

Comfort Care Services (Colchester) Limited

The Haven

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

The Haven provides accommodation and care for up to 29 older people, some of whom who are living with dementia. There were 25 people living in the service when we inspected on 18 May 2017.

There was 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.

At our last inspection in December 2015 we found that people received personalised care which was responsive to their needs and their views were listened to and acted on. At this inspection we found that the service had further developed the way that they responded to people's needs and were exceptional in the way they tailored every element of peoples care and support to enhance their quality of life. The result of this was that people received an outstanding level of care and support.

People were at the heart of the service. They told us how staff went the extra mile to make sure that they were happy.

The atmosphere in the service was warm and welcoming and there was a strong person centred culture which promoted the importance of supporting people to express their views and understand their wishes. People felt staff listened to what they said and their views were of the utmost import when their care was planned and reviewed. This empowered people to lead their lives as they chose.

Staff were exceptionally compassionate, attentive and caring in their interactions with people. They showed empathy and understanding, were interested in people's lives and knew them very well. People told us that they felt that their choices, independence, privacy and dignity was promoted and respected.

The management team were dynamic and innovative in their approach. They had a clear vision and set of values which they worked towards, and which were reflected throughout the staff team. Staff, people and relatives spoke highly of the management, and were confident in their ability.

People presented as relaxed and at ease in their surroundings and told us that they felt safe. Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. Staff knew how to minimise risks and provide people with safe care. Procedures and processes provided guidance to staff on how to ensure the safety of the people who used the service.

There were sufficient numbers of staff to meet people's needs. Staff were well trained and supported to meet the needs of the people who used the service. Recruitment processes checked the suitability of staff to work in the service.

The management team and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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.

There were systems in place to support people safely with their medicines. People's nutritional needs were assessed and met. Professional advice and support was obtained for people when needed. People were offered meals that were suitable for their individual dietary needs and met their preferences.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. The service proactively engaged with these professionals and acted on their recommendations and guidance in people's best interests.

There was an open and transparent culture in the service. A complaints procedure was in place. People's comments, concerns and complaints were listened to and addressed in a timely manner. People, relatives, visitors and staff were confident that any concerns raised would be taken seriously and dealt with appropriately by the management team.

The management team had a holistic approach and a robust quality assurance system meant they had highly effective oversight of how the service was meeting people's physical, emotional and social needs. They set a high standard for their staff and led by example. There was a strong emphasis on continually striving to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected at all times

Staff placed high importance on, and took account of, people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

The service was extremely responsive.

People were provided with highly effective personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Outstanding 

Is the service well-led?

The service was extremely well-led.

The management team were dynamic and innovative in their approach. They set a high standard and led by example.

The service provided a positive, open culture and empowered people to live their lives as they chose.

A robust quality assurance system meant the management team had highly effective oversight.

There was a strong emphasis on continually striving to improve.

Outstanding 

The Haven

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 18 May 2017 and was carried out by one inspector, a specialist advisor who had knowledge and experience in residential care, 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 our 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 reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with twelve people who used the service, seven relatives and two health and social care professionals. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care needs were being met we reviewed five people's care records and other information, for example their risk assessments and medicines records.

We spoke with the registered manager and area manager. We also spoke with six other members of staff. We looked at three staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

At this inspection we found that people were safe and protected from harm and this rating remains good.

People told us that they felt safe living in the service. One person said, "I am absolutely safe," Another person told us, "I feel safe, I have never seen anything bad, people are all nice and I am very happy here, no one has said a bad word to me.". People presented as relaxed and at ease in their surroundings and with the staff. A relative commented, "It is always very secure here, staff are considerate in everything they do, they are very good carers, very sympathetic, caring and thoughtful." Another relative told us. "It's peace of mind. At least here [person] is safe. You know when [person] presses their buzzer someone is there."

