Bupa Care Homes (PT Links) Limited

The Links

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This comprehensive inspection took place on 20 and 21 June and 10 July 2018. The first day was unannounced.

The Links is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Links was registered with a new provider in January 2017 and this was therefore the first inspection of the service since this took place.

The Links is a purpose-built home and is registered to accommodate a maximum of 68 people who require either nursing or personal care. Accommodation is provided over three floors each of which is an individual unit with its own communal areas and equipment. There were 51 people living either permanently or temporarily at the home when we inspected. The service specialises in providing care to people living with dementia.

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.

People and their visitors were very positive about the care that was provided at The Links. They were also full of praise for the staff. Many people gave us instances of exceptional care they had received or told us about occasions where staff had gone the extra mile to ensure people continued to live fulfilling, happy lives. Visitors valued the relationships they and their loved ones had with the staff team, and told us they always felt welcome. People's independence was promoted as far as possible and their choices were respected.

Staff were a highly motivated team who demonstrated their commitment to providing high quality, individualised care to meet people's preferences and needs. There was a very strong emphasis on the provision of activities that were meaningful to the people living in the home. This meant that people were supported to pursue interests and hobbies that were important to them. Activities were continually evaluated to ensure that they remained appropriate to people's needs and individual preferences. People were able to access the local community either independently or with support. The registered provider encouraged community involvement and invited various local groups into the home on a regular basis.

Staff spoke positively and passionately about working at The Links. They told us that common aim for everyone was to provide a high-quality service to people in whatever role they undertook. They told us they felt very well supported by the management team who were always hand and, although supernumerary, always willing to lend a hand and work as part of the team.

Staff were well trained and had the skills to meet people's needs. Managers had ensured that appropriate and regular training and supervision was available for all staff. This had included a virtual reality experience to give staff a real-life perspective of what it is like to live with dementia. Staff had all learned and reflected on the experience and were very clear about how highly it improved their understanding of living with dementia and changed how they supported people in a positive way. Staff also told us how they had worked hard to develop their skills to ensure that effective end of life support was available should people require it. This included supporting people to remain comfortable, dignified and pain-free as well as supporting any family or friends.

Activities staff in particular went to great lengths to understand people's hopes and wishes and creative ways were found to enable people to live full lives. People were encouraged to do things they enjoyed and found meaningful, and this included social activities based on people's interests. People were encouraged to continue to pursue hobbies and interests that they had before moving to The Links. This had included encouraging and supporting people to attend local events, take various trip including going out on boats, and spending time with a group of local motorbike enthusiasts.

There were sufficient staff on duty with the right skills and knowledge to provide the care and support people needed. The registered manager explained that staffing levels were based on people's needs which were kept under constant review and that the number of staff on duty could easily be adjusted for either temporary or permanent reasons. Staff were recruited safely; checks were undertaken before they started work to ensure they were suitable to work in a care setting.

People's care and support needs were assessed and planned for in detail prior to moving to The Links and through an ongoing review process. People and, where appropriate, their relatives, were encouraged to be involved in these processes. Staff knew people very well and understood their care needs and preferences. They spent time with people, both during care tasks and at other times. Care and support was not rushed and we observed staff working at the person's pace.

Risks were assessed and managed pro-actively. The environment had been designed, based on research evidence, to promote the independence and wellbeing of people who lived with dementia. People were supported to take risks to maintain their independence as far as possible, for example, if they could walk they were encouraged to do so. Some people were on occasion reluctant to accept support with care, which could cause them to become distressed when staff attempted to assist them. The service had taken advice from specialist healthcare professionals. This had reduced the frequency of behaviour that challenged others.

Staff understood their responsibilities for safeguarding adults, including recognising signs of abuse and how to report any concerns and to whistle blow. Medicines were stored and managed safely, and were administered as prescribed. The premises were well maintained, with regular health and safety checks and up-to-date servicing. People were protected from the risk of infections by staff who ensured that the environment was kept clean and infection control procedures were followed.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005, including the deprivation of liberty safeguards. Where people could give consent to aspects of their care, staff sought this before providing assistance. If there were concerns that people would not be able to consent to their care, staff assessed their mental capacity. Where they were found to lack mental capacity, a decision was made and recorded regarding the care to be provided in the person's best interests.

People were supported to maintain a balanced diet and to have plenty to drink. People's weights were

monitored and appropriate action taken if people were identified as being at risk of malnutrition or dehydration. People had access to healthcare services and were supported to manage their health.

Lessons were learned and improvements made when things went wrong. Concerns and complaints were seen as an opportunity to bring about improvement. The registered manager and their team exercised their duty of candour, keeping people and where appropriate their relatives informed about what had happened as the result of an accident or incident.

