

Brunelcare

# Deerhurst Care Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 17 and 18 November 2016 and was unannounced. The previous inspection of Deerhurst was in May 2013. At that time there were no breaches of the legal requirements.

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

Deerhurst is a care home with nursing care for up to 66 predominately older people. People have general nursing care needs or are living with dementia however the service places greater emphasis on looking after people living with dementia. The home is split into four areas. On the ground floor was the butterfly trail for 10 people and butterfly cottage for 16 people. Both were for people living with dementia but the cottage accommodated people who were more mobile. On the first floor there were two areas, the honeysuckle suite and bluebill rise. The building was a purpose built care home designed around the needs of the older person and in particular those people with dementia or cognitive impairment and physical impairments. There was one passenger lift and three secured staircases which meant all parts of the home were accessible for people with impaired mobility.

There was level access into the home was from the car parking area. There was a courtyard garden within the centre of the home. People were able to sit out in this area in warmer weather. The courtyard was also decorated in one part as a seaside theme and in another part was set up as a sporting area. To the rear of the property there were sensory gardens, a greenhouse and a large caged area for the hens.

Just prior to our inspection the registered manager had received the Inspirational Leader of the Year 2016 in the National Dementia Care Awards. The service had also been awarded the highest level Quality of Life butterfly kite mark. In order to achieve this the service incorporated the five principles of person centred care. These were occupation and purpose, attachment and a sense of belonging, comfort, identity and inclusion.

The registered manager provided good leadership and management for the staff team. The service and staff demonstrated their commitment to care for people with dignity, to further improve and to follow best practice for the care of people living with dementia. They linked with care provider forums ensured people had access to the local community. The service had a good reputation within the local community and also with health and social care professionals.

The service was very well-led and well managed. The service had a robust programme of audits in place to monitor the quality and safety of the service. Action plans were developed where shortfalls were identified so that improvements could be made. The provider continually looked to make things work better so that people benefitted from an improved service. Any planned improvement actions were followed up to ensure

they were implemented.

People were looked after with a person centred approach care and where possible had been involved in drawing up their care plans. Knowledge of the person's history and personality assisted the staff team and volunteers to provide the right support and maintain the person's dignity and choices. Care plans were well written and provided detailed information about how the person wanted to be looked after and how their care was to be delivered. People were encouraged to have a say about things that mattered to them and to raise any concerns they may have.

People were looked after by staff and volunteers who were kind and caring. The staff met not only their specific care and support needs but also their emotional and social needs. The staff formed good working relationships with the people they looked after but also genuinely cared about them. People told us they were well looked after. We were told about times when the registered manager, staff and volunteers had gone over-and-above what was expected of them to meet people's social and emotional needs. This had resulted in improved well-being for people. People were able to participate in a range of different meaningful activities, both in Deerhurst and outside of the service.

People were provided with an effective service that met their individual needs. They were encouraged where possible to make their own choices and decisions about aspects of their daily life. Where people lacked the capacity to make decisions for themselves the staff knew what to do to ensure that any decisions made on behalf of the person was made in their best interests. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with the food and drink they liked to eat. They were provided with choice and given sensitive assistance if they needed help to eat their meals. Where there were risks of malnutrition or dehydration there were plans in place to reduce that risk. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so. Feedback for health care professionals was extremely complimentary. The service had successfully looked after a number of people who had been "difficult to place" because of challenging behaviours.

People were kept safe. This was because any risks to their health and welfare was well managed. The premises were well maintained and staff were trained in how to move people requiring assistance from one place to another safely. Staff received safeguarding adults training and were knowledgeable about safeguarding issues. They knew what to do if concerns were raised and who to report the concerns to. Pre-employment checks were robust and ensured that unsuitable workers could not be employed to work in the service. The management of medicines was in line with good and safe practice.

Staffing levels were adjusted regularly and took account of the number of people being looked after and their care and support needs. The staff were well trained which meant they were able to carry out their roles and responsibilities effectively. Staff were well supervised and supported by their colleagues and line managers. New staff had a robust induction training programme to complete which met the standards of the Care Certificate.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were kept safe and any risks to their health and welfare were well managed.

Staff received safeguarding training and knew what to do if concerns regarding a person's safety were raised. Robust recruitment procedures ensured that only suitable staff were employed.

There were sufficient numbers of staff on duty at all times. The numbers of staff for each shift were adjusted when people's needs changed.

People's medicines were managed safely.

Good 

### Is the service effective?

The service was very effective.

Staff were well supported, regularly supervised and received the training they needed to provide effective care. Staff were committed to providing each person with the best possible service.

People's rights were protected and staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People were provided with sufficient food and drink. Risks of malnutrition and dehydration were at the least reduced, because staff actively monitored how much people ate and drank. People were supported to see other health and social care professionals as needed.

Outstanding 

### Is the service caring?

The service was very caring.

People were looked after by staff who were loving and kind.

Outstanding 

They were treated with dignity, respect and compassion. People were supported in ways that promoted their well-being.

Staff recognised people's individual care and support needs and knew the value of positive working relationships.