Systems were in place to reduce the risk of harm and potential abuse to people. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures. They knew their responsibilities to ensure that people were protected from abuse and to report any concerns. One member of staff explained, "I would go to the manager, area manager or CQC. If I felt something was inappropriate I would do something but I feel we have a good team." Staff also explained to us how safeguarding concerns should be reported to the appropriate professionals who were responsible for investigating concerns of abuse.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if this was necessary.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with using mobility equipment, pressure ulcers and falls. These risks were continually reassessed and monitored in order to identify potential themes and trends which may indicate additional support was needed.

There was an established staffing team in place with sufficient numbers to provide the support required to meet people's needs. One person said, "We get help if we need it, and we have got everything we need. I feel safe and there are people to look after you, there is a buzzer to ring if you need it." Another person told us, "Staff are so kind and at night times they come and check you every hour but you don't hear them." A relative told us, "There is always one staff in the lounge at all times, well 80% of the time and if they are not in there they are to-ing and fro-ing."

Employment records confirmed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the vulnerable adults who used the service.

Suitable arrangements were in place for the management of medicines. People received their medicines in a safe and supportive way from staff. People were prompted, encouraged and reassured as they took their medicines and given the time they needed. A person explained to us, "[A member of staff] kneels by me and

waits when I take my tablets."

People's medicines were available when they were needed. Medicines which were prescribed to be taken PRN (as and when required) were given according to the individual's choice whether they felt they needed it. Medicines records confirmed PRN medicines were made available at regular times throughout the day.

Medicines administration records were appropriately completed and demonstrated that people had received their medicines as prescribed. Medicines were received and booked in to the service safely. Staff had been trained to administer medicines safely and they were observed to ensure that they were competent in this role. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential errors were identified quickly and could be acted on.

Prior to our inspection we received information of concern relating to the failure of a member of staff to take the appropriate action when additional medical support was needed. We investigated this as part of our inspection process as well as receiving feedback from the local authority and other stakeholders. We found that although there had been a failing this was not due to a lack of appropriate systems being in place or lack of staff training. This had been an isolated incident and the member of staff involved was no longer working at the service. The investigation undertaken by the registered manager into the incident and subsequent actions had been extremely thorough. This gave assurance that the appropriate systems continued to be in place to prevent a similar incident occurring again.

Is the service effective?

Our findings

At this inspection we found that people continued to be supported by knowledgeable and skilled staff who received training relevant to the needs of the people who used the service and this rating remains good.

A relative told us, "Staff are trained and interact with [person] and get more reaction from [person] than we the family. [Person] is comfortable and well looked after." Staff told us about the training they received and how it helped them to support people. For example, one member of staff told us, "Challenging behaviour. We learn how to deal with [people] correctly and what to say and what not to say, and how to divert their attention." A member of kitchen staff explained, "We all do all the training, I am the first aider, even I had to do the medication training as the manager said what would I do if I found a pill that someone had not swallowed and spat out in their food." A senior member of care staff told us about the impact training had for staff and the people they were supporting. "It makes them a better carer and it helps them in their day to day job role especially the dementia training. I learn more every year as no two days are the same for those with dementia. I think the training we have in Parkinson's and Dementia the carers learn what [people] are going through, I did the virtual dementia tour and it was scary but it does open your eyes."

Staff confirmed that training was an important part of their role and was tailored to the needs of the people they were supporting. A member of staff told us, "If you want specific training you just have to ask." A health and social care professional told us about the Gert Suit Experience undertaken by some of the staff. They explained, "The experience is used to give staff a better understanding of what it is like to be in an ageing body. All the staff at the home who attended the experience really took on board the different aspects of the experience. This sparked conversations about their residents and why some of them may walk the way they do, or be more reluctant to do certain things. All staff at the end of the experience advised they now felt that they had a better understanding of how their residents may be feeling, and to make sure that they would be more patient and considerate of their residents needs and make sure they take more time when getting them to do things that may seem easier for them to do."