The service operated openly and transparently, working cooperatively with other organisations to ensure people were safe and received the care and support they needed. The service had a clear management structure, with an established registered manager. They and other members of the management team worked closely with staff, frequently observing and providing care. People, visitors and staff were confident in the leadership of the service.

People and visitors were asked for their feedback about the service they received through regular surveys, meetings in the home and a suggestions box. People told us they felt listened to and that their views did influence how things happened.

There were systems in place to monitor the safety and quality of the service. This included the use of audits and surveying the people who used the service and their representatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe because the service protected them from abuse and avoidable harm. Risks were managed in the least restrictive way possible

There was a culture of learning from mistakes and an open approach. Incidents, accidents and safeguarding concerns were managed promptly and investigations were thorough.

Medicines were managed safely.

Where people behaved in a way that may challenge others, staff managed the situation positively and upheld people's dignity and rights.

The premises, services and equipment were well maintained.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed.

Staff had a good understanding of The Mental Capacity Act 2005.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate. Immediate action was taken to ensure people's nursing needs were included in their care plans

Is the service caring?

Good

The service was caring.

People and their relatives praised the caring attitude of the staff.

Visitors valued the relationships they and their loved ones had with the staff team, and told us they always felt welcome.

Managers and staff at all levels were committed to working in a person-centred way, and treating people with compassion and kindness.

Is the service responsive?

Outstanding ☆

The service was highly responsive.

People received care that was personalised and met their individual needs and in many cases exceeded people's expectations. Staff demonstrated person centred values, which placed an emphasis on respect for the individual being supported.

There was a very strong emphasis on the provision of activities that were meaningful to the people living in the home. Detailed care plans had been developed to address people's needs for occupation, motivation and fulfilment. Staff had a comprehensive knowledge of people's individual needs, histories and preferences.

Staff provided people with compassionate end of life care.

Systems were in place for people to raise a concern or complaint.

Is the service well-led?

Outstanding ☆

The service was very well led.

Feedback from people who used the service, their relatives and staff was consistently positive and the management at the home exceeded people's expectations.

There was a strong emphasis on continually striving to improve the service. The registered manager and the provider actively sought the feedback, and used this to shape the future of the service.

The registered manager and provider were committed to keeping up to date with best practice. Staff were provided with training and support to ensure they were able to provide people with the highest standards of care.

There were robust systems in place to monitor the quality of the service.

The Links

Detailed findings

Background to this inspection

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

The inspection took place on 20 and 21 June and 10 July 2018 and was unannounced. An adult social care inspector carried out the inspection and a Specialist advisor with current clinical knowledge of older people's care, supported the inspection on 21 June 2018.

The provider had completed a Provider Information Return (PIR), which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the other information we held about the service, including previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also contacted the local authority commissioners of the service to establish their view of the service.

As part of the inspection we spoke with nine people who lived at the home to find out about their experiences of the care and support they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with 10 staff members, a regional director and the registered manager. In addition, we spoke with five visitors to people living in the home.

We looked at eight people's care plans; these included risk assessments and medicine records. We also looked at records relating to the management of the service including audits, maintenance records, and three staff recruitment files.

Good

Is the service safe?

Our findings

People and their visitors said they felt they and their loved ones were kept safe while living at the service. For example, a visitor told us how their relative had been very agitated and unsettled which had caused the person to fall a lot. Staff had undertaken assessments and consultations with other professionals and implemented the advice they received. As a result the person was more settled and the number of times they had fallen had significantly reduced.

People were protected from abuse and neglect. People told us they felt safe with the staff. Information was available for people and staff about how to report concerns about abuse and neglect, both within the service and to statutory agencies concerned with safeguarding people. Staff had a good understanding of the reporting procedure and told us they would not hesitate to blow the whistle on poor practice. Staff confirmed during discussions that they were familiar with the whistleblowing procedure and would feel confident to use it if they felt this was necessary.

Risks to people were assessed and managed in the least restrictive way possible. Risk assessments covered areas such as moving and handling, falls, malnutrition, risks of pressure sores developing and the use of bed rails. People's care plans took these into account. Risk assessments were reviewed monthly or sooner if people's needs changed. People were encouraged to take risks to maintain their independence as far as possible. For example, people who could walk were encouraged to do so rather than using wheelchairs even though this would increase their risk of falls. Bed rails were not used if there was a risk that people might climb over them.

The registered manager and staff had recognised that one of the highest periods of risk for people was when they were new to the home. Procedures had been reviewed and new assessments were introduced which were to be completed within four hours of the person's admission which focussed on personal safety, mobility and communication.

