ate and what they wanted to eat. Because the meal times were flexible staff ensured people ate when they wanted to, therefore people did not have a late breakfast and early lunch for example, they ate when they were hungry. People were actively involved in making decisions about their care. Each person was doing something that they wanted to do, relaxing in their room, enjoying the quieter lounges, observing activities or joining in. Relatives told us they were encouraged to visit their family member regularly, and to be involved in their care. They said they were always made to feel extremely welcome and that the staff kept them fully informed about their relative's health and wellbeing which was very important to them. A summer fete included miniature pony rides, face painting for children, cream teas, tombola, barbeque and live entertainment for all.

Staff understood the importance of maintaining people's dignity by ensuring people's clothes were well cared for. Quality towels and linen were provided. Personal laundry was tagged with a small button showing people's room numbers so there was minimal chance of lost items. Laundry assistants ensured clothes were mended and ironed.

People could be confident they would receive sensitive and individually tailored care at the end of their lives that met their needs and wishes. People who were approaching end of their life had their care supervised by staff who had undergone end of life training. Staff accessed information from the local hospice and kept up to date with end of life care developments. 'Do not disturb' signs were used to minimise staff traffic. They liaised with external health care professionals and ensured people had early access to 'just in case' bags (medication needed when required). Families were able to stay at the home during this time. Staff always attended funerals and this was encouraged. Compliments received following funerals showed families appreciated this and the service always donated funds to the person's chosen charity. One family said they would recommend Green Tree Court to anyone who looked 'even slightly frail!' Another family wrote, "We were sad to say goodbye to Green Tree Court after [person's name] died. I have been made so welcome and treated with such kindness. You have gathered an amazing group of people in your staff. [Person's name] wasn't just cared for, she was able to be happy and enjoy life. Very different from the anxious, angry person they had been at home. I am especially grateful for the sensitive and gentle care in her last days."

Is the service responsive?

Our findings

The service was very responsive and the focus for people living at the home was person centred and ensured people felt they mattered. Staff had creative ways to support people to live as full a life as possible. The arrangements for social activities were flexible and often innovative. There was a wide range of activities and events inside and out of the home which were accessible for people, their relatives and staff throughout the home. This promoted an inclusive community feel and helped people feel valued and useful whilst enjoying their time at the home. For example, staff had supported people to make crafts to sell in the home's shop.

Relatives and friends were actively encouraged to be fully involved in people's care. Where people were unable to express themselves, for example due to dementia or communication difficulties, relatives were encouraged to help staff build a picture of the person's likes, dislikes and interests. Records were very person centred including a 'This is Me' document. This was a working document that was added to over time. Before people moved to the service they were offered a trial day/lunch and tour with the registered manager and heads of department. Green Tree Court staff visited people in their home or hospital as part of the 'getting to know you' process. Staff were mindful about how people moving to the home would affect other people. For example, one person with complex physical needs was staying at the home during a family house move. The registered manager and staff ensured they regularly updated them on the progress of the moving process as they were anxious to go home to spend time with their family. They arranged a specialist taxi to take them to visit each afternoon. Another person liked low noise and a quiet room was made available for them.

As well as providing a bespoke dementia friendly environment, the service was responsive to the specialist needs of people living with dementia. The service worked in close partnership with the local Exeter Dementia Action Alliance. This benefitted people living with dementia in many ways. All staff and some relatives had received training as 'Dementia Friends'. People had access to schemes where they went 'dementia friendly' shopping without stress to a local department store and visits to the local cinema for dementia friendly screenings and theatre, for example. The Exeter Dementia Action Alliance said of the home, "Green Tree Court have been an exceptional partner. Their intergenerational link with schools is invaluable. Outstanding person centred care and attention to detail." Relatives spoke of the excellent dementia care in Lexicon staff award nominations, "[The head of dementia care] is a gentleman, professional, empathetic and respectful. They bring out the best in my dad!" Staff commented, "[The head of dementia care] has day to day understanding of residents and teaches staff to carry out better care." There were many similar comments about many of the staff from people, relatives and other staff. This showed person centred care and responsive care provision was consistently in practice to benefit individuals.

People's lives were celebrated and valued. The registered manager gave us many examples and we saw this in practice. For example, one person had been specialised in working with stained glass windows and were able to visit the cathedral to study the stained glass and talk to staff about their involvement. Another person had been in the Armed Forces. Remembrance Day was known to be important to them and they were able to continue their tradition of laying a remembrance wreath in the community.