Staff told us that they felt supported in their role and had regular contact with the management team so they could talk through any issues, seek advice and receive feedback about their work practice. Staff were regularly supervised and supported to improve their practice. Supervisions included discussions which tested and increased the knowledge of staff such as, asking them what symptoms would indicate a person may have had a stroke and understanding of the Mental Capacity Act 2005. This demonstrated that there was a proactive support system in place for staff that developed their knowledge and skilled and motivated them to provide a quality service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood when applications should be made and the requirements relating to MCA and DoLS.

Where people did not have the mental capacity to make certain decisions for themselves clear guidance was given to staff regarding decisions which had been made in the person's best interest in line with the mental capacity act. For example, one person's care plan identified that they were at risk of choking or malnutrition as they had chewing and swallowing difficulties. However the person was unable to recognise this for themselves so this had been appropriately assessed and staff were now supporting this person with liquidised meals.

Staff sought people's consent and acted in accordance with their wishes. For example, one person told us, "I get up when I want, go to bed around 9 o'clock" A member of staff said, "[Person] likes to lie in sometimes, we try and encourage [them] to the lounge and [person] does join in, [person] likes to sit with two other [people] but does like to be in [their] room" Throughout the day we observed staff checking with people before providing support and asking people what they would like to do. For example, we heard members of staff ask people questions such as, "Do you want to sit looking out the window?", "Do you want to sit with [person] or [a different person]?", "What would you like to drink water, lemon, orange?", "Do you want to wear this [clothes protector]?, What colour would you prefer green or blue?", "Would you like gravy all over or just on this?" This demonstrated that people were empowered to make their own decisions about how they wanted to spend their day and how they wished to receive care and support.

People's nutritional needs were assessed, they were provided with enough to eat and drink and supported to maintain a balanced diet. A member of the kitchen staff explained people's specific dietary needs and preferences to us. They understood how to fortify foods to provide additional nourishment for those who may be at risk of malnutrition. They told us, "The topping of cheesecake is fortified with double cream, cream cheese and milk powder. It fortifies them well." Where people have specific dietary requirements care had been taken to ensure that they continued to enjoy their meals. People with smaller appetites had been provided with smaller plates so that they were not overwhelmed by the amount of food on offer. Some people required their meals to be liquidised and these were presented attractively on the plate to make them look appetising and so that individual flavours could still be appreciated.

People were complimentary about the food on offer and told us they were offered a choice of what they would like to eat. One person commented, "The food is excellent, they ask if you want certain things and if you don't like it they change it, there is more than enough to eat." Another person told us, "You have what you want to eat, today its turkey or beef and I said I would like both so I'm having half and half, we get plenty of drinks, always." We observed people being offered choices and given as much opportunity as possible to have their meal the way they would like it. A tray of sauces was offered to every person, "Would you like Mint, Horseradish, Cranberry sauce or Mustard?" A member of staff told us how they helped people who were unable to verbalise their preferred choice of food. "We show them the pictures of the meals and by doing that they can point to which one they want and if they cannot decide we give a spoonful of each to try." We observed the chef chatting to each person and asking of they would like roast turkey or roast beef. If people couldn't decide the chef said, "If you can't decide would you like some of each?"

Staff understood the importance of meal time as a time for social interaction and enjoyment. The atmosphere in the dining room was light hearted as people and staff, including the manager, chatted

together over lunch. Two relatives arrived just as the main meal was being served up. They were offered lunch, shown to their relatives table and made comfortable. We saw that the person enjoyed the opportunity to have their relative with them for lunch. Staff were attentive throughout the meal time. When people needed assistance with their meals they were supported appropriately and respectfully. People were given the time they needed and independence was encouraged. We observed a member of staff assisting a person by putting the food on their fork and then passing it to them so they could put it in their own mouth. This was done respectfully and enough time was given for the person to be able to finish their meal.