The premises and equipment were well maintained. Décor was in good order. Equipment and facilities throughout the home had been serviced regularly. For example, hoists and lifting bath seats were checked six monthly and there were regular checks on hot and cold-water systems, electrical safety, fire alarms and firefighting equipment. Practice fire evacuations were undertaken by staff at regular intervals to ensure they could react appropriately in the event of an emergency.

Environmental risks were managed safely. These were regularly reviewed and updated. There were risk assessments for each part of the home and for various systems such as the heating, hot water, electricity and gas supplies. There were comprehensive maintenance and servicing records for all of the equipment and fire prevention systems.

Arrangements were in place to keep people safe in an emergency. Staff understood these and knew where to access the information. Each person had a personalised plan to evacuate them from the home and these were regularly reviewed. The home also had plans in place to manage interruptions to the power supply,

breakdown of equipment or other emergencies.

Some people occasionally behaved in a way that was challenging for others to observe or manage. This particularly related to people sometimes being reluctant to accept support with care, which could cause them to become distressed when staff attempted to assist them. The registered manager told us they had good support from specialist health professionals and found the guidance they provided very helpful. Incidents of behaviour that challenged were recorded and reviewed to monitor that the staff were following guidance and that it remained effective for the people concerned. Records demonstrated that these strategies had been effective in reducing the number of incidents. A relative told us, "the staff have managed my [relative]'s aggression in a very sensitive way. They understand the nature of the illness". A nurse from the older person's community mental health team told us that the staff asked for support appropriately and acted on any advice that they were given.

People living at the home, relatives and staff, all told us that they believed staffing levels were sufficient to meet people's needs. For example, a relative told us that they rarely heard bells ringing for a long time and had observed staff respond very quickly when their relative had rung the call bell. During our inspection we noted that, whilst staff were busy, they supported people without rushing them. The registered manager confirmed that where there were gaps in the rota, for example due to staff holiday or sickness, this was covered by staff employed in the home. Some staff reported to us that, if staff reported sick with little or no notice, different staff were not always found to cover the person and this meant that shifts could occasionally be very difficult for the remaining staff. The registered manager confirmed, when we raised this with her, that she was already aware of this issue. She explained that, when this happened, there were always staff from the management team and activities teams who could provide support if this was needed.

There were satisfactory systems in place to ensure that people were supported by staff with the appropriate experience and character. Recruitment records showed that the service had obtained proof of identity including a recent photograph, a satisfactory check from the Disclosure and Barring Service (previously known as a Criminal Records Bureau check) and evidence of suitable conduct in previous employment or of good character.

There were satisfactory systems in place for the administration and management of medicines. We checked the storage and administration of medicines, and discussed medicines management with the registered manager. Records showed that medicines were recorded on receipt, when they were administered and when any were returned to the pharmacy or destroyed. Regular audits were carried out and there were records showing that any issues identified through an audit were investigated and resolved. The registered nurses were responsible for the administration of medicines. Records confirmed that they had received regular training and competency checks. Medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. MARs were complete and contained the required information where doses were not given. Prescribed creams could be given by healthcare assistants and there was information and body maps together with administration records showing people had these creams applied as directed. Some people needed their medicines to be administered covertly as they were not able to understand the consequences of refusing medicines. There was a policy and procedure in place to ensure that this was done safely and in the best interests of the person. On the second day of the inspection we found that part of the procedure had not been followed and a pharmacist had not confirmed how the medicines could disguised and that their effect would not be altered. The registered manager took immediate action and the information was in place before the end of the day. The registered manager also confirmed that all staff would be reminded of the importance of this part of the procedure and this area would be monitored to ensure staff were working in accordance with the procedure.

Lessons were learned and improvements made when things went wrong. There were clear reporting procedures for accidents and incidents. The registered manager or deputy reviewed each incident reported to ensure all immediately necessary action had been taken for people's safety and wellbeing. The registered manager completed a monthly review to identify any possible trends, such as incidents involving particular people. Incidents had been logged on the provider's electronic recording system as they arose, even if there was no apparent injury.

People were protected from the spread of infection. Staff were trained in infection prevention and control, including hand hygiene. They used protective equipment, such as disposable gloves and aprons and confirmed these were always readily available. Hygienic hand rub was also available around the building.

The home was clean, tidy and free from clutter. This created a homely, pleasant living space. The service had obtained a five-star food hygiene rating (the highest rating).

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and care was planned and delivered to meet these. Protected characteristics under the Equality Act, such as religion and sexual orientation were considered as part of this process, if people wished to discuss these. Assessments and care plans were reviewed regularly with the involvement of people and their relatives. A relative told us, "I don't worry about [the person] at all", the relative then explained that the person had several specific health conditions and praised the staff for how well these conditions had been managed and improvements had been achieved when hospital staff had not been able to do this.