The service was committed to providing good end of life care and was signed up to the Gold Standards Framework. They ensured they supported people to have a dignified and 'good' death.

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

The service was very responsive.

People received the care and support they needed and were looked after in the way they liked. The person was kept at the heart of all that happened. They were able to participate in a range of meaningful social activities.

People were listened to and staff supported them if they had any concerns or were unhappy. They were involved in activities outside of the home and enabled to live as full a life as possible. The staff actively supported links with the community.

**Outstanding** 

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

The service was very well-led.

The registered manager was an inspirational leader and provided clear leadership and management for the staff team. People were looked after by staff who all shared the provider's commitment to running a well-led service. The staff shared the provider's vision and values to ensure people benefitted from the best possible care.

Feedback from people who used the service and their relatives was used to make changes to the service and to drive any improvements required to make the service better.

**Outstanding** 

# Deerhurst Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 17 and 18 November 2016. The inspection was undertaken by two adult social care inspectors and an expert by experience (on day one). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. At the last inspection in May 2013 we found no breaches in regulations.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted health and social care professionals the provider had previously told us knew about their service. We asked them to tell us about their views of the service. Their comments have been included in the body of the report.

During our inspection we spoke with 11 people living in the service and five people's relatives. We spoke with 10 members of staff (qualified nurses, care staff and ancillary staff) plus the registered manager and the deputy. We also spoke with three volunteers and two visiting healthcare professionals. We looked at seven people's care documentation, together with other records relating to their care and the running of the service. This included four staff employment records, policies and procedures, audits, quality assurance reports, satisfaction survey reports and minutes of various meetings.

## Is the service safe?

### Our findings

Those people who were able to talk to us said they felt very safe at Deerhurst. They said, "I have everything done for me and I don't have to worry that I will fall over now", "I feel very safe", "The girls always speak very nicely to me", "The staff take such good care of me, I wished I had moved here long ago but you hear such horrible stories on the news. Here is wonderful" and "The staff are always around to help you".

Relatives all said they were "happy their loved ones were at Deerhurst" and were not concerned about their safety when they were not there. One relative said, "They couldn't look after Mum any better. It is as if she is their mum too". Another said, "Since dad had been at Deerhurst, the worry for the family has been removed. He was so unsafe at home and now he is looked after 24/7.

Staff had a mandatory programme of training to complete and this included safeguarding training. Those staff we spoke with knew what was meant by safeguarding people, what constituted abuse and what their responsibilities were to keep people safe. Staff would report any concerns they had regarding a person's safety or welfare to the registered or deputy manager however knew they could report directly to the local authority, the Care Quality Commission or the Police. The service had a policy called Safeguarding Adults at risk from Abuse and this had last been reviewed in June 2016. The provider also had a Whistleblowing policy and some of the staff made reference to this policy and would not tolerate any bad practice from their colleagues.

The registered manager was fully aware of their responsibility to keep people safe. The registered manager told us they had been invited by South Gloucestershire Council to run a dementia care workshop at their safeguarding conference. Since the beginning of December 2015, the service had raised six safeguarding alerts with the local authority. Four of these had been in relation to altercations between two people. One was in relation to unexplained bruising but the GP attributed this to the person's medicines. The sixth alert was in respect of a hoisting incident whereby a person sustained minor skin injuries. The local authority were satisfied with the actions taken by the service and said the staff had worked well with them. No safeguarding alerts had been raised by any other parties.

The recruitment procedures for new employees ensured only suitable staff were employed. Recruitment records contained two written references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. For nurses, their registration with the Nursing and Midwifery Council was checked. Where relevant, checks were made of a prospective employees right to work, before any offer of employment was made. These measures meant people using the service were not put at unnecessary risk.

Risks to people's health and welfare were well managed. There were standard risk assessments undertaken for each person in respect of moving and handling, falls, the likelihood of pressure damage nutrition and the use of bed rails. Where people needed to be supported with moving and transferring from one place to another, a profile was recorded, setting out the equipment to be used and the number of care staff required to carry out the task. The service had eight manual handling trainers who had delegated responsibility to

complete the risk assessments and to write these profiles. There were also person-specific risk assessments completed, for example using an electric wheelchair in and outside. The service had a 'can-do' approach as regards risk and looked for solutions to reduce or eliminate the risk in order not to prevent people from taking part in activities. For example, people were supported to use an exercise bicycle, to go swimming and to use scissors and other sharp tools during activities. These measures ensured people received safe care and support.

People were cared for in a safe environment. The main entrance to the home was secure but visitors to the home could wait in a lobby for the door to be opened. There was a passenger lift from the reception area up to the first floor and a coded entry system on the door leading to the downstairs area (called the Butterfly Trail) and on doors leading to stair ways. The premises were well maintained throughout.

There was a programme of daily, weekly and monthly checks in place in order to keep the premises, people and staff safe. A walk-a-round of the whole home was made every day and staff were expected to report any requests that required the maintenance staff to look at. Records showed all checks had been completed. Contracts for servicing and maintenance were in place for all equipment. The catering staff recorded fridge and freezer temperatures and hot food temperatures before serving meals. All food was stored correctly and the last visit by an environmental health officer had resulted in the service being awarded the full five stars. Catering staff had daily, weekly and monthly cleaning schedules to complete.