People and their relatives were able to book parties and events in the private dining room. The brochure said, "Birthdays are acknowledged and your views respected as to how you celebrate. Our chef is always willing to bake a special cake or meal for you, and of course you may wish to make use of the private dining room for your friends and family to be with you." One person had celebrated their 105th birthday and a classical flutist was organised by the home as the person had studied classical music, at the same place as the flutist. One person who was an ex-resident visiting new friends said she had invited and had 20 people for lunch at different times during their respite stay. They told us, "It's Christmas, it must be time to book in to Green Tree Court!" People did not see the home as a care home but more as a 'caring holiday resort', which was the phrase used by most people, relatives and staff we spoke with. People had booked in for a week or two because they knew they could be sure of luxury and extra care and support. Staff also booked their relatives in, for example one staff member was getting married and a relative was going to stay at the home.

There was an excellent activity team. The home employed an activity co-ordinator, (who had won the Star Award for excellence) and an assistant activity co-ordinator. The activities co-ordinator said they were just as passionate about their role as when they started. All staff also were involved in providing meaningful engagement with people and the staff all worked together to make positive memories for people and their families. Because staff knew people and their families so well they were able to provide engagement and leisure opportunities which suited people's needs and preferences as well as promoting new opportunities. Staff were vigilant to ensure people were not isolated and offered arts and crafts, books and time to chat. This ensured people, especially those living with dementia, did not become bored therefore risking the chance of behaviour which could be challenging to staff and distressing for people.

The activity team provided a wide variety of activities throughout the day. Weekly activity leaflets detailed what was on offer. They also produced a newsletter which provided information about the home including future planned activities. For example, a visit to a garden centre, theatre, football match, Devon County Show, musical entertainment, and various cognitive and stimulating activities for people living with dementia. One family said, "[Person's name] is encouraged to take part in a wide range of social activities and we have been reassured to see them which obviously brings them some level of pleasure and interest." The home also hosted two separate groups of students from France and Austria for five days. They held a discussion group to share stories about each other's lives. Examples clearly showed a person centred approach. For example, one person's mental health had declined. Staff spent time with the person, reassuring and encouraging them. This resulted in a significant improvement in their health and well-being. They became involved in lots of activities and were happy to be interviewed about their life for Green Tree Court newsletter. Another person had been angry and frustrated when their declining health meant they needed care. The activity co-ordinator took them out to the shops to buy gardening equipment and the person became involved in lots of activities. We saw the person laughing and joining in. Another person had not settled in well, not understanding why they were there due to their dementia. Staff spent time reassuring them and facilitated their need to be of help enabling them to assist with household tasks around the home or calling out the bingo numbers. The activity co-ordinator told us how pleased she was to hear the person tell another that Green Tree Court was their new home and they enjoyed living there.

A coffee morning was held in the main lounge for anyone to join in during the morning. The service had an ongoing link with the local primary school. Staff had attended school assemblies to educate the children on issues such as dementia and two classes regularly visited the home. The coffee morning featured a class of seven year olds performing some songs. The teachers and Green Tree Court staff then encouraged the children to spend time with people living at the home. They had clearly visited the home before and happily sat with people and had their drinks and biscuits as a picnic enjoying each other's company. The teacher told us how wonderful the relationship was and how rewarding it had been for everyone. The registered

manager told us how important children and families were. Two children's toy areas in the home and a large children's play area in the garden showed this was the case. One relative said, "They have a slide and climbing frame in the garden for children to play on, which is also helpful when we visit." There was lively discussion during the coffee morning that was inclusive, encouraging conversation and valuing the contributions made. During the session staff members were observed discreetly supporting people with drinks, offering refills of tea, coffee and fruit juices. Each day the café snack station was replenished enabling people living at the home and visitors to help themselves to pastries, cupcakes and child friendly snacks and drinks and use the coffee machine.

The link with the primary school had also resulted in people living at Green Tree Court being involved in the Paralympic Torch relay. The children chose five people living at the home who were able to be a 'guardian' of the flame based on Olympic values of courage, determination, equality and inspiration. They said this was because when they visited they went back to school feeling so inspired from their conversations and interactions with residents. This all helped endorse an outstanding and welcoming, inclusive and responsive service. Other visits had included Christmas carols, garland making, fancy dress competition for St Patrick's Day with resident judges, Easter concert, street party for the Queen's 90th and craft session making a 'Tree of Life'. Person centred care plans documented how much people had enjoyed these visits.