Staff had the skills and knowledge to provide effective support. People and visitors spoke highly of the quality of their care. For example, a GP told us that staff were always caring and knowledgeable and staff told us that they found the training to be informative and motivating.

Staff confirmed that they received the training they needed to carry out their roles. Training records showed that staff had received training in essential areas such as safeguarding adults, consent and mental capacity, infection prevention and control, moving and handling and fire prevention. New staff confirmed that they had undertaken a comprehensive induction which also provided them with the Care Certificate, as well as working some shadow shifts to enable them to observe and understand their role and the range of people's needs. The Care Certificate is a set of standards and skills people working in adult social care need to meet before they can safely work unsupervised. One newer member of staff told us, "I am new to care, I have learned lots and I have had really good support from everyone here. I can go home happy because I know I have helped someone and done a good job".

Staff were provided with support and supervision. Staff confirmed that supervision took place to enable them to discuss their work, resolve any concerns and plan for any future training they needed or were interested in undertaking. Supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified with their performance.

People were supported to maintain a balanced diet and to have plenty to drink. People and relatives were positive about the food and told us they had a choice. The daily menu was available in the dining rooms on each unit. People who had difficulty remembering what was on the menu were shown plated meals at mealtimes to help them choose. Meals looked appetising. Cultural and health-related dietary needs and preferences were documented in people's care records, and food was provided accordingly. Where people required assistance from staff to eat their meal, this was provided sensitively, at the person's pace. People's likes and dislikes were clearly documented. For example, one person liked yoghurt except for strawberry flavour.

People's weights were monitored and appropriate action taken if people were identified as being at risk of malnutrition, such as pursuing referral to a dietitian. Similarly, if people were observed to have difficulty swallowing, a swallowing assessment was sought with a speech and language therapist (SALT). Where

speech and language therapists had devised safe swallow plans, up-to-date copies were available for kitchen staff. People at risk of choking or aspiration were provided with thickened fluids and mashed or pureed foods in accordance with their safe swallow plan. Records for one person showed that they had lost a significant amount of weight. The chef had paid weekly visits to the person to discuss meals and this, combined with support from the SALT team had ensured that the person's weight had stabilised.

People had access to healthcare services and were supported to manage their health. Records showed that the service ensured suitable support from doctors, dentists, podiatrists, and many other speciality services was provided to meet people's needs. Healthcare professionals told us staff communicated well with them and followed their advice. A GP told us, "The staff are caring and responsive. They contact us appropriately and recognise when referrals such as to dieticians or SALT are required. They follow instructions that are given."

The adaptation, design and decoration of the home were well planned to meet people's needs. The building was purpose built as a care home, bedrooms with ensuite facilities were located on the ground, first and second floors. People had personalised their rooms with pictures and possessions. Outside people's rooms were memory boxes containing pictures and objects of significance to each person, to help them recognise their room. Each unit had a dining room, a lounge, a large hallway area with seating, and a kitchenette. There were shared toilets, shower rooms and bathrooms adapted for people with mobility difficulties. Toilets were clearly signed with a label and a large picture of a toilet. The ground and first floors had direct access to gardens with seating, paved areas, lawns and planting.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were protected because the staff acted in accordance with the MCA. Where people could give consent to aspects of their care, staff sought this before providing assistance. If there were concerns that people would not be able to consent to their care, staff assessed their mental capacity. Where they were found to lack mental capacity, a decision was made and recorded regarding the care to be provided in the person's best interests. People were involved as far as possible in this process and/or other relevant people, such as close relatives, were consulted and this was recorded. Examples of best interests' decisions related to providing care, administering medicines, and the use of bed rails to prevent falls from bed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management team had identified where people were being deprived of their liberty and had applied to the relevant supervisory body to authorise this. There was a system for tracking the expiry date of DoLS authorisations and ensuring applications for renewed authorisations were made in time.

Good

Is the service caring?

Our findings

All the people we spoke with during the inspection spoke highly of how caring the staff and managers were. Visitors valued the relationships they and their loved ones had with the staff team, and told us they always felt welcome. All spoke highly of how caring the staff and managers were. One visitor told us, "My mother has lived here for five years. The Links is like part of my family. It's always relaxed here and I can come in at any time of day. If I have something to say, then I am quite happy to say it. The staff are very good. I get lots of feedback and updates and I am included in reviews. They are on the ball with all of Mum's needs."

All the people we spoke with told us that staff were kind and compassionate and that the culture of the home was to build on this so that people could carry out whatever role they were employed in, to their best ability and with people's best interests at the fore. For example, staff from ancillary departments such as housekeeping and catering had all completed training in understanding dementia so that they could provide better support to people as they were undertaking their duties.