The provider had a business contingency plan in place. The plan contained all the contact telephone numbers for agency's that may need to be contacted in the event of an emergency. The location of any oxygen therapy equipment was detailed. The plan set out the arrangements to be followed if the home had to be evacuated for any reason. The plan included what would happen if the premises became uninhabitable or any other events that would affect service delivery. Personal emergency evacuation plans (referred to as PEEPs) had been prepared for each person.

The service arranged for sufficient staff to be on duty each shift to ensure that everyone's care and support needs were met. The staffing numbers were adjusted regularly, taking in to account the number of people in residence and the complexities of their care needs. The registered manager explained that any vacancies were always very short-lived and that when new people moved in additional staff were available to help with the 'settling in period'. This was because the service recognised that people living with dementia often presented with behaviours and were more anxious, when they moved from one place to another. The service used a dependency tool to calculate the number needed to be on duty each shift and reviewed as and when necessary and at least monthly. Staff felt able to comment to the registered manager if they felt the staffing numbers needed to be reviewed.

Many of the staff had worked at the home for many years and staff turnover was very low. Agency staff had not been used for nine years which meant people were looked after by staff who were familiar with their care and support needs. Any gaps in the staff rotas were picked up by the staff team who did extra shifts or covered by bank staff. In addition to the care team there were other staff on duty to meet people's care and support needs. This included the registered manager, administrator and receptionist, catering staff, housekeeping staff and maintenance. The registered manager's working hours were supernumerary to the care hours and the deputy had a mix of supernumerary and care hours.

The management of medicines was safe. The systems in place for ordering, receipt, storage, administration and disposal of medicines were in accordance with the providers medicines policy. The policy had last been revised in June 2016 and was next due for review in 2018. The policy covered the administration of medicines, controlled drugs, medicine errors, homely remedies and the procedures to be followed if a



person wanted to self-administer their medicines. Weekly stock checks were made of the controlled drugs. People's medicines were on the whole stored in locked cabinets in their bedrooms. Records were kept of the treatment room and fridge temperatures to ensure medicines stored in this area were stored at the correct temperature. Appropriate warning signage was displayed where oxygen cylinders could be stored of where oxygen therapy was administered.

If people were not compliant with taking their prescribed medicines these were administered covertly. This meant their medicines were disguised in food or a drink or food. However this did not happen with out consultation with the person's GP and their family. Best interests discussions were recorded in line with the Mental Capacity Act 2005 to record this agreement had been made. One of the qualified nurses told us at that time there were no people who required their medicines to be administered in this way.

## Is the service effective?

### Our findings

People were provided with an exceptionally effective service. This was because the staff had an in-depth knowledge of people's care and support needs, and were skilled and confident in their care practice. Relatives and health care professionals said the staff had the "right skills" to meet people's needs, and understood the needs of people with dementia well. The main GP had written to the home in March 2016 and said, "I have been taken on a journey by this team of nurses and I thank them for making me a better GP".

Relatives comments included, "The care here is the best you will find out there. The staff are trained to a high standard which helps provide the best possible care", "I am speechless and cannot praise the staff enough. They know everything about my loved one". Professional's comments included, "The staff are very well trained and what amazes me is how passionate they all are", "This home is by far the best I visit. The staff know everything about the residents and are confident in meeting people's needs".

New staff completed an induction training programme when they first started working at the service. Staff said their induction had consisted of completing mandatory training and they had worked shadow shifts along with experienced staff. The registered manager said the most important part of the induction process, was getting to know people, reading the care plans and knowing how people like to be cared for. The induction programme was in line with the Care Certificate and had to be completed within a 12 week period. The Care Certificate was introduced for all health and social care providers in April 2015 and ensured care staff were prepared for their day to day role. This meant new staff were well supported and well trained. Comments from care staff included, "I am lucky to work in such a supportive team. I did lots of training and shadowing of staff when I started. If I needed further training all I had to do was ask", "The staff are all highly trained and skilled. All new staff are supported by the team".

There was a continual training programme available for all staff. Each month the courses the provider defined as mandatory were available for staff to complete. The service had an electronic tracker system in place to monitor staff training and alerted the registered manager when staff required updates. The provider information return stated that the majority of care staff had completed qualifications in health and social care at level two or above. This meant they had the knowledge and skills they needed to meet people's needs. Mandatory training included dementia awareness, end of life care, safeguarding adults, medication, mental capacity, nutrition, pressure area care, first aid, infection control, fire awareness, food hygiene and moving and handling. In addition to the mandatory training, other training was available. An example of this was gold standards framework training where the values included 'giving the right person the right care, in the right place at the right time, every time'. Another example of training was in respect of providing person-centred where there are challenging behaviours. It was evident the provider placed great emphasis upon staff training and in return this meant people benefitted from receiving an effective service.