Staff provided appropriate assistance to people who preferred to eat their meals in their bedrooms. A member of staff told us, "I am going to [person], [person] does not like being around people, and I will sit with [them] to start with and encourage [them] but [they] can manage." We observed the staff member knocking on the person's open door and asking if they would like some help with cutting up their meat. A while later we saw that the carer returned to the dining room with an empty plate. They told us, "[Person] ate it all and did very well, but I needed to stay and encourage [them] today." This demonstrated that staff were mindful of how people were feeling and provided support appropriate to their needs that day.

Once a month a Hydration Day took place where people and staff were reminded of the importance of staying hydrated and enjoyed activities together to promote this such as making homemade fruit slushy drinks and 'mocktails.' Staff were also mindful of how they could support people to maintain a healthy diet and eat enough to protect against the risk of malnutrition. There were opportunities for people to enjoy snacks throughout the day if they wished and we observed staff offering a selection to people.

People had access to health care services and received ongoing support where required. A person explained to us, "If you are not sleeping well, they ask can they get me something, do I want the doctor? [The GP] comes the next day." We observed a person who said they were in pain being offered support by several members of staff, including the manager and deputy manager who got down beside the person and held their hand to offer reassurance. The manager said, "Shall we try liquid paracetamol and leave it 20 minutes and if that does not work we will get the doctor, or do you want us to call them now?" This demonstrated that people were empowered to take control of their own healthcare needs and make their own decisions about when they felt additional support was needed from healthcare professionals.

Is the service caring?

Our findings

At this inspection we found that people continued to be supported by kind, caring and compassionate staff and this rating remains good.

People were at the heart of the service and the atmosphere was warm and welcoming. A relative commented, "[Person] is just so comfortable with the people here. Because it's a small home it has a lot going for it. It's small and friendly."

People, their families and healthcare professionals were extremely positive and complimentary about the care provided. A person said, "They [staff] are wonderful people and if I want anything I get it." A relative told us, "It is very good, they are very attentive to [person]." Staff talked about people in an affectionate and compassionate manner and were caring and respectful, for example, they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them.

We observed staff demonstrating dedication to the work they did and people told us how staff went the extra mile to make sure that they were happy. A relative of a person told us how they had offered the person counselling after a particularly difficult time in their life. The relative went on to explain how the staff had offered additional support, "The [staff] are good. They'll go and spend a bit more time with [person]."

A relative told us about a time their relative had needed to go to the hospital and the support and attention they had received, "They phoned me and sent a carer with [person] to the hospital, they have given [person] absolutely excellent care and they had to alter [person's] room around when [they] came back from hospital and got a proper hospital bed. The manager went and saw [them] in hospital and the physio comes here, they got a sling for the hoist for [them] and they all have to have their own sling. There is good communication, the seniors are very good and the carers are very caring."

There was a strong person centred culture which promoted the importance of supporting people to express their views and understand their wishes. Staff consistently demonstrated warmth and affection, were interested in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them. A person told us, "The staff are lovely and kind, and are very helpful." Another person explained, "One night I couldn't sleep and they said have a nice cup of tea and biscuits or a piece of toast, you don't feel a nuisance."

We observed that people were continually asked their opinion and given choices throughout the day, for example, a member of staff said to a person, "It's tea time. Would you like to come to get something to eat or would you like me to bring it here for you? What would you like?" A member of staff told us, "I love my job and when we do personal care in the mornings we don't force them up, we ask do you want to get up or do you want to help choosing your clothes, do you want to come down for breakfast or stay in your room, their choice but we give encouragement all the time." This showed that people were empowered to make their own choices which were respected by the staff and acted on.

People told us that they felt that their privacy and dignity was promoted and respected and our observations confirmed this. We observed a member of staff discretely and quickly offering support in a respectful and dignified manner when it became apparent a person needed a change of clothes. They asked the person, "Do you want to come with me?" and went with them to their bedroom to provide assistance. A person told us how their privacy was respected, "A [member of staff] helps me dress every morning and it is absolutely alright, [they] knock." A relative told us how the staff promoted dignity when assisting their relative to move, "[Person] is not mobile and they use a hoist and the way they transfer is carefully and sensitively done."