Staff had developed positive and meaningful relationships with people. Staff were fully committed to ensuring people received the best possible care in a compassionate, inclusive and caring environment. The provider and the management of the home ensured that there were enough staff deployed effectively so that staff had time for people and could spend time interacting with people. Throughout our inspection, there was an atmosphere of calmness with staff caring and supporting people. Staff worked as a team to meet people`s needs in a caring way.

There was a strong sense of community at The Links. Staff had recognised that, when anyone living in the home passed away, this was a great loss to everyone and has wanted to find a way to acknowledge this. They had introduced a small memorial service in the café area of the home and invited residents, relatives and staff to attend. They had received such good feedback about this that, recently, the idea had been expanded and the home had held an event to celebrate the lives of people who had passed away in the previous 12 months. Staff told us this had been a success as it had been a time to remember and celebrate people and an opportunity for relatives and visitors to come back to the home and share in this. One member of staff wrote about the day and said, "staff and residents all got involved and it brought us very close as a unit and we shared very special memories and moments together, families, staff and friends were seen hugging and seeking comfort from one another."

Staff respected people's dignity and privacy. People told us that staff were respectful of people's dignity for example when assisting people with personal care they could choose to be supported in the privacy of their bedroom or one of the bathrooms or shower rooms. We heard staff calling people by their preferred name and respected people`s views and opinions and listened when people had something to say.

Care plans were reviewed regularly and captured people`s opinions, thoughts and wishes. People's support records told a story about the person's life that helped staff to fully understand the person's life journey. People's personal information was stored in locked cabinets to ensure their confidentiality was maintained.

Personal documents and records for people were held securely and people had a say in who had access to the information in their care plans.

The environment and ambience at the home was warm and welcoming. People had individually personalised rooms with their own furniture, curtains, bed linen photos and ornaments. Family, relatives and friends of people who used the service were supported and encouraged to visit the home at any time. People had access to independent advocates when required.

Outstanding ☆

Is the service responsive?

Our findings

People and their visitors spoke highly of the quality of care they and their loved ones received. Comments included: "The service is unbelievable and outstanding……staff are incredibly patient and kind, they keep me updated about everything. I hear staff using kind words when they are talking to people, there is always lots of humour here." And, "the team is amazing, they are really good, caring people."

Staff said they had the time they needed to help people in a responsive way. One commented, "there is always something for people to do and we are encouraged to support this and respond to the person, there's no tick list of jobs to do."

People received care that was personalised and met their individual needs and in many cases exceeded people's expectations. For example, one person liked to collect the daily newspaper from the local newsagent every day. They were no longer able to do this safely by themselves so staff made sure that they included supporting the person to go to the newsagent each morning when they were looking at the schedule for the day.

Without exception staff spoke positively and passionately about working at the service. Staff demonstrated person centred values, which placed an emphasis on respect for the individual being supported. They told us about one person, who was living with dementia, had been an RAF pilot during World War 2. Staff learned that Remembrance Sunday had always been very important to them so had organised additional staff to support the person to go to the church service and to the laying of wreaths at the town war memorial. The person had been welcomed by the congregation and invited to sit with some of the other members of the congregation. The staff had stood several rows back from the person to give them independence and empower them to take charge of the event in their own way. Staff reported that the person had not been able to stop smiling for the rest of the day.

Staff had a comprehensive knowledge of people's individual needs, preferences and personal histories. Some gentlemen had previously owned motorbikes and told staff about their adventures on their bikes when staff had spent time getting to know them. The activities coordinator had picked up on this and had recently arranged a local motorbike group to visit the home for an afternoon. Photographs showed that the car park had been cleared and given over to the motorbikes. Tables and chairs had been put out and afternoon tea served. Staff told us how many people had been interested in the motorbikes and they had learned even more about people through stories that had been recounted and happy memories that had been shared. Staff also told us of one person, who was living with dementia and who had not been communicating verbally, but had spontaneously started talking about the motorbikes when they saw them. They had updated the person's care plan so staff could continue to offer the person similar opportunities and were all genuinely touched and emotional at what they saw as a massive positive incident for the person.

There was a very strong emphasis on the provision of activities that were meaningful to the people living in the home. People told us they were happy with how they spent their time. Staff told us how they believed

that being fulfilled and entertained promoted people's overall wellbeing. There was always at least one member of activities staff on duty each day. The numbers of activities staff, or the hours they worked, were flexible and adjusted according to the programme of events and activities each day. One example of this was that at a residents and relatives meeting, people had said that they felt there was not always enough to do in the evenings. In response to this the activities coordinator had created the Sunset Club. This was a weekly evening club where drinks and snacks were served and opportunities to discuss current affairs, local events etc was facilitated. A quiz night had also become a weekly fixture and this also included drinks and snacks.