The registered manager and staff talked to us about accepting people in to the home who had previously been classed as "difficult to place". They talked about one person who had spent many months in hospital because other care providers did not feel they could meet the person's challenging behaviours. Deerhurst

successfully looked after this person who was described as "a wonderful character" until their demise. We saw photographs of this person in the garden area, boxing with the physiotherapist and using a punch bag. Other staff we spoke with also referred to the success with this gentleman. One of the volunteers whose mother had lived at Deerhurst told us that Deerhurst was the only home that would accept her because of their behaviours and added, "She was extremely happy here and she was less argumentative. The staff were fabulous with her". The registered manager said in the time they had managed Deerhurst they had never given up on anybody by moving to other services. People remained at the service by staff working with them to find strategies best suited to each person.

Staff received support through regular one to one supervision with a line manager, group supervisions in handover reports and at staff meetings. Supervision included the senior staff monitoring staff practice around the home, who then provided constructive feedback based on what they had witnessed. Feedback may be because the senior member of staff felt that a situation could have been handled differently with better outcomes for the person, for example being offered a diversional activity to prevent agitation. Staff had an annual appraisal and regular performance review meetings. These provided an opportunity for the registered manager and the member of staff to discuss their practice and identify any further training and support needs. The registered manager told us that all staff had received their annual appraisal.

All staff completed Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards were there to make sure that people in care services were looked after in a way that did not inappropriately restrict their freedom. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

The registered manager and deputy were aware of their responsibilities in making sure people were not unlawfully deprived of their liberty. We reviewed the care records which demonstrated DoLS applications had been submitted to the local authority where appropriate. These were submitted because the person had been unable to consent to live at Deerhurst for the care and treatment they needed. At the time of our inspection seven applications had been authorised by the local authority. Records confirmed the registered manager had submitted a further 36 individual applications for people and were waiting for a decision to be made. One of the nurses had the delegated responsibility to oversee the DoLS process.

Staff were able to identify the stage of the DoLS process for each person as a white label was placed on each person's care record. This highlighted when DoLS applications had been submitted to the local authority and if they had been authorised. The registered manager told us how the appeals process has been used by one person who lived at the home who did not agree with an authorisation being granted.

People had their mental capacity assessed. Having mental capacity meant being able to make decisions about everyday things. Staff we spoke with understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. The registered manager told us if they had any concerns regarding a person's ability to make a decision, appropriate capacity assessments were carried out. Staff demonstrated they had good knowledge of these areas and were able to describe how important it was to enable people to make decisions. For example, people were involved in decisions about where they lived, how medicines should be given and how they wished to be care for.

Staff sought people's consent for all day to day support and decision making, using ways appropriate to the person's individual communication needs. For example, we observed a staff member gently asked a person if they were happy to receive a foot spa and foot massage. Although the person could not verbally

communicate, the staff member recognised from the person's eye movements and smile they were happy to have this. They reassured the person whilst they placed their feet into the spa. The staff member again sought consent to move the person's feet from the spa to have a foot massage. We observed the person smile at staff and it was very clear they enjoyed being pampered. Staff said they always asked people's consent before providing any care or treatment and continued to talk to people while delivering care so people understood what was happening.

Staff went out of their way to make mealtimes a positive and sociable experience for people. They understood the importance of people's meal time experience, as a way to promote their health and well-being. We sat and observed the meal time experience which was calm and relaxed with calming music softly playing in the background. We observed the home maker (a member of staff) sat with a table of four people. In order to encourage them to eat their meal they started a conversation about the food in the meal that was served. We overheard people explaining how they used to cook this for family members and the recipes they followed. Staff were available throughout the meal, and assisted people to eat where needed. We noted this was done in a discreet and respectful manner. Relatives and volunteers were encouraged to join people for lunch.

Staff were passionate about the importance of good nutrition and hydration, food was freshly cooked and looked appetising and nutritious. Several people enjoyed a lunchtime sherry or glass of wine to stimulate their appetite. People were aware of the meal options as pictorial menu sheets were placed on each table with the two options available. We observed staff take over two different plates of food choices to help people decide and make a visual choice about what they would like to eat.

There was a four week menu plan in place with choices of the main course each day. One person who had ordered omelette and chips for lunch did not eat their meal. Staff offered the person two other options but these were declined. The fourth option of 'beans on toast' resulted in the person smiling and saying, "Ah beans on toast is my favourite. Yes please".

Where people were at increased risk of malnutrition or dehydration, staff increased the nutritional and calorie contents of their meals, by fortifying foods. A visiting health professional told us they had confidence in the registered manager who explored options to assist people to eat and drink. Comments included "The registered manager and staff are just fab. They have looked at changing mealtimes for individual people as they may not be hungry. They also looked at having brighter plates and different cutlery". One of the volunteers whose mother has resided at the home said her favourite meal had been fish and chips but would not eat them until the kitchen sent the meal wrapped in newspaper.

Documentation showed people's nutritional needs were assessed and kept under review. People's care records contained information about people's nutritional intake and the support they needed to maintain good health. Records confirmed people's weight gain or loss was monitored so any health problems were identified and people's nutritional needs met. We noted that some people's intake of food and/or fluid was being monitored; the charts were completed accurately by staff.