The registered manager told us about individual situations where staff had been responsive in meeting people's needs related to their interests or occupations. One person had run a newsagent and was now living with dementia. However, they were supported to help run the Green Tree Court shop which they enjoyed. Another person used to like gardening and so they were asked to help out in the garden. The registered manager said, "It's all about finding out about people. We are giving everyone personalised Christmas presents. One person loves model planes so we found a book on their favourite ones. [Person's name] loves his red wine so we engraved a lovely Dartington wine glass for them. We are honoured to be able to do this for people." Staff were also buying Christmas presents for people's families' children and staff children and there was to be a big Christmas party for all. Throughout the inspection the registered manager and staff all re-iterated the phrase, "It's got to be right" and we saw them striving for this in every way.

One person living with dementia had been a successful businessman in their working life. The registered manager told us how they often included them in marketing and board room meetings which helped them feel valued and important. This person had also been invited to attend the Exeter Community Awards. The registered manager was attending in support of the service partners, Exeter Dementia Action Alliance. They had identified that this person had attended many functions in their working life and invited them and their wife to share the experience. The person's wife had previously struggled with the person's diagnosis, but the support from the staff had meant the couple were able to enjoy time out together knowing there was help at hand. The registered manager said, "We work hard to ensure we provide a holistic approach to dementia care. We offer a wide range of therapeutic activities and a welcoming environment, promoting an active lifestyle."

The home had a minibus to enable people to go out at any time. This had TV screens and heated seats. The registered manager had bought pure wool throws and thought about which matching colour woolly hat and scarf people would like when they went out. This meant that outings were special occasions, tailored to each person's individual needs and wishes.

The registered manager completed all pre-assessments before people moved in. Each admission included an initial occupational therapy assessment (personal furniture and equipment), a physiotherapist assessment. Relatives confirmed, "Residents can have their own furniture and items in their room too." Each person was able to receive a complimentary beauty treatment per month as part of their fee in the holistic

beauty salon or fully stocked treatment room. Families could also purchase treatments, for people's birthdays for example. People were able to access the in-house hairdresser or arrangements were made to enable their regular hairdresser to visit the home. People were assigned to named key workers to ensure a named registered nurse and care worker had an overview of people's individual needs. Photos of the keyworkers were in people's rooms to remind them. There was a personal shopping service daily so people could either go shopping or ask a staff member to go shopping for them. The home shop and mobile shop were open daily and people could ask for specific items to be stocked.

Care plans were reviewed every six months with a letter sent to each person and relative to arrange a review meeting to ensure people and relatives remained happy with the care. A discharge checklist for respite admissions ensured smooth discharges home and good communication with any health care community providers. Staff had detailed handovers each shift and a handover sheet for information. A summary of people's care needs further assisted staff to gain easily accessible information. Daily records were very comprehensive and used respectful, compassionate language. They reflected the needs in the care plan including wellbeing and it was easy to see how issues progressed such as mental health issues and mobility. Each person had meaningful engagement every day and choice was recorded .

We observed staff being responsive to people's individual needs throughout the inspection. This included responding to them when they requested support with personal care, a drink or if they wanted to go back to their room after lunch. People's care records, with family involvement as necessary, had been recently reviewed and the information within them was accurate and up to date and very comprehensive. The staff, including activity staff, had easy access to people's care records and good team communication so they understood the care that people required. They confirmed that people's needs were reviewed each day during handover meetings and the head of unit meetings between the staff to make sure they were aware of any changes that were required to their care.

People and their relatives did not have any complaints about the care being provided. They knew about the complaints policy and open door office and the registered manager had recently reminded people again. People and relatives told us they felt comfortable to raise a complaint if they needed to and that they felt confident these would be listened to and dealt with. We were therefore satisfied that people's concerns and complaints were dealt with appropriately in a timely way that promoted learning and improvement. For example, responses were sent in a timely way addressing each concern.

Is the service well-led?

Our findings

People and their relatives were extremely complimentary about the management team at the home and the positive culture they had developed that ensured people were at the heart of where they lived. The provider's mission was to 'deliver a service of clinical and caring excellence within a luxurious and homely environment.' The home was run in this way by an experienced and skilled registered manager. We found the registered manager's leadership in the home was excellent with a strong emphasis on promoting first rate care for people whilst valuing staff. They promoted high standards and staff retention from recruitment onwards for the benefit of people in their care. Our discussions with people who lived at the service, relatives and staff and our observations showed the registered manager and the provider's ethos instilled a positive, inclusive and open culture. People told us the registered manager was proactive and provided a highly visible, daily presence. They ran an open door culture with their office easily accessible. We were told by one person, "The manager runs a tight ship, we all know her. The staff just get on with it." Another person added, "I'm letting all my friends know about this place. Even the laundry person comes to welcome me. It's perfection. It's special here but the manager is so good, the glass is always half full and full of positivity. It doesn't ever disappoint."

