

# Somerset Care Limited

## Grovelands

### Inspection report

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Date of inspection visit:  
09 November 2017

Date of publication:  
21 December 2017

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Grovelands is a residential care home for up to 60 people. The home specialises in the care of older people, including people living with dementia. The home is divided into four areas, two areas provide specialist care for people living with dementia. At the time of the inspection there were 60 people living at the home.

At the last inspection in October 2015 the service was rated Good. At this inspection the rating has improved to Outstanding.

### Why the service is rated Outstanding

The registered manager led by example to make sure people were well cared for and had opportunities to express themselves and make choices about all aspects of their day to day lives. People were at the heart of everything that happened at the home and their views and suggestions were sought and acted upon.

People were valued and made to feel special by staff who went over and above their job roles to help people to realise their wishes.

People were treated as individuals and were supported to follow their interests and hobbies. Special trips and events were arranged for people to promote their well-being and enjoyment of life.

People were safe at the home because the provider had systems in place which minimised risks. People smiled when staff approached them and were happy to be helped. One person told us, "I like it because the staff are nice to you." The provider learnt from incidents and accidents and took action to minimise further risks.

People were supported by staff who had the skills and experience to effectively meet their needs. Staff were well supported and received the training required to make sure they provided effective care and support. One person said about the staff, "They like what they do, they're all well trained."

People were supported to have a good diet which met their needs and wishes. One person told us, "As I've got older I've got fussier - but the cook is good to me, it's better than my cooking and I don't have to wash up."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and compassionate which created a happy and relaxed atmosphere throughout the home. One person described how two members of staff had visited them when they were in hospital and said, "They made that effort to come in to see me - that's kindness."

Further information is in the detailed findings below

## 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 remains Good.

People were safe at the home because the provider had policies and procedures which helped to minimise risks.

People were supported by adequate numbers of staff to maintain their safety and meet their needs.

People received their medicines safely from staff who were trained and competent to carry out the task.

### Is the service effective?

Good ●

The service remains Good.

People were cared for by staff who had the skills and experience to meet their needs.

Staff supported people to live healthy lives by providing regular physical exercise, nutritious meals and making sure people had access to healthcare professionals

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

People were supported by staff who were kind, compassionate and respectful.

Staff went the extra mile to make people feel special and valued.

The provider encouraged people to be fully involved in decisions about their care and the running of the home.

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

The service was committed to providing care and support which was very personalised and took account of people's wishes and needs.

People were supported to follow their interests and hobbies to ensure they had fulfilling and enjoyable lives.

People remained active members of their local community because they accessed local facilities and the home was used to host community events.

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

The service has improved to Outstanding.

People lived in a home which was very well led because the provider had a clear vision and staff were supported to achieve the vision.

People could be confident that systems in place to monitor standards helped to drive improvements to the care and support they received.

People were listened to and their ideas and suggestions were put into practice where practicable.

**Outstanding** 

# Grovelands

## 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.

This inspection took place on 9 November 2017 and was unannounced. It was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 25 people who lived at the home, three visitors, nine members of staff and one visiting professional. Some people were unable to fully share their views with us due to their dementia. We therefore spent time observing care and support provided in communal areas and spoke with staff supporting them. We also carried out a Short Observational Framework for Inspection (SOFI) in one area. SOFI is a way of observing care to help us to understand the experience of people who could not talk to us.

The registered manager was available throughout the day of the inspection.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included five care and support plans, medication administration records and records relating to the quality monitoring within the home

## Is the service safe?

### Our findings

The service remained safe.

People told us they felt safe at the home. One person told us, "They look after us" and another said, "There is always someone here if I need them." One visitor said, "We need to know they are safe and they are. I come in most days but I know that when I can't be with [my relative] I know they are safe and well looked after."

A number of people who lived at the home were unable to fully express their views due to their dementia. We saw people were relaxed and cheerful with the staff who supported them. People smiled when staff approached them and were happy to be helped. One person told us, "I like it because the staff are nice to you."

There were adequate numbers of staff available to effectively support people. In addition to providing support to meet people's physical needs, staff also spent time with people to make sure they received social stimulation. One member of staff said, "There's always time to spend with people." Each person had a call bell in their bedroom which enabled them to summon help when they needed or wanted it. People said staff responded promptly to requests for assistance. One person told us, "They'll come whenever we call them - we've got some very good people." Another person told us, "If I get to the bathroom and I find I'm a bit wobbly I ring the bell and they help me back to my chair."

The provider had systems and processes which helped to protect people against the risks of abuse. There was a robust recruitment process which meant that all new staff were thoroughly checked to make sure they were suitable to work with people who lived at the home. These checks included seeking references from previous employers and carrying out Disclosure and Barring Service (DBS) checks. The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff files we read showed staff did not begin work at the home until all checks had been carried out.

To further protect people, all staff received training to make sure they knew how to recognise and report any suspicions of abuse. The provider's policies and information gave staff details about how to raise concerns within the home and externally. Staff we spoke with had a clear understanding of issues of abuse and all said they would not hesitate to report any concerns. All were confident that concerns raised would be taken seriously and fully investigated. Where concerns had been raised, the registered manager had taken action to inform relevant authorities and to make sure people were kept safe.

The provider learned from incidents to minimise further risks to people. Following any incident or allegation a critical incident report was completed to identify exactly what happened and what learning could be shared with staff to improve care for people. For example; following an incident which occurred between two people who lived at the home the staff had become more aware of how important a specific possession was to one person. This meant they were able to be more diligent and ensure the person always had this possession with them and no further incidents had occurred.

People received their medicines safely from staff who had received specific training to carry out this task. All staff who administered medicines had their competency assessed on a regular basis to make sure their practice remained safe and in accordance with the provider's policies and procedures. The home used an electronic system for administering medicines which staff felt was very safe and effective. There had been no medication errors in the past six months.

A medicine 'champion' was identified who helped staff to understand medicine administration, storage, stock levels, disposal and use of the technology. The champion also undertook regular medicine audits and was available to support staff with any queries they may have. This helped to make sure people received their medicines safely.

People told us they received their correct medicines at the correct times. One person said, "Staff do tablets. I make sure they give me the right ones. If I want pain killers I just have to ask." Two people received their medicines covertly (without their knowledge) and appropriate assessments of their capacity had been undertaken. The decision to administer medicines covertly had been made with other professionals in the person's best interests.

To minimise the risk of the spread of infection all areas of the home were kept clean. Staff had received training in infection control and good practices were followed. Staff had access to personal protective equipment such as disposable gloves and aprons and used these appropriately. One member of staff was a health and hygiene 'champion' who constantly monitored and audited practice within the home to make sure risks to people were minimised. The health and hygiene champion had made contact with relevant authorities when required to do so.

## Is the service effective?

### Our findings

People continued to receive effective care and support.

People lived in a well maintained home which was appropriate to meet their needs. The home was divided into four main areas. All areas were warm, homely and well decorated. Each area had a communal dining room with a kitchen area where, if able, people could make hot drinks and snacks. There was clear signage which helped people to find their way around. There were handrails and other adaptations which helped people to maintain their independence.

In the areas which cared for people living with dementia the environment had been decorated and furnished in accordance with research which helped people to maintain their independence. Bedroom doors were brightly coloured and there were memory boxes outside people's rooms. Memory boxes contained personal items that were important to people and helped them to identify their own rooms and also gave talking points to help with conversations that were meaningful to them. One person with dementia took us to their room. They told us they knew it was their room because it had 'A yellow door and pictures of pretty girls outside.'

Throughout the home there were things for people to interact with and information to help people to orientate themselves to time and place. There were large boards which gave people information about the date and weather and also boards which displayed information about activities taking place each day. Everyone had access to safe and secure garden areas.

People's needs were met because each person had their needs assessed before they moved to the home. People's needs were regularly reviewed to make sure care provided met their current needs. From initial assessments care plans were created which made sure staff knew how to support people in accordance with their needs and wishes.

People received care and support from staff who were well trained and competent. All staff had access to training in health and safety and subjects relevant to their work. Some staff were nominated 'champions' and were able to provide ad hoc training and information to staff when required. To enable staff to provide specialist care to people who were living with dementia all staff received training in dementia care. One member of staff said, "Training here is good. We do lots of courses but also lots of informal stuff. It certainly makes you think about what you do and why."

Staff we observed throughout the day interacted well with people and provided safe and effective support. One person said, "They like what they do, they're all well trained." Another person told us, "We've got a few new ones lately and so they are teaching each other." One person said, "It's a massive task - there's a lot of us about but all the staff are all efficient and have time for everyone." A visitor said "They know their business. And they know how to help [my relative] if they are not having a good day. [My relative] is contented',

People only received care and support with their consent or in their best interests if they were unable to consent. We heard staff asking people if they required help and taking account of their responses. Where people lacked the mental capacity to fully consent to their care, the staff acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. People's legal rights were protected because staff had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for them self.

Where people had been assessed as not having the capacity to make specific decisions, such as receiving medicines or specific care, a best interest decision had been made involving family members and healthcare professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had an excellent knowledge of the MCA and worked in partnership with relevant authorities to make sure people's rights were protected. A number of people were being cared for under the Deprivation of Liberty Safeguards

People's day to day healthcare needs were monitored and the staff sought support from outside professionals when appropriate. The staff ensured people accessed healthcare professionals to monitor ongoing health conditions and respond to acute illnesses. The staff worked in partnership with other organisation to make sure people received the correct support to meet their needs. For example when people had been admitted to hospital they have worked with hospital staff and rehabilitation teams to help people increase their mobility and return home. One visiting professional told us, "They are very good if ever they have any concerns. Communications are good and they follow things up. They implement professional advice and they are very good at completing charts for assessments, they are our best home for that."

People were supported to maintain their mobility and well-being by regular gentle exercise classes. At a recent resident's meeting some people had said they would like to be able to go out walking more. In response to this a walking group had been set up and connections had also been made with a community walking group. This helped to ensure that people who wished to had opportunities to safely go for walks. It also helped people to maintain contact with their community.

People were supported to have a good diet which met their needs and wishes. We observed lunch being served in all areas of the home and noted it was a social and pleasant occasion for people. Tables were nicely laid and people were offered a choice of alcoholic and non-alcoholic drinks to accompany their meal. One person told us, "I like Guinness. I mentioned one day I like it. Now I get it." Where people required support to eat this was provided in a discreet and respectful manner. People were complimentary about the food. Comments included; "Fish on a Friday is beautiful - I ask for tartar sauce," "I don't like anything too spicy. You get a choice" and "As I've got older I've got fussier - but the cook is good to me, it's better than my cooking and I don't have to wash up."

People were offered a choice of meal in a way that respected their abilities, for example; if people were not able to make a verbal choice they were shown two meals and were able to make a choice by pointing. Other people were told what the choices were and gave a verbal request. Vegetable dishes were placed on tables to enable people to make choices about the vegetables they wanted and portion size. Throughout the home people were offered the same choices and received the support they required showing there was no

discrimination based on people's perceived abilities.

Staff sought advice from other professionals to make sure people received meals in accordance with their needs. One person had been experiencing difficulties eating and had become embarrassed to eat with other people which resulted in them isolating themselves in their room at meal times. The staff sought advice from a speech and language therapist and met with the person to create a list of foods which were appropriate to their needs and wishes. This resulted in them eating better, enhancing their dignity and had enabled them to feel comfortable to socialise with other people in the dining room.

## Is the service caring?

### Our findings

The service was extremely caring.

There was a happy and welcoming atmosphere in the home. Staff spoke to people in a friendly manner and some shared a joke and good humoured banter together. One person told us, "It's fun here." One person had contacted the provider following a visit and said, "Every single member of staff at Grovelands greeted us warmly and politely and we were made to feel very welcome when we visited."

The care staff team had won the 2017 Care Focus (South West) 'Outstanding Care Team' award in recognition of their work. One person who nominated the team for the award wrote on their nomination form, "I feel very well looked after. They are all very cheerful and make me feel loved." A relative who also nominated the team wrote, "Together we have been able to create a care plan that supports them to live quality lives in a safe and loving environment where they are supported to join in with hobbies and activities which give them pleasure."

The registered manager led by example to make sure people received kind and compassionate care. It was very apparent that the registered manager was very visible in the home because they were warmly greeted by people and staff. This enabled them to continually monitor standards and make sure people were treated with respect and dignity. During the inspection one new member of staff acted in a way that did not promote people's dignity and this was immediately and sensitively dealt with by the registered manager. One staff file we looked at showed the registered manager had met with a member of staff when they felt their attitude had fallen short of the expected standard.

People told us staff were always kind and treated them with respect and sensitivity when helping them. One person told us, "They're all very kind here, they're very accommodating." Another person said, "I don't like to be treated like someone old and I don't know what I'm doing, like a child. They treat and respect me like an adult."

The registered manager told us they wanted people to 'Feel special' and we heard numerous examples of how staff went over and above to put this into practice. One relative had written to the staff team after they had hosted a birthday party for their relative. They praised the staff for the effort they had gone to, some in their own time, to make the party a special occasion. One person described how two members of staff had visited them when they were in hospital and said, "They made that effort to come in to see me - that's kindness."

The staff also operated a 'make a wish' programme which again helped people to feel special and important. One person wished to go to Ibiza and as that wasn't possible they bought Ibiza to the person. Staff dressed up and held an Ibiza themed party which they thoroughly enjoyed. Some staff even gave a performance from their favourite pop group. The relative of the person wrote to the home after the event with a picture of everyone smiling. They said "The massive grin on their face says it all. Now if that's not person centred care I don't know what is."

Another person who was a keen musician wished to go to a classical music concert. Again this was arranged and the person told us they had since thoroughly enjoyed attending various musical events with the support of staff.

People were helped to make and maintain friendships. One person said, "The ladies here - there is quite a group of us and we all get together and do things together." One person who was living with dementia said about another person, "We used to go to the same clubs, we have always known each other." At lunch time we saw these people sat together and happily chatted. Other people told us about friends they had made in the home. Staff were aware of which people got on with each other and supported these friendships.

People were involved in decisions about the home because the staff used inventive ways to enable people to share their views and ideas. In order to make sure people had a real say in the food served at the home the provider arranged a tasting session with the home's food supplier. The supplier provided samples of various foods to enable people to taste and judge. All feedback from the session was carefully considered and changes were made to menus and products used as a result. These included changing the tea bags used as people felt the taste of one particular brand was tastier than the tea bags previously used. They had also introduced Devon made ice cream and some individual pies as both had been real favourites during the tasting session.

The home held regular meetings for people who lived at the home to enable them make decisions about how the home was run. In response to low turnout for these meetings the last meeting had been advertised as an afternoon tea and discussion with the registered manager. This had greatly increased attendance and helped people to share their views in a more informal setting.

People's ideas and suggestions were taken notice of and put into practice where possible. For example a number of people had requested a range of alcoholic drinks to be served with lunch and we saw on the day of inspection this had been put into practice. There had also been requests for a daily exercise class and a walking group that had also been arranged. People had asked for the home to have a pet and after much debate it had been decided by all that two rabbits should be purchased. People had been invited to make suggestions for names for the rabbits and the names had been put into a hat and the winners drawn out. The rabbits had now become a very positive addition to the home. One person told us, "They are so soft and comforting." Another person said, "Everyone should have a pet, something to cuddle."

People were involved in decisions about their own care and treatment because staff spent time discussing this with them. Each person had a keyworker who took a special interest in them and was able to discuss their care and support plan with them. Where people were unable to be fully involved in discussions staff used their knowledge of the person and spoke with relatives to make sure the care provided continued to meet their needs. One member of staff said, "If people can't discuss things with us we take account of how they have been during the month and what they have enjoyed. Everyone can have their say even if it isn't always in words." A visitor told us, "They find out about the family, about [my relative], everything about them. Staff are very supportive. It's like walking in to family. They are never too busy."

Throughout the inspection we saw kind and caring interactions which meant people were relaxed and comfortable. Staff responded very promptly and sensitively if people became anxious or disorientated. Staff used gentle touch and kind words to make sure people felt safe and valued. We saw one person who was living with dementia was upset and a member of staff gently stroked their hair and the person leaned into them for comfort and reassurance.

Staff knew people well and were able to chat and socialise with them in a way that was meaningful and

fulfilling for people. In the area of the home which cared for people living with dementia staff used their knowledge of people's interests to socialise and defuse potentially volatile situations. We spent time observing care in one lounge area. We saw staff never entered the room without conversing with people and checking people's well-being. At one point one person became agitated by another person. A member of staff started singing with the person which completely defused the situation. The member of staff told us, "They love to sing nursery rhymes it always seems to make them happy."

People received care and support which was non-discriminatory and respected their backgrounds, abilities and beliefs. One member of staff was an equality 'champion' who received special training and support and shared their knowledge with the staff team. They used short videos and one to one sessions with staff to make sure everyone knew how to work in a way that was totally respectful of people and colleagues.

## Is the service responsive?

### Our findings

People received care that was very responsive to their needs and wishes.

There was a real commitment to making sure all care was personalised to people's needs, wishes preferences and known lifestyle choices. People told us they were able to follow their own routines and staff respected their choices to ensure people had as much control as possible over their own lives. One person told us, "I get up when I wake up. You can more or less do what you like here." Another person said, "I've always been an early riser and I still am. I go to bed early too. I tuck myself up with the TV on and I'm happy." One person commented, "They are used to me now and they know how I like things."

One person who had had a busy day previously was sitting in their room in their dressing gown. They told us this was their choice. They said, "You can see I am not dressed. I am happy - I'm exhausted after yesterday." Another person said, "Whatever I ask they try to do for me. They're very good to me here. I can't speak well enough of them. I hope I've proved to you how good it is here."

People's backgrounds and social histories were known and respected by staff. Staff found out that one person had played the piano and so they asked their relative to arrange for the piano to be bought into the home so they could have it in their room. They also arranged for a piano teacher to give them lessons as they said they had become 'a bit rusty.' This led to them re-engaging with an old passion which they thoroughly enjoyed. They also arranged for them to go to a famous musician's concert where they met the musician and posed with them for a very happy photo. This person told us they now played their piano every morning.

In the area of the home which cared for people living with dementia staff told us about some specialist training they had had. They said as a result of the training they were hoping to create memory bundles and boxes for people. We indicated two people and asked what they would put into their specific boxes. One member of staff said about one person, "Definitely horse and animal books, pictures and magazines. Anything to do with outside activities and animals really." When we looked at this person's social history we saw these were the things the person loved. This showed staff knew people and what interested them.

People abilities were respected to make sure they maintained a sense of self-worth and were active members of their community. One person told us they played the organ for the church services that were held at the home. Another person said they had been teaching a member of staff to knit. They told us, "They couldn't cast on at first but have got the hang of it now." The staff member told the person that they had been out and bought needles and wool and were knitting at home. They promised to show it to the person.

The staff made sure people received social stimulation that reflected their interests and hobbies. During a reminiscence session some people had been talking about their memories of London; talking about the sights, attractions and recalling memories of time spent there in their youth. Two people had spent time in London when they were younger and one person said they had never been but would love to visit. In response to this staff organised for these people to visit London and included afternoon tea at the Ritz to

make sure it was a very special occasion for them all. One person said, "Yes, we went to London, it was a wonderful day, we went to a museum. It was so nice to have some intellectual stimulation."

Another person had liked to attend Ascot ladies day at the races with friends before they moved to the home. The person often talked about this so staff arranged to take the person and their friend to Exeter race's ladies day. Everyone dressed up in their best clothes and hats and they drank gin and tonic and relived old memories and created new ones.

The home had excellent links with the local community which helped people maintain their contacts and remain active participants in community events. Two days a week were identified as community days and on these days people attended clubs and events outside the home and members of the local community came to Grovelands. Some people attended a local 'Men's shed' project where they took part in various activities such as making bird boxes and other items including a wooden pen for the home's rabbits. Some people attended a church group and school children visited the home to share activities with people. A number of staff said how much these sessions were enjoyed by people.

People were able to continue to practice their faith because community church groups held services at the home and staff supported people to attend services of their choice. One person told us, "The church is very important to me. I go to the services here and find it comforting." The staff had supported one person to become involved in a religious group they attended before moving to the home. Through this they had been re united with old friends and the group had become involved in the home by providing services and concerts for other people.

The registered manager had supported people to apply for bus passes to help people to cheaply access all community facilities. They had also met with a local taxi firm to make sure people using taxis had the support and help they needed from drivers. The registered manager told us in response to the meeting people were now getting a better, more polite and respectful service.

In addition to community days there was a varied activity programme within the home. People were very happy with the level of activity available. People told us about singing, knitting, poetry and quizzes. People felt able to choose whether or not to be involved in activities within the home: One person said, "I do whatever is going on, I decide myself," Another person commented, "It just happens - I don't plan. There is a supply of things we like, plenty to do." Some people said they preferred not to join in with organised activities but staff made sure they were not isolated. One visitor told us, "Nothing is too much trouble. They find time to come and do things with [my relative] crosswords, games, carers pop in and have a chat." In all areas of the home there were things available, such as games, magazines, puzzles and cuddly toys for people to use if they wanted to occupy themselves. We saw people sitting quietly in some areas looking through books and magazines.

On the day of the inspection there were a number of activities going on. The home's rabbits visited various lounges and a number of people enjoyed stroking and cuddling them. In one part of the home a member of staff used photo's to discuss and reminisce about holidays. This created a happy discussion and some laughter. The registered manager told us they were making prompt cards to enable staff to provide one off activities for people at any time of the day or night. For example some people liked to play cards or games and prompt cards would give care staff information and instructions for these.

Staff supported people to maintain their independence. One person told us, "In the last few days I'm beginning to think I need help. I'm such an independent person and staff will support me to be as independent as possible." Another person said they liked to do things for themselves but staff were always

happy to help them to do things they could not manage.

Care plans gave staff information about people which enabled them to receive care and support that was individualised to them. For example; One care plan we read clearly set out the person's night time care needs. The care plan read "Likes two pillows and a duvet. Make sure curtains are closed. Main light off, bathroom light on." Another care plan said the person needed, "An upright chair in order to support independent mobility." This person was using a suitable chair which indicated that what was written in the care plan was carried out in practice.

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health these directives had been clearly identified in the care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. At the time of the inspection no one at the home was receiving end of life care.

People could raise concerns or make a complaint if they were unhappy about any aspect of their care. Without exception both people living at Grovelands and their relatives knew the manager and felt happy to talk to him or other members of staff if they were not happy about something. One person said, "I'll talk to anybody. We work together." One person said "No one is too important to deal with you." A visitor said if they had had any concerns they had been able to speak to staff and the issues had been sorted out promptly.

The provider had a clear complaints policy which made sure all complaints and concerns were fully investigated and responded to. The policy was displayed throughout the home and people received a copy when they moved in. Where complaints had been made the registered manager had met with the complainant to make sure they fully understood their concerns. They had then taken appropriate action and shared any learning. For example; following one complaint a reflective learning session had been held with a member of staff to look at what they may change in the future. One person said, "There is certainly nothing to complain about here but I know I could."

## Is the service well-led?

### Our findings

The home was very well led.

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

The registered manager and provider were very committed to providing a service that was person centred and treated everyone as equals. The registered manager told us their ethos was, "Life is for living. Being in a care home is just alternative accommodation and people still have full control over their lives and care." This ethos was certainly put into practice and everyone we asked said they still made choices about everything they did. Where people were unable to verbally express choices staff used their knowledge of the person, pictures and objects to make sure everyone made decisions about their day to day lives. The number of special activities that had been arranged for people showed staff were fully committed to helping people to enjoy life.

There were posters throughout the home with big red hearts on saying "Putting our residents at the heart of everything we do." One member of staff we asked about the ethos of the home pointed to the poster and said, "That's it really. Anything people want or want to do we try to oblige. Everything here is built around our people."

Comments from people showed they felt they had a good quality of life. Comments included; "I'm very happy here," "I love it here. I've got friends," "It's lovely here" and "It's everything I could wish for and more."

People knew who the registered manager was and said they found them very open and approachable. Comments about the registered manager included; "He's easy to talk to, anything I've said he's been very accommodating," "He comes to see me when I want. He is very pleasant" and "He keeps everyone happy - the staff are happy, we are happy."

The home had forged good links with community groups and other agencies which helped to make sure people had access to a range of resources outside the home. The staff worked in partnership with health and social care professionals, such as rehabilitation services, community nurses and speech and language therapists, to ensure people received care and treatment which met their needs.

Various groups used the home to meet which enabled people who lived at the home to take an active role. These included the Alzheimer's Society and some church groups. The registered manager was the chairman of the Yeovil dementia action alliance which also met at the home and offered dementia friends training sessions. The registered manager told us they had become involved in the group because there had been no group in the area. They said they wanted people who lived at the home to be able to access the community easily and be treated with respect and understanding. People used a variety of local resources including

public transport, public houses, churches, cafes, theatres and shops.

People were positively involved in the running of the home and inventive ways were used to help people to have their say, such as themed meetings and taster sessions for food. They had introduced a support group for family and friends which enabled people involved in the home to make suggestions and also to seek support from each other and get advice and support. The minutes of the last meeting showed people were given advice about lasting powers of attorney and reminded how to complain. The registered manager told us they were working with the provider to improve the wifi coverage in the home. They already used electronic tablet computers to share videos and music with people and help them to keep in touch with friends and relatives via facetime and skype. They hoped to expand the use of technology to further enhance people's independence and social stimulation.

People lived in a home where staff morale was good because staff felt well supported by the registered manager and the provider. This helped to create a cheerful environment for people to live in. One member of staff told us, "You really do get support here and they emphasise they are here to talk to. Management have been so supportive and helpful. Residents are well looked after and they are so happy. We give people choice." The provider recognised staff's commitment to the home to encourage staff retention and boost morale. A number of staff had worked for the provider for a number of years and told us there was a long service award ceremony planned for December. The provider also gave awards for particular staff within the provider group. We heard that a number of staff, including activity and housekeeping staff, had been nominated for Somerset Care Awards.

People received effective and safe care because the provider had systems in place to monitor standards, identify risks and implement ongoing improvements. There were monthly audits carried out at the home to identify any issues that needed to be addressed. For example one audit in June had identified that six people had been treated for urinary tract infections (UTI's.) In response to this the deputy manager sent out a memo to all staff reminding them to make sure people drank adequate fluids. The memo said that it was not good enough to offer people drinks but they needed to be more pro-active such as offering physical assistance if needed. On the day of the inspection we saw staff assisting people to drink showing that the instruction to staff had helped to create a positive change. The audits showed that each month the number of UTI's reported had dropped to only two in September.

An audit of call bell response times had highlighted what was felt to be unacceptable waits for people. This had been discussed with staff and it was made clear that all staff, regardless of their job role, should respond to call bells. The most recent audit of call bell times showed that people now received support much more quickly than previously.

All accidents and incidents which occurred in the home were recorded and analysed. Action was taken where people had a number of falls. We saw that people had been referred to healthcare professionals and had been supported to minimise risks by providing more appropriate walking aids and physiotherapy. The analysis had at one point shown that a number of falls occurred after tea and staff had been asked to be more vigilant at this time of day which had again resulted in a reduction.

The provider ensured that all quality monitoring was carried out and an operations manager regularly visited the home to oversee the care provided and talk with staff and people. This also gave people an opportunity to raise concerns at a higher level if they wished to.

The quality monitoring systems were recorded electronically and could be accessed by the provider's quality team and senior managers at any time. This helped the provider to have an insight into what was

going on at the home and respond to any areas for improvement.

People had opportunities to talk with the registered manager on a daily basis and share their views or concerns. As part of the provider's quality monitoring processes the registered manager also carried out themed conversations with people to gauge their level of satisfaction with the service. The registered manager told us that as some people were unable to fully express themselves verbally they had implemented a system of observations of individuals to assess their well-being.

The registered manager and some senior staff carried out observations at the home and at other homes owned by the provider. This helped to monitor care and provide instant feedback to staff and make changes where necessary. For example; one observation of a meal time was carried out by the registered manager and they were able to give positive feedback to staff about how they supported people who were living with dementia. However they also observed that plates were not heated to make sure people's meals were served at the right temperature. This was fed back to the team and practice was immediately changed.