A variety of drinks and snacks were available for people throughout the day including freshly sliced oranges and biscuits placed in communal areas throughout different areas of the home. People also had access to juice and water in their rooms. A sweet trolley had been made by one of the volunteers and was kept in the downstairs lounge. The trolley contained jars of sweets and people could help themselves if they were peckish.

The majority of people were registered with one local GP but other GP practices had 'patients' at Deerpark.

We were able to speak with this GP during the inspection. They did a weekly 'ward round' and saw people who the nurses had identified as needing a review. They said all instructions were carried out and the nurses were pro-active in seeking advice and asking for referrals to other health and social care professionals. One other social care professional we spoke with said the staff team would have always looked for solutions to any problems before calling in their team for help. The example they gave was in respect of managing a person's reluctance to eat sufficient amounts of foods at a meal time. The person had been provided with a constant supply of snack foods they could eat at any time. It was evident the staff worked well with other professionals in order to ensure people's needs were met.

The home was exceptionally clean, tidy and fresh smelling throughout. Bedrooms, lounges and corridors were carpeted with washable flooring laid only in the toilets, bathrooms and the dining areas. Carpets were regularly cleaned and when soiled, by being rota-washed. Housekeeping staff showed us the daily cleaning schedules they followed. They explained to us how they ticked off each room when this had been cleaned. Each day some additional extra cleaning duties were added to their schedule. These duties may include cleaning radiators, marks off people's bedroom doors or areas requiring particular attention. Records confirmed there was a continual schedule in place for daily cleaning and deeper cleaning.

## Is the service caring?

### Our findings

Professionals who visited the home praised the staff and the registered manager for the high standard and quality of care people received. Comments included, "Deerhurst is a very very special home with very special caring staff", "Would I be happy for my mum to be looked after here at Deerhurst? Yes without any shadow of doubt", "I really enjoy visiting the home. The registered manager has embedded a very person centred approach".

The service had been exceptionally complimented for its friendly atmosphere and genuine care for the staff team. Comments included, "The staff are naturally very caring and have such positive attitudes", "When you enter the home the first thing you notice is the warmth and friendliness of everybody", "The home is just fantastic and everybody seems so enthusiastic and positive" and "My husband is cared for in a home staffed by people who really care. They take pride in their work; treat people with respect giving individual attention".

When we arrived at the home and announced the inspection we were greeted by one of the home's volunteers. We were then instantly made to feel very welcome by all the staff we met. Staff seemed at great ease with our presence and encouraged conversations to tell how much they loved working at the home. This welcome into the home gave us a great sense of caring and throughout the inspection we saw and heard nothing to change our initial views.

Staff showed concern for people's well-being with a caring and meaningful approach and responded to people's needs. When speaking with people they used physical touch to reassure them. When one person became distressed during an activity, staff recognised that they struggled with the noise and supported them to rest in another lounge. We observed staff were very caring and showed compassion towards the person. The person placed their head on the staff members shoulder seeking a cuddle from them. The staff placed their arm around them and the person instantly showed great comfort from the staff's gesture.

People appeared well cared for. They looked well cared for, their hair was groomed and fingernails were clean. They wore clothing that reflected their age, gender and previous life style and footwear was appropriate. All staff were seen to interact with people in a kind and compassionate manner and it was evident they knew people well. People had been asked by what name they liked to be called and were generally referred to by their first name. The staff used appropriate volume and tone of voice when speaking to people. It was evident there was a caring culture in the service. We saw many examples of positive interactions between the staff team and people. For example, the spouse of one person had joined them for lunch and a staff member used a term of endearment in conversation with them. They had then asked, "You don't mind if I call your husband darling do you?" All three had then shared a humorous conversation.

On the walls of reception area was a display of cards and thank-you letters from families. In one card the family had applauded the home for the care and support they and their relative had received during a respite stay and then at the end of their loved one's life.

Deerhurst had been awarded the highest level Quality of Life butterfly kite mark. In order to achieve this the service incorporated the five principles of person centred care. These were occupation and purpose, attachment and a sense of belonging, comfort, identity and inclusion. This achievement had been celebrated by the staff and families at the home. We reviewed the Dementia Care Matters audit undertaken on 14 September 2016. A copy of the report was displayed in the main entrance to the home and available for people and visitors to read. Relatives had been asked during this audit to speak about their experience of the care their loved one received. Comments included "It beats the pants off everywhere else. (Named person) always smiles when she sees staff" and "The staff have the right attitude and are so caring and kind". One relative said because their spouse now lived at Deerhurst that "had their own life back". They added, "She sleeps so much better now because she is stimulated during the day. I cannot fault this service at all".

Staff spoke about the people they were looking after respectfully. They said they wanted to and were expected to treat people with dignity and respect at all times. Staff clearly knew the people they were caring for and able to describe their likes, dislikes and preferences. One staff member talked of the importance of having good working relationships with people and their families. The registered manager told us it was important for the staff team to care for each other in order to deliver a caring culture.