Green Tree Court had a warm, happy and homely atmosphere where collectively all people and their relatives were clearly extremely happy with the care being provided. There was a caring and considerate ethos, promoted by the management team and the provider, which resulted in a compassionate staff team who told us they felt valued and motivated to be at work. The registered manager was supported by the provider who visited the home regularly and hosted the recent provider Lexicon staff award ceremony. The whole of the staff team were committed to providing a service that ensured people received the best care. The Green Tree Court ethos was stated on the website as, "No two people are the same, which is why there are no 'standard' models of care and we foster a culture of freedom and choice. As your preferences change, so too will your care plan. Nothing is permanent, and we'll always make sure you're in control of your care." This was clearly the case. One relative described it as, "always having hope, when we didn't, no matter what and how small."

The registered manager told us how they ensured staff were 'right' to work at the home. The home aim was to, "Employ only exceptional people who live and breathe the company vision and values, ensuring that residents are cared for by skilled, compassionate individuals who promote dignity and wellbeing." There was a robust recruitment system and we saw how some new staff were not retained past the probation period if they were not displaying high standards of care. Staff were regularly supervised and very well supported and valued. Staff as a team were pro-active and motivated to identify areas for improvement as they went about their work. For example, they felt able to raise issues at any time such as during the registered manager's night check.

The provider was also very involved in the running of the home. The registered manager said they spoke to them daily and there were robust provider quality assurance systems in place to ensure the managers were doing their job effectively. For example, further guidance was supplied relating to medication competency checks and error management. There was an external audit done four times per year by a specialist nurse

employed by the provider as well as a separate human resources personnel audit. The registered manager said, "It's great because they work to help us with solutions to any problems."

As occupancy increased the registered manager ensured people's needs could be met and a seventh care worker at night had been employed. Occupational therapy assistants were also being developed. Staff consistently said they felt listened to. A letter had also been sent to staff to indicate any further training they would like. There was a robust key worker system with reflection and examples of how it benefitted people in their care. For example, one care worker was pleased to see one person's progress from using a hoist to mobilise to managing well with a stand aid. Staff wanted the people they cared for to have the tidiest room, best improvements in quality of life and special moments to capture for their next of kin. Key worker reports showed how care plan needs had been met each month and areas that had not gone so well. For example, one person had experienced a coughing episode so a care worker chased up a speech and language referral and ensured the person had a safe consistency of food in the meantime. Another care worker had noticed a person's trousers were tight and commenced a tissue viability plan to monitor with increased pressure relieving equipment. Reports were audited by the heads of department to ensure care plans were up to date.

There were also many other ways that the service managed staff to promote consistent care and staff retention. For example, in December 2016, the home's first annual Lexicon 'Star Awards' took place to celebrate 'excellence and the outstanding individuals who had gone the extra mile in their roles'. The service asked residents, their families and staff, to nominate individual staff who had made an exceptional difference. The provider said at the awards, "We are very proud of everyone who works at GTC and it is wonderful to hear that this home is filled with quality care, love and humour." For example, there were winners in various categories such as dignity in care. People and relatives commented on a care worker's gentle, kind and caring approach and said that she was always smiling. The activity co-ordinator won an award for excellence in dementia for her 'phenomenal understanding when it comes to every aspect of dementia'. This showed staff were valued and people and relatives' opinions taken into account. People and relatives enjoyed a luxury environment and high staffing ratios as part of their care package but the provider was clear to point out, "The common theme in all these award nominations is that a smile and kindness goes a long way and it costs nothing. At GTC we will all continue to show kindness to each other and we will smile, we have a lot to smile about."

A separate staff suite at the home held a large training room, staff room and changing rooms. Staff were encouraged to take organised breaks and simple lunches were provided. A travel notice board gave staff details about cycle schemes, bus routes and car sharing to help them get to and from work. The home had a travel plan with Devon County Council to promote more environmentally friendly travel choices, following BREEAM (Building Research Establishment Environmental Assessment Method- which assesses, rates and certifies the establishment of buildings) requirements and backed up by a staff travel survey. From staff feedback and in order to continue with good recruitment and retention the registered manager was about to introduce a childcare voucher scheme for staff as an added benefit for staff.

Staff told us that they felt part of a team. They also told us they felt valued, supported and encouraged and that they really enjoyed their work. They were passionate about their jobs and the ethos of the home. One member of staff said, "We all share the manager's ideas and the provider. There is no-one we don't get on with, we always leave smiling." Others commented, "It's not a normal home. It's fun and rewarding. [People's names] smile so much living here. It's lovely to see. You see people coming to stay with us for a holiday and really enjoying themselves." We saw the results and action plan from the annual employee engagement survey from 63 responses. The majority were highly positive but the manager and provider were keen to address any negative areas. For example, increasing recognition of good work further (this

resulted in the Star Awards), an apprentice programme to develop careers, an increase in complimentary food for staff and separating hosts and hostesses into their own department run by the front of house manager. The home was very active on social media and encouraged staff to have input too.

There had been a high level of investment in the service. The building was purpose built to high standards, including the University of Stirling Dementia Gold Standards using a dementia design audit tool. People all said it was like coming on 'holiday' to a resort. The commercial kitchen was about to undergo an extensive refurbishment. All equipment was of a high standard such as bespoke beds and specialist equipment. For example, all furniture was of a high quality and matching and people could re-configure and bring their own furniture too. Specialist chairs were made in cream leather and made to look like domestic chairs. Five whirlpool assisted baths were in use with soft lighting and the option of soothing music. All rooms were classed as luxury with premium rooms with private gardens available at extra cost, although these were also used as quieter rooms for people at the end of their lives. People all commented on the lovely spacious environment saying, "It is like a 5 star hotel. Mum has been there for three months and the service we have had has been faultless. Being a new building, the rooms are large and purpose built. Everything is fresh, airy and spotlessly clean." There was a large, easily accessible, landscaped garden built with people living with dementia in mind to ensure safety and interest. Fresh flowers were delivered each week and there was a self-playing piano and huge wall tropical fish tank which people enjoyed seeing cleaned. The fish tank cleaner entered the tank in a wet suit.

The registered manager, provider and staff demonstrated a commitment to continuously improving the quality of the service people received. There was a very well developed system of quality monitoring and auditing. People, their relatives and staff told us that the home was exceptionally well run. Relatives nominating the registered manager for the Lexicon Star Awards commented, "Simply excellent! Without this amazing lady this place would not be so good. Her model should be used by all care homes" and "You couldn't get a better manager." Apart from regular clinical governance meetings covering health and safety, care plans, kitchen, training and activities there was a robust audit system delegated to departments overseen by a master audit by the registered manager. The resulting action plan was comprehensive. For example, new suppliers were sought for better washable chair cushions and hoistslings. A meeting with the pharmacy was arranged to improve stock labelling. A dysphagia (difficulty in swallowing) diet audit regularly looked at the effectiveness of specialist diets such as a texture check. The monthly catering audit looked at stock and store rooms, documentation and physical appearance, for example. This raised small issues such as a leaky dishwasher and an upgrade in thermometers. Clinical and care tasks were delegated to senior members of staff who led in their specialised areas such as infection control, nutrition and dignity and staff were proud to take on 'champion' roles.

The registered manager played a pivotal role in ensuring that standards of care were positively implemented at the home. They also felt well supported by the provider who they spoke to regularly and could contact at any time. They said they never got a 'no' if they requested anything to enhance people's lives. The registered manager told us they worked to continuously improve services and provide an increased quality of life for people who used the service based on the feedback that they regularly sought from people, "We are always trying to think of other things we can do for people." This feedback was gathered both informally through chatting with people on a daily basis and more formally through surveys, reviews and meetings. The PIR stated a health professional survey was being sent out. All improvements noted in the PIR for the next 12 months had already been completed such as the Residents' Committee, staff Star awards and new staff appointments as occupancy increased.

An annual resident's and relative's survey was sent out. We saw the feedback and action plans showing views were taken into account and addressed. For example, from the relatives' survey people were

reminded about the complaints process, further traditional meals were included in the menu and staff had further communication training. Another hairdresser was employed due to demand. Compliments included, "Very friendly staff from office to floor", "Green Tree Court certainly lives up to its reputation and claims of being a 'flagship'" and "A welcoming and well run home." From the resident's survey the 'What can we do better?' section included installing an electronic call bell system, analysed monthly. Each person receiving respite care completed a feedback form on discharge. Areas addressed included additional pillows and shorter curtains. As well as a three monthly resident and family meeting with cream tea, a monthly Resident's Committee was held. Each committee member was supported to put forward suggestions and ideas.

The glossy quarterly 'Green Tree News' gave people and their visitors the latest news. This re-iterated that the registered manager's door was always open, "as it's important everyone is involved in the running of Green Tree Court." The Autumn newsletter included news of a Christmas 'pop up' fayre, a visit from the Brixham Activity Centre with furry friends, drum workshop, the Star Awards, a recipe and an interview with a resident called 'This edition we catch up with...'. Others included beauty tips, spotlight on a staff member and results of the resident survey.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They could do this anonymously if they choose to.