The activities coordinator and the activities staff were very passionate about their role. The activities coordinator was trained in both the provision of activities in residential care and understanding dementia. In addition, all staff including activities staff, had spent time getting to know people's individual histories, previous interests, hobbies, and even their unfulfilled ambitions. They had developed detailed care plans to address people's needs for occupation, motivation and fulfilment. This information was so clear and detailed that we recognised people from the descriptions given about how they liked to spend their time. For example, one person disliked inactivity and became bored very easily. Staff had made sure that the person was involved with daily activities as much as possible, from helping to lay tables for meals to accompanying staff to the local first school fete where the home had a stall.

The activities coordinator had created a "traffic light" monitoring system so that the interaction people had each week could be monitored to try to prevent anyone feeling isolated or lonely regardless of whether they chose to join in group activities or remain in their rooms. They told us that staff had already commented that this had led to people's mood improving, some people had become more socially interactive and for others, this had helped to reduce incidents of behaviour which could be challenging to others or distressing to the person.

There were several different resources and activities which were specifically planned for one to one sessions with people, especially those who chose to remain in their rooms. The activities coordinator continually evaluated the success of each activity or event for each person so that they could recognise what people, including those who were unable to communicate verbally, enjoyed or disliked. Records showed that one person, who had stayed in their room, had received regular visits from activities staff, had lots of encouragement and had grown in confidence enough to begin to join in group activities and go out on a trip to a local pub. The evaluation record stated that the person had become much more relaxed and their mood had improved. Another person had a condition which affected their mobility in addition to living with dementia. Activities staff were aware that the person and their spouse had previously been keen sailors so arranged a trip on a specially adapted boat for the couple. Reports showed that the person had smiled throughout the trip. Following the success of the trip, more events were organised and the activities coordinator reported that staff had seen the person become more alert and empowered and as a result their food and fluid intake had improved which had led to an improvement in their general wellbeing.

There were lots of items around the home such as magazines, books and memorabilia that people might enjoy looking at. The range of activities available included visits from external speakers and groups. During the inspection a visitor brought a number of animals to the home including a tarantula, corn snake and millipede. People living in the home and staff from the various departments came to see the animals and there was a large amount of humour and laughter especially when it was discovered that some staff were afraid of the spiders and snakes. The animals also reminded some people of stories from their past which they shared with the group. The activities team had also given thought to the outside areas of the home and there was a project in progress to create a bar/café area in the garden.

Throughout the inspection the general atmosphere in the home was calm, caring, well organised and person centred. Staff met people's care needs individually and there was no sense of task oriented practice in the home. People were not left unattended in communal areas and staff were always visible and available to respond to people whenever the need arose.

People had their call bells positioned near them so that they could summon assistance whenever they needed to. They told us staff responded quickly to their requests for assistance. Visitors also told us that it was rare to hear call bells ringing for a long time. People had other things they might need next to them such as any walking aids they used, a hot or cold drink, a paper or magazine or something to hold. This supported people to remain as independent as possible.

People's needs were assessed before they came to stay at the home. This made sure staff understood about what help or support the person wanted or needed. Following admission, a protocol was in place to make sure key aspects of a person's care such as their DNACPR (Do not attempt cardio pulmonary resuscitation) status, medicine needs and any risks were identified and acted upon.

Staff used assessments to develop care plans related to people's individual needs. One person had mobility issues; their care plan explained to staff how they needed to be supported including what equipment was required and any identified risks. Another person became worried and anxious. Their care plan explained to staff what they could do to help. This included seeking advice from family, using gentle communication and reassurance and making sure the person had the things that were important to them, such as their handbag close by. Another person had a specific health condition. Their care plan described their needs, how they might present if they became unwell and the actions that staff needed to take.

People's spiritual needs were acknowledged and provided for. There were links with local churches and some people living at the service had retained their connection with their churches. A non-denominational service was held regularly in the home. People's cultural and religious preferences were recorded. A relative told us, "everyone is very "can do", kind and caring all the time. I can speak with anyone and they sort it out. They are good with managing my Mum's aggression and understanding her religious needs."

Daily records were kept of the support people had received. Where additional monitoring was in place, such as where someone was nutritionally at risk, staff had kept records of people's food or fluids and the action taken where this was required.

The service sought to support people nearing end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about end of life wishes. Staff had also been trained in end of life care. The activities coordinator explained how they had created a basket of useful items that can be taken to a person which was designed to help them feel comfortable and soothed. The basket included special oils and scents, flowers, moisturisers and creams, lip care and candles as well as colourful things to look at such as fairy lights, colourful bedding and extra cosy blankets. Staff also had other things on the list that could be added depending on the person's needs, such as a bible, and were happy to provide anything that was requested. We were told that families and friends were always welcome to stay and that there was a guest room that was made available to people to help them stay close by. One relative wrote in a card to the service, "Thank you for your kindness to [person's name] in her last days, for your comforting cups of tea and ready sympathy. Thank you also for making it possible for me to be there to the very end."

Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they

moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint. People told us they would be happy to raise a concern or make a complaint although nobody had needed to. One visitor told us, "I can speak to anyone about anything and they get it sorted."

Regular meetings were held for the people living in the home to enable them to contribute to the running of the home and raise concerns. Meetings were also held for relatives. Records of the meetings showed that recent topics for discussion had included menu plans, activities and possible outings.

The service met the Accessible Information Standard, which became law in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. People's communication needs and sensory impairments were detailed within people's care plans.

Outstanding ☆

Is the service well-led?

Our findings

The atmosphere throughout the home was positive, welcoming and homely. Feedback from people who used the service, their relatives and staff was consistently positive and the management at the home exceeded people's expectations.

There was a strong emphasis on continually striving to improve the service. The registered manager and the provider actively sought the feedback of people using the service, staff and external social and health professionals. This information was used to directly shape the future of the service. There were notice boards around the home with various pieces of information and notices of activities and forthcoming events. There was also a section headed, "You said, we did" which reported on suggestions that had been received and the action that the registered manager and staff had taken in response to these. Some examples of these included a request for more physical activities that people could take part in. The service had responded to this by providing regular "Move and Groove" sessions and music therapy. People also asked for more activities to take place on the different floors within the home because most activities took place on the ground floor. The activities programme was reviewed and different areas of the home were being used.

There were active endeavours to obtain people's and relatives' views, through informal conversation and more formally through care reviews, residents' and relatives' meetings and quality assurance surveys. Feedback from these surveys was analysed and fed back to the registered manager.

Relatives and staff spoke very highly of management team. A relative told us, ""[registered manager's name] does an amazing job in steering this boat, especially through the change of ownership." Relatives and staff told us they always felt able to approach members of the management team if they had any concerns. Staff said the managers' doors were always open and that anything they said was taken seriously and the appropriate action taken. Some people had raised concerns and told us they had had a very positive response and that matters had always been addressed.

One member of staff told us "[registered manager's name] is the best person I have worked for in a long time, I can always talk to her about anything and there is good training and support.", another member of staff wrote about why the service was outstanding and said, "Great team work. I am proud to tell people I work at The Links. Fantastic activities. All departments work so hard to make The Links a loving home for all of the residents. Other staff gave us examples of how managers had supported them through difficult issues both within the work environment and outside and how supported and valued this had made them feel. One member of staff said, "I am always happy to help out with extra shifts if they [the managers] ask because I know that, if I have a problem they will always try to help me."

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life. At the time of the inspection a national, independent website that reviews and rates care homes had rated the home 9.8 out of 10 following feedback from people who lived in the home, relatives and visitors. There were

21 positive responses about the home from relatives that had been left on a national care home review website in the preceding 12 months. These responses included rating the management of the home as 'good' or 'excellent' and all of the respondents were 'likely' or 'extremely likely' to recommend The Links. One person commented "From the moment mum arrived, she loved her room and the relaxed, calm feelings of her surroundings. The staff have been extremely kind and helpful; everyone has enabled mum to settle in quickly. The chef creates dishes to satisfy the residents differing needs and tastes, maintenance put up pictures before mum arrived. The manageress has addressed every query positively, whilst the nurse and staff introduced themselves to us all and explained mum's individualised care plan. I cannot recommend The Links highly enough, attention to detail and first class care are paramount. The Links is everything we've been looking for, a veritable home from home with benefits. It's a light, airy, relaxing, friendly, cheerful and very caring place."

The registered manager was passionate about providing the best possible care for people and believed that this came from making sure staff were supported and well informed. They had recently provided a virtual reality experience for all the staff to give them a real-life perspective of what it is like to live with dementia. Staff all spoke very positively about the experience, the insights it had given them, how it had made them feel and how they would change their practice because of the event. One member of staff commented in their training evaluation, "…it is quite overwhelming to experience how people living with dementia feel." Another member of staff said, "It made me feel that I didn't really understand what most of our residents go through and it made me feel sad and scared." Others made comments about realising they needed to give people much more time and space and many said that it made them want to be better in their jobs.

The registered manager and the provider were committed to keep up to date with current best practice and recommendations for caring for people living with dementia. The registered manager told us about the joint work they did with dementia organisations as well as being the dementia champion. This included the use of a 'dementia discussion map' to help people who had recently been diagnosed and their families to understand better life and the condition. It consisted of a therapy tool to help frame discussion and conversations with people who were in the early stages of dementia. They shared their learning with the staff team. As a result, we saw, and people told us the care and support they received was personalised and met their needs holistically. For example, people were supported to access a range of therapists including physiotherapists and occupational therapist to support, people to maintain both their physical and mental health. One person had been given exercises to complete following a consultation with a physiotherapist. They told us that staff were very good at reminding and encouraging them to do these.

Staff also involved people in the community to enhance both the lives of people in the home and the larger community of Broadstone. The service had recently joined a Dorset Police Safe Haven initiative, and had become a location where anyone who is living with dementia and other related conditions can temporarily go if they are confused in public and are unable to provide sufficient information to be taken home. One person had already benefitted from this and staff had been proud to use their skills to help. They also had involvement with other local groups and volunteers including The Rotary Club, cubs, a nursery school and work experience for young people from local secondary schools. The activities coordinator told us how this involvement had led to support from local companies to undertake various activities and events in the home. One relative told us that they felt the service was, "very much part of the local community which seemed to be very caring and supportive."

Staff were supported to adopt the provider's principles and values of the six C's – caring, compassionate, commitment, communication, courage and competency. One member of staff had recently become qualified to teach other staff in the home a course and way of working called "Person first, Dementia second". Staff explained that this is about providing person centred care and seeing the person not the

condition. Those who had started the training were very positive about it and the things they had learned.

The registered manager had a strong focus on developing a permanent staff group and teamwork. They valued their staff team and provided opportunities for continuous learning and development for staff. The registered manager told us how they had worked hard to employ permanent staff and reduce the number of hours that agency staff were used to cover shifts. They reported that 12 months ago there had been 600 hours a week covered by agency staff but that it was now many months since any agency staff had been used.

The registered provider also had an employee recognition system in place called 'Everyday Hero'. The system gave staff the opportunity to tell other staff and managers about colleagues who had gone over and above the call of duty, and those who had gone the extra mile. The registered manager was able to reward staff financially as well as sending letters or cards to staff in recognition of their contribution to the home. This meant that the provider and the registered manager had recognised the importance of valuing their staff and motivating them and in turn a happy workforce supported happy people who used the service.

BUPA, the registered provider, had recently held a conference for all the registered home managers. This was partly a learning event but there were also a number of awards given to staff for various achievements. The registered manager of The Links had received the award for the best overall manager for giving residents and staff a voice in the West Region. This helped to demonstrate how the registered manager's commitment, values and behaviours and leadership style set the tone and culture for the whole service. The registered manager attended regular conferences and workshops to develop their learning and ensure they were aware of current good practice.

The structure of the management team supported good practice throughout the home. The management team consisted of a registered manager, a deputy home manager, and a clinical services manager. In addition, there were other staff members supporting different functions of the home to help ensure the service ran smoothly. Each member of staff had clearly defined roles and responsibilities and were able to demonstrate this throughout the inspection by taking the lead in specific areas or referring to other staff. We observed members of the management team working alongside staff, observing practice and giving a good insight to training and development needs. This helped the management team with effective supervisions and appraisals for all staff.

Daily meetings with the management team were held to discuss what was going on in the home and to discuss or resolve any issues. For example, this might include staffing issues if a staff member had called in sick and staff could then be redeployed. A structured verbal and written handover was in place within departments ensuring all staff were kept up to date with changes in resident's conditions and care needs and any other issues throughout the home.

Staff were very positive about the management and leadership in the home and they told us they were motivated because they felt valued and their opinion and feedback mattered. Staff were cheerful and respectful when they interacted with people. There was a warm and welcoming atmosphere and ambience throughout the home. Experienced care staff had recently been designated as 'champions' with particular areas of expertise including safeguarding, fire prevention, moving and handling, nutrition and hydration, oral care, and medication. Training and ongoing development was planned for the champions in their areas of interest, so they would be able to provide advice, guidance and supervision to their colleagues. The registered manager had robust quality assurance systems in place and all aspects of the service were monitored. Following the audits actions were put in the homes action plan and we saw that these were signed off as they were completed promptly and this was kept under regular review to drive continual

improvements.

There were also external quality assurance audits carried out by commissioners of the service and the clinical commissioning group as well as the provider's regional management team. We received very positive feedback about the service from these organisations.

The registered manager had notified CQC about significant events. We use such information to monitor the service and ensure they respond appropriately to keep people safe.