It was evident the staff went the extra mile in caring for people and strived to make sure people were happy and continued to have a meaningful life. Staff and people were able to tell us how they celebrated one person renewal of wedding vows at the home. Photographs were displayed on notice boards around the home with an array of pictures taken on this special day. The registered manager told us how the person happened to mention to them how much their wedding day had meant to them. They hinted how they would have loved to renew their wedding vows their loved one. The registered manager decided to make this wish happen and along with the staff and volunteers arranged this special day with cakes, balloons, food and flowers, some items donated by local retailers. A fellow person who lived at the home was asked by the couple to be best man. The local Vicar led the ceremony in the gardens of the home surrounded by 150 guests, including, family, friends, staff and volunteers and other people who lived at the home. Staff commented "This was a special day and a day to remember", "The residents wishes came true and it was lovely to be part of this day".

We noticed that one person had a larger bed in their bedroom. Prior to living at Deerhurst the person had always shared a double bed with their loved one and missed the cuddles and lying down next to them. In order to maintain this important aspect of the person's life the registered manager purchased a three quarter sized high-low bed. Staff were able to tell us how the person enjoyed sharing a cuddle and in the evenings watched the television led together on the bed until falling asleep in each other's arms. The relative then returned to the family home knowing their loved one was settled for the night.

The home provided a high standard of care to people with palliative and end of life care needs. They supported families through difficult conversations and offered support to bereaved families. The home had signed up to the nationally recognised Gold Standard Framework for end of life care (GSF). The GSF is a model of good practice which enabled a 'gold standard' of service to be provided for people who were nearing the end of their lives. It aimed to ensure people lived well until they died. This meant the staff followed best practice guidance and people received care tailored to their specific needs. One of the initiatives from the GSF which the service used was to place a poster on the person's bedroom door. The poster was of a flying dove. This made staff and visitors aware the person was unwell and was near their end of life.

The family of one person who died just before the inspection had started thanked the registered manager and the staff team for the "excellent care they had provided" and also for the way in which they had been

looked after. They asked if they could hold the funeral wake at the service because " this has been her home for many years". The registered manager told us they often provided this for bereaved families.

The registered manager had prepared an 'end of life information pack' for people and their families. This contained documents to record how the person wanted to be cared for, their spiritual needs and copies of appropriate care records. Anticipatory medicines were organised when appropriate and this included pain relief and other medicines. This meant people's symptoms could be well managed by a team of experienced, caring staff.

The registered manager told us they attended the funeral of each person who passed away. Often they would be supported by a further 10 staff from the home. They explained this was a chance for staff to say their goodbyes to the person and to pay their respects to the family. In order to remember each person who had passed away, a memory tree in one of the corridors was used to display photographs of each person that died. Staff told us this helped them to grieve. For those staff and people who were not able to attend funeral the registered manager kept obituary's and order of service leaflets.

Staff did not wear uniforms and were dressed in bright colours, wearing scarfs and hats. The registered manager explained the reasons for this approach and that was the staff were in people's home and a uniform would have created the image of authority. The colours and style of dress created a fun and open culture within the home. It encouraged people to approach staff and engage in conversation. The registered manager told us how they discouraged staff from wearing black clothing as this was seen as a barrier to people with dementia. The registered manager and staff had worked hard to make the environment homely, fun and tailored to enable people who lived with a dementia related illness to orientate themselves. For example walls along corridors were full of objects of reference people would recognise. One corridor contained sport items, football shirts and car wheels with registration plates. This was near the bedroom of a person who had previously been a sportsman. Another corridor had pictures and items to symbolise Great Britain including pictures of London and the Royal family. There were a variety of sensory items for people to touch as they walked along the corridors. We noted how music was playing around the home which changed each time another corridor was entered.

People had access to information within the service about independent advocacy services. Information was displayed in entrance hall along with lots of other leaflets. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure their rights are upheld.



## Is the service responsive?

### Our findings

People were able to tell us they received the care and support they needed but could not answer whether the service was responsive. Comments we received included, "I could not be any better looked after if I was in a first class hotel", "I am very happy although I do get low at times. The staff give me a cuddle, we have a cup of tea and a chat" and "We have everything done for us, it is marvellous here". Relatives told us, "When I was looking for a home for mum, this stood out way above the others as exceptional" and "As my mother's needs have changed the staff have just changed the way they look after her. Nothing seems to faze them and they always keep us informed what is happening".

Pre-admission assessments were completed for people prior to moving into Deerhurst. Where possible, people or their relatives were invited to visit the home, have a look at the facilities on offer and to meet the staff team. The assessment gathered information about the person's care and support needs and provided a 'whole picture' of the person. Assessment of the person continued after admission. The document covered the person's cognitive and physical abilities, their physical health and well-being, their prescribed medicines and dietary requirements. It also included the person's lifestyle choices and preferences.

A person-centred care plan was written for each person and provided clear instructions for care staff to follow. The writing of the plans had involved the person where appropriate, their family and other information provided by health and social care professionals. People's wishes and preferences were incorporated into their plans. Examples of things that we saw written in care plans included, "(Named person) likes to have their meals in their room" and "Likes to keep bedroom door closed and secured with a knotted scarf". Where people had wounds, the records made when the wound was attended to, were detailed and evidenced the progress of the wound. Wounds were regularly measured and photographed. The plans were meaningfully reviewed on a monthly basis and where changes were noted to the person's needs, the plans were adjusted accordingly.