Staff were extremely mindful of the need to promote independence and did this at every opportunity. A member of staff explained how they helped one person to maintain their independence, "[Person] has a flask of hot water to make their own tea and coffee in their room and has their own fridge." Another member of staff told us, "Those with walkers and sticks we encourage to walk. [Person] had a hip operation, has physio once a week and is now standing. Last week [person] took a few steps with encouragement and we are building confidence."

People were enjoying watching chicks hatch from eggs which had been provided by a local scheme offering this experience. Staff used this as an opportunity to further encourage independence and gentle exercise. We observed a member of staff assisting a person to walk to see the chicks. They explained, "[Person] had a fall but we are building up [person's] strength, so we are going to see the chicks." The member of staff demonstrated patience and kindness as they supported the person. When they were half way through their walk they checked with them, "Shall we stop here and have a bit of a rest?"

Is the service responsive?

Our findings

At our last inspection we found that people received personalised care which was responsive to their needs and their views were listened to and acted on. At this inspection we found that the service had further developed the way that they responded to people's needs and were exceptional in the way they tailored every element of people's care and support to enhance their quality of life.

People and their relatives were enthusiastic in their praise for the staff and the way that care was provided. A person told us, "It's lovely here, the staff do everything for you, they are very nice staff." Another person said, "Anything you want they get for you." A relative commented, "It is fantastic, everyone looks after [person], [their] bedroom is nice and [staff] keep coming in to check on [person.] It is remarkable, fantastic, they are a wonderful lot of [staff]." Another relative told us, "Cannot fault it, they look after [person] brilliantly and check [them] regularly and go in every 20 minutes. I think."

The management team were innovative in their approach to providing a high standard of care and support. They prided themselves on thinking proactively about how improvements could be made to enhance the support they were able to offer people. They also empowered people to work alongside them to ensure positive outcomes and drive forward improvements. For example, a comprehensive falls analysis undertaken by the manager had identified that nearly 50% of falls occurred during the night and 23% of these had been when people were trying to make their way to the toilet. The 'Light Your Night' initiative had been developed which involved the installation of glow-in-the-dark features in people's bedrooms, including glow in the dark door frames, luminous footprints on the floor which led to bathrooms, illumination on light switches and light up toilet seats. People had also been assisted to personalise their walking frames to encourage them to use them and these also featured glow in the dark aspects for ease of use during the night. Since the introduction of these initiatives, falls in the first four months of 2017 had reduced by half compared to the same period the previous year.

People and their relatives told us further examples of how the high standards of care had positive outcomes which meant people's health was maintained and they were able to enjoy a more fulfilled life. A relative told us, "Person is walking better here and now is not so unsteady on [their] feet. My relative who is a nurse said they saw such a change in [person] since they have been here." Another relative explained, "[Person] had lost a lot of weight before coming here. [Person] is a good weight now."

People felt staff listened to what they said and their views were of the utmost import when their care was planned and reviewed. As a result people felt valued and in turn experienced positive relationships with staff and the leadership of the service. One person told us, "[Staff] are like family to me." Another person commented, "The people in charge are very good and they make you feel comfortable and happy and I am looked after."

People wherever possible were encouraged by staff to make decisions about their care and support. This included what activities they wanted to do, what they wanted to eat and where they would like to be. A person told us, "I am always asked what would I like to do." Another person said, "You can get up and go to

bed when you want and it is like being at home. They don't say no you cannot do this and you cannot do that, you can relax." Families, where appropriate were also involved. One relative told us, "Family are involved in making decisions. With the use of the hoist we were consulted. We had a meeting with the manager and ran through the care plan."

Care plans were extremely detailed and person centred. They included details which were specific to each individual including their preferences in the way care and support was provided and what was important to them. Where potential difficulties for people were identified their care records included details about how staff could help them to overcome or lessen the impact this had on their health and wellbeing and an action plan was in place to help them achieve this. For example, one person's speech fluctuated between English and another language. Staff were therefore learning words in this language to help support this person. This person preferred to remain in their bedroom so the conversations they were able to have with staff helped them to build relationships with staff and prevent the risk of isolation.

As well as detailed information about people's physical and mental health needs, care documents were full of useful insights into what was important to each person. For example, the care plan of one person said, "[Person] is completely blind in their left eye. However they have full vision in their right eye and should only be approached on their right side". This meant that staff had the information they needed to provide support in a way which promoted all aspects of people's well-being and enhanced their quality of life. We saw that staff followed this guidance and were continually checking what was important to each person to ensure that their needs were met in the way they preferred and was most useful to them. A relative said, "[Staff] always treat [people] as individuals, they are called by name and staff engage them in conversation. If anyone is distressed the carers take time to be with them and stay until they are calm."

Some people living at the service could get upset or agitated at times which was distressing for them and others. Their care records identified potential triggers for staff to be aware of which would alert them that the person may become unsettled. Details were also given to guide staff as to how they could best support the person during these times and what worked well for them. For example, one person's care records said, "When I display this behaviour I will need staff to give me verbal assurance, take time to talk to me and have a cup of tea with me. This enables me to feel reassured and feel I have support from staff. We observed this taking place in practice when we saw a member of staff sitting outside in the garden with a person chatting. The staff member told us, "[Person] was a bit unsettled but was calmer after sitting out there listening to the birds."

24 hour care charts showed that, where it was assessed as appropriate, people in bed were checked on every 45 minutes to an hour. Details were also recorded about their fluid intake, if continence pads were checked, repositioning to prevent pressure ulcers and mouth care undertaken if needed. This meant that people's changing care needs were identified promptly. A member of staff told us, "I love it here, we give person centred care here, we are constantly talking to [people] and watching for any changes."

Some staff had been given specific responsibilities and had become 'champions' in areas such as dignity, falls, palliative care, communication, nutrition, infection control and diabetes. One member of staff gave an example of their role; "I am arranging for certain residents to have doorbells put on their bedroom doors so that staff can ring them if they wish to enter the room." These roles gave staff the opportunity to share best practice and discover new ways of working which would work better for people. For example the palliative care champion had highlighted to other staff that by cutting straws in half much less effort to suck was needed by the person which made drinking easier for them. The champions met together monthly to explore new ideas as well as review people care plans so that their suggestions and ideas could be put into practice to benefit the people they were supporting.

People were supported and encouraged to take part in the things which they enjoyed. One person told us about how they spent their day and some of the things they enjoyed doing, "I do what I like when I like. I am happy to listen to the music people, I am very good at the games and we throw balls about, I like the quizzes." Another person said, "We have quizzes, games, singers, films. They are quite good things, we've got a tuck shop and I go and have a look and pat the dog comes." A member of staff responsible for the organised activities told us, "We work as a team and when I am doing activities if the carers are not busy they help me to get some of those who don't take part, those less willing to join in and once they join in they love it."

As well as the planned activity provision there was a strong emphasis on encouraging and supporting people to form relationships with each other and the staff. The management team encouraged staff to spend time with people chatting and enjoying each other's company. One person told us, "You can have a laugh and joke with the boss." Another person added, "Staff are happy without a doubt." One person told us about the friendships they had with other people living at the service and commented, "My friend is in the next room and we chat every day." People were also encouraged to maintain relationships with people who were important to them and family and friends were frequent visitors. In addition to this there was a pen pal scheme in operation where people shared correspondence with friends they had made in another service. Post was collected throughout the week in a post box available for people to use whenever they wished. Visits to these friends had also been arranged as well as a meal out together.

The management team and staff were enthusiastic in their approach to encourage people to fulfil their wishes and dreams. Their Sparkle initiative was actively promoted with everyone living at the service and all were given the opportunity to express a dream they had of taking part in a particular event or visit a place which was important to them. For example, one person who had previously been in the Royal Air Force had visited Duxford Air Museum. Others had visited the zoo, theatre, cinema, cricket matches and their favourite restaurants. Several people had requested that they had a 'posh' afternoon tea and this had been arranged with an Alice in Wonderland theme in a local pub. Further events were planned and booked including a visit to a person's family in the north of the country as well as attending a football match of their favourite team. One person told us how they had requested that they went to see a male dance group act and were animated as they expressed how much they were looking forward to the arranged trip. The management team and staff placed no limitations on people's dreams and did all they reasonably could to make these happen. Three people were looking forward to their dream trip to Paris which was booked to take place in June 2017. Staff were raising money in order to make this dream a reality and had involved families and the local community with this.

The service had strong links to the community which worked both ways. The local community were invited in to the service to attend events such as garden parties and fetes and people living in the service were encouraged to access the community around them. There were particular links with a local pub who actively supported the service by raising money for them and providing a venue for special events which people had enjoyed attending. This link had led to enough money being raised to purchase a minibus which enabled additional trips out to be arranged.

Other special events taking place regularly throughout the year were well supported by people, relatives, staff and the community. A member of staff told us, "We have monthly theme nights and the residents love them, like a garden party and fete. If I am off then I come into the activity events" Recent events had included an Easter cheese and wine evening and a rock and roll evening. People were also looking forward to events planned throughout the rest of the year such as a European night, Cockney knees up and Guy Fawkes night.

Where people had raised concerns these had been dealt with promptly and any issues addressed appropriately. People and their relatives told us about the meetings which were held regularly where they could discuss any concerns and make decisions together. One relative told us, "Residents meetings you can raise any concerns but I don't have to wait for the meetings I just see anybody anytime or I can phone the manager anytime." This demonstrated that people could be confident that concerns and complaints would be acknowledged, listened to and appropriate steps taken to respond and put things right.

People and their families were encouraged to provide feedback in order to improve the quality of support being provided. One relative told us, "We have no complaints and would speak to the manager. We had a review and they provide information but we knew most of that already. When we arrive the manger will chat and tells us how things are going." Families were further involved with the introduction of a relatives committee who were actively involved in discussing the service provided and how people's experience could be enhanced. For example, a discussion about people who didn't like using the bath or shower led to the introduction of a sensory bath experience to aid people to feel more relaxed during these times.

Is the service well-led?

Our findings

People were at the heart of the service. There was a positive, inclusive and open culture which centred on improving the service it provided for people. The management team were proactive in developing and sustaining this culture and had a clear vision and set of values which enhanced the quality of care they provided. The registered manager was innovative in their approach to providing care and support and encouraged the staff team to be the same. New ideas were actively sought through the staff champions' scheme and these were implemented in order to enhance the quality of service provided. A member of staff told us, "I absolutely love it here. It has a very relaxed atmosphere; it is a home not a care home. The residents have their own choices and make their own decisions and if they want their privacy they get it." A relative commented, "Staff always know what they are about, they are generally cheerful and there is a friendly feel to the place."

People's feedback about how the service was managed was extremely complimentary. One person told us, "It is beautifully run." Another person expressed how they felt about the registered manager's approach to running the service and added, "[Registered manager] is very nice." A family member said, "[Registered manager] is very approachable and considerate."

Staff were valued by the management team. The registered manager told us, "I am most proud of my staff. They have supported me in the changes, they support me and I support them." The importance of good communication and team work was continually advocated and the management team strived to be inclusive in the support provided to all members of the staff team, whatever their role. For example, the registered manager explained about their approach to training, "I don't differentiate between staff and I do all the training with them. We all do them [regardless of role] for instance, what if a pill was found by the kitchen staff?" A member of staff confirmed, "Staff morale is high, we work together as a team. I am very happy in my job."

The registered manager highlighted that they were also supported from all levels of the organisation. They told us, "I feel absolutely supported by the area manager. The proprietor comes one or two times a week and goes over my audits and gives me action plans. This strong working relationship meant that the provider was continually informed and updated and therefore had effective oversight of the service."

The provider, management team and staff were committed in their holistic approach to providing people's care and support. They encouraged and supported people to live as full and varied life as they wished and worked with people to overcome any potential obstacles to this such as failing health, mobility or other more practical issues. For example, the dreams of three people who wished to go on a trip to Paris could have been compromised by the fact that passports had expired and the cost of the trip was substantial. However, this had been overcome and new passports had been applied for and fundraising events arranged to enable this trip to take place. This was in line with the provider's Statement of Purpose which stated that one of its aims and objectives was, "To foster an atmosphere of care and support which both enables and encourages our service users to live as full, interesting and independent lifestyle as possible."

Staff were encouraged to support and value each other to ensure they worked effectively as a team. They told us that they felt supported, listened to and that the management team were approachable and provided support when they needed it. A member of staff commented, "The manager is really good and I can go and talk to [them] about any problems. Things I need for activities [registered manager] has gone and bought them and if I think of something new [registered manager] normally says yes. It is a happy team and I see them support each other."

The management team worked in partnership with various organisations, including the local authority, clinical commissioning groups, specialist and district nurses, and mental health services, to ensure they were following correct practice and providing a high quality service. The registered manager was taking part in the 'My Home Life' leadership programme. This gave them the opportunity to meet regularly with other managers to share best practice, knowledge and skills.

The service was significantly involved in the Prosper project. A collaboration with Essex County Council which aims to improve safety and reduce harm for vulnerable people living in care homes, who are at particular risk of admission to hospital or significant deterioration in their health and quality of life. Through Prosper the innovative ideas developed at the service, such as 'Light up your night' were being shared and promoted so that people living in other services could also benefit and receive improved quality of care. This particular project had also received extensive press coverage from television, regional and national newspapers as well as contact being made from a hospital in America who were impressed with the idea and wanted to explore how they could adopt a similar system. Staff were happy and proud to encourage these links and celebrate their onward use and success.

People and staff were empowered to voice their opinions, and the management always responded to comments put forward. People, their families and staff were provided with a range of ways in which they could express their opinions including surveys, meetings and via a feedback station located in a prominent position within the service. People were kept well informed about what was going on at the service via a regular newsletter which gave usefully information about forthcoming events as well as celebrating successes in the service and recognising special occasions and achievements of people and staff. People were encouraged to be involved and have ownership of what was happening in the service. There was a strong emphasis on continually striving to improve in order to provide a high standard of care.

There were robust quality assurance systems in place which meant the management team had clear oversight of how the service was meeting people's physical, emotional and social needs. The registered manager undertook regular audits to ensure quality and safety. These were further supported by audits carried out by the area manager and provider and included audits of care records, medication, complaints, safeguarding, emergency planning, accident reporting and Infection control. There was an open and transparent culture in the service. Where audits identified problems, records showed these were dealt with in a timely manner. Information gathered from auditing processes were used to drive continual improvement in the service.

The management team had a holistic approach and highly effective oversight of how the service was meeting people's physical, emotional and social needs. They set a high standard for their staff and led by example. When asked questions they were able to respond immediately, demonstrating an in-depth knowledge in all areas. The service was held in high regard and professionals we spoke with acknowledged its innovative and caring approach.

The management and staff took a pride in their work. This showed in the way they interacted positively with people at all times. All staff, regardless of their role and position were enthusiastic in their approach and

worked in line with the providers values and stated aim to provide a secure, relaxed and homely environment in which a person's care, well-being and comfort is of prime importance. These values were reflected in the way in which care and support was consistently delivered in a safe and personalised way with dignity and respect and independence was promoted at all times.