The service had a packed activity programme organised by their 'independence and well being team'. They had started a swimming group to enable people to exercise and to promote their well being, as well as increase their community involvement. So far nine people had attended the swimming sessions and there were pictures of these very smiley people displayed in the main reception area. One person said, "I really liked going swimming and I hope to go again". All staff were being trained in hand massage and people were being offered some reflexology sessions. This was part of a project with Bristol City Council the staff participated in. The registered manager told us the service was also involved in a 'dementia related' drama project with the local university drama group.

During our inspection the following activities took place: a physio fitness morning, a gardening club and visits by external a puppeteer and a saxophone player. People and staff both enjoyed these events – people danced with the staff or volunteers and even with each other. One person told us they had been in a choir a long time ago and enjoyed the opportunity to sing again. Examples of other activities organised were outings in the minibus, a walk in the local area, a cookery club, quizzes and arts and craft sessions. One person told us they had recently visited the garden centre and "It was great getting out in the fresh air". The

service also had a staff post of 'homemaker'. The remit of the homemaker was to be "motherly", to be present in the lounge/dining rooms, providing assistance to people, serving drinks and snacks. We saw one person along with a homemaker drying up some dishes. Staff described the role of the homemaker as "very important".

A physiotherapist was employed and helped some people to retain fitness levels. There was a firm belief within the service that physical exercise improved people's well being and the staff were not risk-averse, but looked for solutions to ensure people could participate if they wanted to. They brought a cycle machine and a cross-trainer to the service and helped people to exercise. They supported people with boxing.

The service had a team of volunteers who supported people in their day to day activities. One volunteer told us they visited each week and made 'proper coffee' for people and sat and chatted with them. They said it was important for people's sensory systems to be stimulated – their relative had previously lived at Deerhurst and they wanted to give something back. Other volunteers told us about the benefit they got from helping people: "They helped me, I am now helping them (the service)" and "I like to be helpful and interact with the residents. I looked after my mum for years and I know where they are coming from". It was evident that Deerhurst not only looks after the people who live there, relatives and the staff team, but also others who have a genuine interest in making this service excellent.

The home participated in a project called 'Hen power'. Six hens had moved to Deerhurst where they lived outside in a spacious caged area. The registered manager told us people and staff had requested to have these hens. As part of the project, people were expected to look after and care for the hens, along with staff supervision. People who were interested in the project were teamed up with staff to ensure the hens were looked after and there was a daily rota system in place. Each day people handled the hens, fed them and collected the eggs. Comments from people included "I love looking after the hens as it gives me something to care for" and "The staff support me to do my hen tasks. I love handling them and giving them a cuddle".

The service maintained links with local facilities to ensure that people remained part of the community. People's relatives were encouraged to visit as often as they were able and were provided with refreshments. One person who was having a short stay at the home in order to rehabilitate after a period of hospital treatment, was joined by their husband for Friday lunch. They told us, "I was amazed when they asked my husband to join us for lunch. They are so thoughtful and it stops me worrying whether he is eating well". Local schools visited the service as part of a project bringing the old and the young together – they did activities together, chatted and swapped stories. Children were due to visit the home in the run up to Christmas to sing carols.

There was a nominated 'Star of the Day' each day. This meant that on that day there care plans were reviewed, their body weight was checked and they were visited by the chef and the housekeeper. For people this meant they could have a say about their life at Deerhurst and make suggestions about things like would like to do or do differently.

People said if they were unhappy they would ask to speak to the registered manager, the deputy or one of the nurses. Relatives gave the same response but added they had no reason to complain because "everything was alright" and "The staff work so hard at getting everything right, there is nothing wrong at all". People and their relatives were provided with a copy of the complaints procedure and there were "How are we doing?" leaflets displayed in the main reception area, along with a suggestion box. The registered manager explained they greeted every single visitor in to the home and from our observations during the inspection, this is what we saw. People who lived in the home and their relatives were also able to raise any concerns or complaints they may have during care plan review meetings and 'resident and relative'

meetings.

The service had received many written compliments via letter and thank you cards. The registered manager ensured all comments were shared with the staff team. The letters and cards were posted on the notice boards around the home.

The provider had a handling complaints policy in place and this had last been reviewed in May 2016. The policy set out the arrangements that would be followed if a complaint was received. Any complaint would be acknowledged within three working days and investigated within 10 working days. All complaints were responded to either face to face, by telephone or in writing and this would be agreed with the complainant. The service had received one complaint in 2016 and the records showed it had been handled in accordance with their policy. The registered manager said that any complaints were used as an opportunity to learn, to make changes and to do things better. The registered manager talked about 'grumbles' made about missing laundry items so a button tagging system for people's clothes had been successfully introduced. CQC have not received any complaints about this service.

## Is the service well-led?

### Our findings

It was evident from the responses we received from people and relatives, staff and volunteers, health and social care professional that this was a very well-led service.

The staff team was led by the registered manager, a qualified nurse with 34 years experience in clinical settings, community and care home environments. They described themselves as passionate about the care of older people especially those living with dementia.

The registered manager had trained as a dementia consultant and in October 2016 had picked up the Inspirational Leader of the Year, in the National Dementia Care Awards. One of the nurses said this was a "very well deserved award" and "the best manager I have worked with". These sentiments were reflected in all the comments we received. One volunteer said, "She empowers everybody and has extended the parameters of people's lives". This was because some of the activities that take place could be seen as risky, for example the use of gym equipment. Other comments included, "the manager is dynamic", "the manager was the main stay – she leads everybody very well" and "wonderful manager, excellent relationships with everybody".

Healthwatch had undertaken an 'Enter and View' visit in 2015. They described the service as an exemplar service. They wrote, "Impressive care for elderly people with dementia. ....passionate and enthusiastic leadership. ....dedicated caring members of staff. They suggested the service consider the placement of student nurses from the local university. The registered manager said they had a qualified nurse who had undertaken the appropriate mentorship training programme but they did not currently have a student nurse on placement. The service did however have four trainee paramedics on placement and we were able to speak with three of them. They were very complimentary about the service and said, "This must be the best care home I have ever seen. I am really impressed" and "It is my last day tomorrow and I am really sad to finish. The manager is amazing".

The registered manager and the deputy operated an open door policy and led from the front. They were both visible throughout the day and did a daily walkabout round the home and generally spoke to every person and every member of staff on duty. The registered manager said this promoted effective working and made it clear what the priorities were for that day. The registered manager and deputy were on call day and night in emergency situations or to provide support and guidance for the rest of the team.

Relatives and professional visitors had a good relationship with the registered manager and the staff team. They all found the manager to be accessible, approachable and supportive. Comments included, "The manager always greets us at the front door", "The manager is around when I visit, always says hello and asks after me" and "This is not the only care home I visit but Deerhurst surpasses all the others". We evidenced during the inspection that this was exactly what the registered manager did – they welcomed everyone in to the home and chatted with them all about how things were going. Everyone we spoke with said they would recommend the home to friends and family.

There was an overwhelming view from the staff team and the volunteers that they were proud to work in Deerhurst. The majority of staff had worked at the home for many years and staff turnover was very low. Staff were all committed to enriching people's lives, providing them with a homely environment and helping them to have fun.

The visions and values of the service were shared by the whole staff team. The aim was to provide person-centred care, using knowledge of each person's history and personality to assist in providing the right support whilst maintaining dignity and choice. The staff team made sure there was the best possible environment for people with care needs, particularly for those living with dementia. The staff ensured those people who lived in Deerhurst could make the most of life by creating a vibrant home community in which each person was able to thrive. From our discussions and findings and the feedback we received from others, it was evident this vision was shared by all.

The service had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. There was a programme of audits to check they complied with regulations and the fundamental standards. Audits were completed on a weekly, monthly, three monthly or six monthly basis. Examples of audits completed were medicines, infection control, health and safety, care planning documentation and a clinical governance audit. Where shortfalls were identified as a result of the audits an action plan with timescales was put in place to ensure the improvements were made. The registered manager told us where an audit had identified some problems with bed mattresses and these had then been replaced.

The registered manager had to submit monthly reports to their line manager. This ensured the provider was aware of how the service was doing. Any accidents and incidents were reported on. The events were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible. The number of complaints received by the service were also reported on plus any safeguarding alerts, 'resident' and staff issues.

In the main reception area, a 'Duty of Candour' notice board was sited. This was used to relay information to relatives and other visitors about how the service was doing. When we visited the board displayed information regarding the registered managers Dementia Care Matters award, the outcome of the recent regulatory checks they had completed and information about the hen power project. The board would also be used to report about any safeguarding alerts made to the local authority, any falls or incidents. This evidences the open, transparent and honest culture of the service.

People and their relatives were asked for feedback about the service they received and the way they were looked after. Suggestions had been made about new activities that could be tried. We were told some had been successful, others hadn't worked. This was done informally in daily discussions, formally during care plan reviews and during social events, celebrations, parties and 'resident and relative get-togethers'.

The registered manager, or the deputy, attended meetings with managers from other services run by the provider. Amongst other things they shared information about events that had happened in their service, outcomes of CQC inspections, feedback following visits by health and social professionals and other regulatory bodies. Regular staff meetings were held with the care staff (qualified nurses and care assistants), team meetings for each of the individual areas of the home, catering and housekeeping staff. Staff told us they were encouraged to make suggestions and were listened to. One example was a request for a post box to be placed in the reception area, so that people could post letters. A bright red replica post box was placed next to the signing in book and information for visitors. The volunteer team also had regular meetings and the registered manager attended these. The registered manager or deputy also attended the

local authority care home providers forum and this again enabled them to share information and to learn from other service providers experiences. The service ensured they had sound working relationships with outside agencies such as the local authorities (South Gloucestershire Council and Bristol City Council), the care home liaison team, the safeguarding and DoLs team and CQC.

The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary.