

Shinfield Lodge Care Limited

Shinfield View Care Home

Inspection report

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Date of inspection visit:
30 October 2019
31 October 2019

Date of publication:
17 December 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Shinfield View Care Home is a care home without nursing providing personal care to 64 people aged 65 and over at the time of the inspection. The service can support up to 66 people some of whom may have a physical disability, sensory impairment and/or be living with dementia. The accommodation is spread over two floors and all bedrooms have en suite facilities.

People's experience of using this service and what we found

The registered manager and staff showed exceptional skill and innovative thinking when looking for ways to reduce risks for people, whilst encouraging and enabling maximum independence. People were protected from the risks of abuse and felt safe living at the service. Staff recruitment and staffing levels supported people to stay safe while going about their daily lives. Medicines were handled correctly and safely. People were fully involved, and the provider was open and transparent when things went wrong.

People received highly effective care and support from staff who knew them well and were well trained. People's rights to make their own decisions were protected. Staff worked well together for the benefit of people and were completely focused on meeting the personal, health and social care needs of people living at the service. 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.

People were treated with exceptional care and kindness. They and their relatives thought very highly of the staff and praised their caring, thoughtfulness and willingness to go above and beyond the call of duty for them. The registered manager and staff had created lasting and meaningful relationships with people. Those relationships enabled the service to provide excellent care, which achieved highly positive outcomes for people. The management and culture of the service demonstrated a caring approach and staff were also valued and cared about. People were treated with the utmost respect and their dignity was continually upheld. This was confirmed by people and their relatives who provided exceptional feedback. People's diverse needs were identified and met and their right to confidentiality was always protected.

People received a truly person-centred service which promoted excellent outcomes for them and which included supporting their independence and having control over their lives. People received care and support that was personalised to meet their individual needs. Staff worked extremely well together for the benefit of people practising the ethos of the service: to focus on the needs of the people and their wellbeing. One community professional commented, "Shinfield View provides care that is very much person centred. Individual's needs and preferences are always taken into account. Providing choice is of paramount importance in everything, from what and where to eat, to what kind of activities they would like to participate in."

People benefitted from staff who were extremely happy in their work and felt well managed and very supported. The registered manager and staff team were highly motivated and proud of the service they

delivered to people. There were consistently high levels of engagement with people using the service, families and other professionals. There was a strong commitment to ensure the service was inclusive and that people had the opportunity to extend their lives in the community. One community professional told us, "In my opinion the service delivers top quality care. I have worked in my field for many years and in many care homes. I would state without hesitation that Shinfield View delivers the best quality care I have experienced anywhere, in every aspect, from the food, to the quality and variety of the activities, the access to a range of professional services, the physical environment of the building, its cleanliness and attractiveness and the kind-hearted staff who work there."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Shinfield View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of one inspector and one 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and any improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 19 people who use the service, seven conversations were in depth, and three visiting relatives

about their experience of the care provided. We spoke with the registered manager, the deputy manager, the provider's operations director and the provider's operations manager. We also spoke with four senior care staff, six care staff, two activities staff, the chef and two of the housekeeping staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff recruitment files. A variety of records relating to the management of the service were also reviewed. These included staff training records, staff supervision records, health and safety audits, fire and legionella risk assessments, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from 15 local authority and health and social care professionals who work with the service and received replies from nine.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk (people who use the service), safety monitoring and management

- The registered manager and staff showed exceptional skill and innovative thinking when looking for ways to reduce risks for people, whilst encouraging and enabling maximum independence. For example: One person with dementia walked almost constantly, eventually becoming tired and losing their balance, falling one to two times each month. The staff and family met to discuss ways that the person could be encouraged to sit and rest occasionally. Every week the service hosts an activity where local residents bring their babies and toddlers to a session at the home where people living at the home and the toddlers play games and chat (Tiny Feet group). The person's relative explained, "Because Mum loved the Tiny Feet group so much it was decided to introduce 'doll therapy' and get Mum to sit down and cuddle [the doll]. This seemed to work, and Mum was immediately taken with the doll, proudly showing the 'baby' off to other residents." Staff reported to us, "A group of other ladies came over to [Name] and started having a chat with her about baby Chloe, it was lovely to see them all having a group conversation with smiles all round. When we looked at our watches, [Name] had been sitting down for nearly an hour."
- As the person continued to walk around the corridors, staff introduced a pram for the doll. This worked by giving the person a purpose for walking and something to hold onto to steady themselves. The records kept by the staff showed the person had fallen seven times in the 6 months prior to the introduction of the doll and pram. In the following six months there was only one fall recorded. A relative wrote saying, "... this meant less distress for Mum, less trips to the hospital and less worry for us as a family. They did what they could to keep Mum as safe as they could."
- Another example of where the staff had shown their commitment to making people as safe as possible was the work done with someone else who was falling frequently. After consulting and getting the advice of the occupational therapist with the local care home support team, the service put in place the therapist's recommendations. These included, changing the person's bedroom lighting, purchasing chair, bed and motion sensors; purchasing a profiling bed; purchasing a new chair suited to the person's height; limiting the use of patterns and changing the carpet for vinyl flooring so that the person was able to shuffle without their footwear catching on the carpet. The records showed that the number of falls the person had after the measures were put in place, reduced from nine in four months to six in four months. We saw a card from the person's relative which stated, "Thank you ... for keeping him safe, offering him care and support, but most of all loving him the way I did."
- The registered manager described action they had taken to get a person urgent help regarding their safety. In June 2018 the person was living at another care home but visited Shinfield View for an assessment with the registered manager as they wanted to move in. During the assessment they noticed the person was having difficulty swallowing. They asked the person's relative to pass a message to the home that the person

would require a referral for a swallowing assessment. A second assessment was done at Shinfield View at the end of July, two days before they moved in. The deputy manager contacted the care home directly to highlight their concerns as they felt the person's swallow was getting worse. When the person moved to Shinfield View two days later the registered manager and deputy manager had arranged for a speech and language therapist (SALT) to be present that day and carry out an urgent swallowing assessment. The staff were then able to ensure the person had the thickened liquids and pureed diet, prescribed by the SALT, to make sure the risk of choking, or aspirating liquids was reduced as soon as possible from the beginning of their move to Shinfield View Care Home.

- Another relative asked the service to pass an email to us to inform our inspection. In the email the relative told us, "Since Mum and Dad moved to Shinfield View last year I've felt a sense of relief that they are now in a safe environment, with their needs being met."
- Staff were vigilant about making sure people were protected from risks associated with their health and care provision. Staff assessed risks such as moving and handling, and care plans incorporated measures to reduce or prevent potential risks to individuals. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

Systems and processes to safeguard people from the risk of abuse

- People felt very safe at the service. The registered manager wanted to ensure people felt safe at the service and introduced a 'feeling safe' survey, usually carried out once or twice a year. In the survey two main questions were asked, one to find out if people felt safe and the second to ask if there was anything that would make them feel safer. Staff and relatives helped people provide their feedback where they could not do so independently. The report of the survey carried out in October 2019 showed 22 people took part. Of those, 21 people said they felt very safe and one person said they felt safe but was worried that some people knew the door codes. However, they were reassured when told the codes were changed frequently. Comments on the forms included, "Everyone does a good job to keep us all safe", "Happy as Larry with all the safety here at Shinfield" and "It's very important to me to feel safe... I love how safe I feel here".
- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. They were very clear on what actions to take if they felt people were at risk of harm.

Staffing and recruitment

- People said staff were available when they needed them and had enough time to support them without rushing. Comments seen in the feeling safe survey included, "There is always enough staff around to help me", "[There are a] lot of care staff around" and "[Staff] are always there if we want help". Staff said there were enough staff for them to do their job safely and efficiently. We saw there was always at least one member of staff present in any of the communal rooms.
- Community professionals thought the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs. One professional commented, "The management is able to deploy staff and ensure skill mix to provide appropriate care to residents. Supervision and leadership is evident from team leaders and members of the management team and support staff on the floor in the event of an emergency situation."
- People were protected by the recruitment processes put in place and followed by the provider. These made sure, as far as possible, that people were protected from staff being employed who were not suitable.
- Whilst staff files included most of the required recruitment information, in two of the files the service had received date only references which did not provide the required evidence of conduct in previous employment in health and social care. This was rectified promptly. The registered manager obtained the missing information immediately following the inspection. The registered manager explained that, going forward, they would make sure they checked that all required recruitment information was obtained before new staff were rostered to work with people living at the service.

Assessing risk (premises), safety monitoring and management

- Community professionals thought the service and risks to individuals were managed so that people were protected. One professional added, "The service undertakes the fundamentals of risk and are learning from and accepting advice from professionals regarding risk management in specialist areas."
- Emergency plans were in place and staff were aware of their content. For example, there were emergency procedures in case of loss of electricity. These included actions for staff to take to ensure they could access the important information in the electronic care plans.
- Safety checks of the premises were carried out regularly. For example, hot water temperature checks, fire safety checks and fire equipment checks. External health and safety risk assessments had been carried out, such as for fire and legionella control. We saw that any recommendations arising from the risk assessments had been acted upon to ensure identified risks were removed or reduced.

Using medicines safely

- People's medicines were stored and handled safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. The registered manager explained they had a new electronic system for recording and handling medicines. The computerised system was linked to the dispensing pharmacist. The system included a 'live time' overview of medicines dispensed and administered and reduced the risk of errors going unnoticed. We saw staff followed their training and current best practice guidelines when administering medicines.
- Medicines administration record sheets were on the electronic system, making it very easy for the senior care staff to monitor and ensure medicines were given when and as they should be. The registered manager explained the system was especially useful for ensuring medicines, which were very time specific, were given properly. For example, for one person it was important that their medicines for the management of Parkinson's Disease were given at very precise times through each 24-hour period. The new system ensured this happened.
- An external pharmacist carried out an audit of the handling of medicines at the service at the beginning of October 2019. In their report on the visit they wrote, "Medication at Shinfield is handled very effectively and all the records are well kept. No points to action on this visit."

Preventing and controlling infection; Learning lessons when things go wrong

- The premises were extremely clean and tidy, and people were protected from the risk of infection.
- Staff had been trained in infection control and we saw they put their training into practise when working with people who use the service.
- Procedures were in place to ensure any incidents or accidents were recorded, together with details of actions taken and the outcome of any investigation. Steps would then be taken to ensure lessons could be learnt when things went wrong. Records we saw showed the procedures were followed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to eat and drink enough to maintain a balanced diet

- The service placed a high emphasis on the importance of people eating and drinking well. One professional told us, "Good nutrition is ensured [at the service] by the provision of high quality well balanced and healthy meals which are beautifully presented to help encourage appetite. There is a strong emphasis on maintaining hydration at all times and people are properly assisted to ensure adequate food and fluid intake." Another said, "One example [of effective care] is the nutritional and hydration needs of a resident and they have worked hard as a team to make this a focus of effective care."
- Where people needed extra help to eat, the service had implemented a 'buddy' system. Where staff 'buddy' with people at mealtimes. We saw this was very successful, for example, one person paced all the time and would not sit down for meals. Their buddy walked with them carrying her lunch and was able to give her mouthfuls in between pacing. The staff member told us they were able to get the person to have a three-course meal in this way. Mealtime buddies included staff from all departments of the service. One member of the domestic staff team told us, "The hour I spend with [Name] at lunchtime is the best hour of my day."
- Where people required pureed food the home had purchased food moulds so that their pureed meals were separated into different ingredients that were shaped to look like the different foods. In September 2018 the service had won the local care home support team's competitions for "Flavourful Puree Platter" and "Puree Platter". The certificates were awarded, "In recognition of valuable contribution to resident's dining experiences." We saw staff always made sure foods were available to meet people's diverse and cultural needs and preferences.
- Where people were at risk of malnutrition or dehydration this was reflected in their care plan and records were kept of the person's food and fluid intake. Staff then ensured people had the required amount of food and fluid or took appropriate action if not. People were weighed monthly or more often if their weight indicated a concern. We saw referrals were made to the GP where there was a concern that someone was losing weight or was putting on too much weight.
- During lunch there was a relaxed and jovial atmosphere in the dining rooms on both floors and in the bar/Bistro. People who use the service were chatting and interacting happily with staff and each other during the meals. Several people had a family member visiting to have lunch with them. People told us they enjoyed the food at the service and said there was always a choice. One person commented, "The food is very, very good."
- People could eat in their rooms or in one of the dining rooms. They could also eat in the bar Bistro area where they had a choice from the main menu or the bar snack menu. Many relatives complimented the "fine dining experience" that the service offered. This is where people and their relatives could book the private

dining room for a family meal or special occasion. The private dining room seated 10 people easily and had its own menu with waitress service provided. We saw a thank you card from a relative saying, "Could you please pass on a big thank you to all your team for Mum's birthday fine dining lunch, which we all enjoyed very much today. Also, for Mum's Bistro lunch with her friends on Friday which included the first of two lovely birthday cakes."

Supporting people to live healthier lives, access healthcare services and support

- People received very effective and prompt health care support from their GP and via GP referrals for other professional services, such as community mental health teams. We saw feedback from a professional given to the home in March 2019. They wrote, "I would like to report that the working relationship between [us] and all staff at Shinfield View is excellent. We have found that the care provided for [people] by the care home staff is second to none."
- Staff were highly proactive in ensuring people received the healthcare services they required. One person moved into the service straight from hospital. When staff were carrying out the person's admission assessments, they saw their toe nails were extremely overgrown and curling, making it impossible for the person to wear shoes or slippers the correct size. The staff immediately contacted an emergency chiropodist who went to the service the same day and provided treatment.
- One relative, who was not able to meet us on the day of the inspection, sent us a message, "Please can you convey to CQC my utmost admiration for the whole of Shinfield View. The management and care are exemplary... The individualised care that you deliver is something to be envied by other care environments."
- The staff and service embraced the use of new technology where it could help people and improve their quality of life. For example, one person was spending more time in bed and needed to have their position changed every two hours throughout the day and night to reduce the risk of skin breakdown. Staff felt this was having a detrimental effect on the person's wellbeing and disturbing their sleep too much. With input from an occupational therapist, the service purchased a mattress overlay that could be programmed to change the person's position gently and relieve skin pressure. The service reported the person's skin had remained clear and this had reduced the need for staff repositioning the person from two hourly to four hourly, greatly improving the person's sleep and comfort.
- Community professionals felt the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. Other comments from professionals included, "The service supports its residents to access health services and is proactive in its management, seeking specialist advice, making referrals and appointments for the residents who live there" and "The team demonstrate very good understanding of effective care... [one] area is recognising when a resident is deteriorating and requires escalation, extra support or a referral to health services. The staff work within the scope of their competence and ask for advice and support when required."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received excellent care and support from staff who knew them very well and knew how they liked things done. Community professionals thought the service provided effective care, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional told us, "... the service employs high quality staff with excellent skills. The regular training they receive ensures that these skills are maintained."
- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person had been involved in drawing up their plan. The care plans were based on current best practice and showed the registered manager and staff had a good understanding of each person's individual needs and what they should do to meet those needs. The care plans were kept under monthly review and amended when changes occurred or if new information came to light.
- The registered manager and staff were aware of, and had received training, in the latest best practice

guidance on oral care. Oral health was assessed fully on entry to the service in line with this guidance. Oral health care plans were in place and staff ensured people had easy access to toothpaste, toothbrushes and denture cleaning products. People were able to see their dentist for routine check-ups and when needed.

Adapting service, design, decoration to meet people's needs; Staff working with other agencies to provide consistent, effective, timely care

- People benefitted greatly from staff who understood the importance of the environment in helping people maintain their independence as long as possible. At least twice a year the staff carried out a dementia environmental assessment. In this assessment staff checked the premises and facilities continued to offer suitable adaptations and environment for people living with dementia. They also carried out a person-centred environmental audit on each individual living at the home. This included looking at adapting bedrooms and en suite bathrooms for individuals where appropriate. Following the assessments, staff drew up an action plan and took action to implement the improvements identified.
- A lot of work had been carried out to make the premises more dementia friendly and we saw the changes made were in line with current best practise. The changes were designed to enable people to be as independent as possible and maintain the skills they had as long as they could. For example, dementia signage had been added to enable people to find their way around more easily. Colour contrasting was used to enable people to identify items such as light switches and toilets.
- Staff worked well with other agencies to understand and meet people's individual and changing needs. The care plans incorporated advice from professionals when received. Community professionals told us the service worked very well in partnership with other agencies. One professional explained, "The service has consistently demonstrated a willingness to work in partnership with NHS teams, Social Services and other professional agencies."

Staff support: induction, training, skills and experience

- People and their relatives reported they received high quality care from staff that had the necessary knowledge, skills and experience to perform their roles. One person told us, "They are very knowledgeable." Community professionals thought the service provided effective care, from staff who have the knowledge and skills they needed to carry out their roles and responsibilities. One professional commented, "The team at Shinfield View are very receptive and engaged in the training we deliver on a variety of physical and mental health topics. They participate, ask questions and apply the new knowledge to their residents."
- The service provided training in topics they considered mandatory, such as moving and handling, first aid and fire safety. All training the provider considered to be mandatory was up to date. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. One member of staff commented, "The training we have, I feel, goes above and beyond to ensure that we are able to provide the best care and also that we are knowledgeable about the conditions that some residents live with."
- Staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people with diabetes, Parkinson's and dementia. The registered manager explained that some training, such as dementia training and falls awareness, is provided to staff in all departments. This ensures all staff are well trained and equipped with the knowledge they need to support people living at the home, irrespective of their job title.
- Staff received formal supervision every two months to discuss their work and how they felt about it. Staff said they felt this enhanced their skills. Once a year staff had a formal appraisal of their performance over the previous 12 months.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority. We found the principles of the MCA were being met.
- Staff received training in the MCA and were clear on how it should be reflected in their day-to-day work.
- People's rights to make their own decisions were protected. The records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life.
- People confirmed, and we observed, staff asked permission before any care was carried out.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported;

- In all areas of their work staff at the service demonstrated a strong, enthusiastic and extremely positive person-centred way of working and thinking. They were passionate about their work and focused on giving people the very best quality of life possible. Relatives, people and staff spoke often about the love they felt there was at the home. Comments from relatives included, "The endless patience and love shown, not only to Mum but to all residents, reassures me she is in very good hands", "My father has had such a fantastic, high quality of life since he joined in [month]... the family are all in agreement that Dad has benefited from your environment" and "There are so many individuals on your staff that I would like to thank that I really cannot name them all. But please know how grateful I am that Mum is not only exceptionally well cared for, but also loved."
- People and relatives said, and we observed, people were treated with tremendous care and kindness. One person said, "Carer is their title but they do it because they care. Even to the boss (registered manager) she is very caring too." We were told about one married couple, married for over 60 years, living at the service. In August 2019 one of the couple collapsed and needed urgent and major surgery. Staff visited him in the local hospital, taking the person's wife with them whenever possible on the two days he was there. The person was then transferred to London for the surgery. On the day of the surgery the staff arranged, with the hospital, for the couple to have a video call together, so they could see each other and be reassured. A grandchild of the couple wrote to the home saying, "Thank you for everything you are doing. Your team are absolutely amazing and constantly go above and beyond for my grandparents."
- One relative sent us a message the day after our inspection saying, "Finding Shinfield View has changed all our lives [the family]. We went from feeling guilty and anxious about moving Mum to residential care, through sheer disbelief that such a place could exist, to delight and relief as we saw her become more settled and begin to enjoy her life more. The staff are exceptional and so amazing at diverting Mum when she becomes anxious and confused. Your team have allowed her to be herself, and not just another dementia patient and the activities you offer are wonderful. I never thought I would see Mum on a horse again!"
- People, their relatives and staff all have access to a 'Mental Health First Aider', who is employed by the service. Mental health first aid (MHFA) is the mental health equivalent of physical first aid. On their website MHFA England explain that it is recognised that early intervention can reduce distress, help to preserve life, and empower a person experiencing mental ill health to get support for recovery. The registered manager explained that this staff member is available at any time for people, their relatives or staff to talk to for support. We saw a comment from one relative, "I would like to thank [mental health first aider] for talking to me today. She was very helpful and understood my problems with guilt and sadness since [family member's

name] has been cared for at Shinfield View. I now feel much relieved and reassured..."

- Community professionals thought the service was successful in developing positive, caring relationships with people. One professional told us, "The staff are incredibly skilled in developing wonderful bonds with those for whom they care, and every day I witness staff members going that extra mile to ensure the wellbeing of their residents."
- We found, and many people and their relatives commented on how happy the staff were all the time. This was supported by comments made to us by the staff. Those comments included, "Working for this company is the best job I have ever had. Our residents are at the heart of everything we do, and I feel every member of our team genuinely cares for each and every resident", "I always had an idea of how older people should live and this is definitely it. The company give us the right tools and budget to do amazing things for our residents. I couldn't be happier" and "The morale, the training, the support, the staff and the residents are all outstanding in my opinion".

Respecting and promoting people's privacy, dignity and independence

- The staff and service showed extraordinary skill in anticipating people's needs and recognising the earliest stages of distress and discomfort. Staff took proactive actions to develop plans on how to help people when those early signs of distress were noted. Two relatives came to the home specially to talk with us about the care their late mother had received recently. They told us, "Right from the start the help Mum received here was just outstanding. The care, compassion and love shown to Mum made her last three and a half years as good as it could be. They [staff] were constantly looking for different ways to help her in the different stages of her dementia." The relatives gave an example explaining how the staff had taken a suitcase and filled it, with help from the family, with memorabilia important to their mother. For example, her wedding photograph and a scrapbook of memories from her life with their father. Staff told us when the person felt anxious or was agitated it helped her if staff went to the Bistro for a coffee with her and looked through the suitcase together. We saw a photograph of the person sitting with a staff member looking through the suitcase. She was obviously very relaxed and smiling happily whilst pointing out something in a photograph to the staff member sitting with her.
- Rights to privacy and dignity were supported. All interactions observed between staff and people who live at the service were respectful and professional. Community professionals said the service always promoted and respected people's privacy and dignity. One professional added, "The wishes and preferences of the residents are always respected and take priority over everything else."
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible. One relative commented in a letter to the service, "Mum wasn't happy to be 'dumped' in a care home, it was her worst fear. You won her round. You gave her back her independence, she was no longer reliant on family - which previously she had thought was independence, but now had a life of her own. Her 'life' at Shinfield View was so rich."
- People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. People told us staff encouraged them to be as independent as they could be.
- People's right to confidentiality was protected. All personal records were kept locked away and not left in public areas of the service.

Supporting people to express their views and be involved in making decisions about their care; Respecting equality and diversity

- The people living at the service were fully involved and truly central to everything that happened there, from the day to day life, to larger decisions about future plans for the service. People's equality and diversity needs were identified and set out in their care plans. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working

with them in the service.

- One relative told us how a staff member had gone above and beyond for their mother. They told us, "[Staff name] had looked after Mum the day she first arrived at Shinfield View. When Mum went into hospital for an operation [staff name] came in at 5am to ensure Mum was ready and reassured, even though she wasn't on duty. This is above and beyond what I expected, but that's just the way the Shinfield View staff are!"
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. The service was in the process of redecorating and adapting a room at the service. This was to make sure one person living at the service was able to follow their faith and have a quiet, peaceful and dedicated area for their prayers. A member of staff, of the same faith, described how they had been involved in adapting the room and explained they would also be able to use the room to follow their faith.
- People's views on the support they received was regularly sought. People and their relatives confirmed they were asked their opinion on how things were run at the service. One relative described in a letter how their parent had been able to choose which decisions in their life they retained, and which were handed over. They wrote, "Mum no longer spent her time worrying about how to get to medical appointments, get the shopping, the laundry, do all the everyday tasks that were overwhelming her, Shinfield View did all of that, Mum was left to have fun, 'there isn't much time to rest, it's always busy here' Mum said!"

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Arrangements for social activities were both innovative and highly person centred. The service had gone the extra mile to find out what people were interested and what they had done in past lives. For example, for one person who had been in the Royal Air Force, the activities staff had arranged for him to go on a trip to a heritage centre and 'fly' a plane on a Spitfire aeroplane simulator. The person's son commented on seeing the photographs on the service's Facebook page, "As my dad was in the RAF, I am sure he found it interesting! Looks like he's concentrating hard flying in the simulator!" Although the person did not later recall the trip, a staff member told us how important it was that people with dementia enjoyed every minute of their life and lived for the moment.
- The registered manager explained that the activities team and staff had been asking people what they wished to do and doing all they could to make their wishes come true. We saw many photographs of the experiences people had enjoyed where their wishes had been fulfilled. We also saw many compliments from relatives who had shared those experiences. For example, one person had said they would like to go to the Ritz Hotel in London. Her relative commented after the trip, "Thank you very much indeed for giving my Mum, and me, such a lovely day out on Thursday. The experience of afternoon tea at the Ritz was fabulous anyway but the care and attention that [two staff members' names] gave Mum made it completely stress free, for us anyway. Mum just loved being in the Ritz."
- Another relative wrote to the registered manager and activities team about a trip organised for their mother to see a performance of her favourite musical. The relative wrote saying, "Thank you so much for arranging for Mum and I to see Fiddler on the Roof at the London Playhouse. The whole day worked so well thanks to your organisation. Mum and I had a wonderful day. thank you."
- Another example was where someone had told staff she had always wanted to go ice skating but had never been. One of their relatives commented this had been, "... the ambition of her life, something she'd missed out as a youth because she had to look after her baby brother, ice skating!" Although the person was dependent on a wheelchair for mobility, an afternoon wheelchair ice-skating was arranged. The person commented to staff she had felt like it was her skating.
- People had access to many activities in the home and local community that took into account their individual interests and links with different communities. Thank you cards to the home described some of the activities their family members had been involved in. For example, "My father has dementia and the variety of events that he gets involved in has really impressed us. Bowling, snooker, walking, social clubs, seaside visits, quizzes to name but a few. He has enthusiastically got involved in all of these...", "She loved the live music, the skittles, the exercise class, the tiny feet group, (sometimes her granddaughter brought along some of Mum's great grandchildren) and quizzes! Visits from Birds of Prey and Insects! Something always happening, never a dull moment! Mum enjoyed the cinema room... she went pottery painting,

afternoon tea, the Irish club, school nativity play, the beach."

- One person who had been at the service for a short stay commented on a care home review site in May 2019, "I am still not sure if Shinfield View is on planet Earth because everyone is so kind, caring and helpful. Nothing at all is too much trouble. They also have a great sense of humour. Each day there is something going on. It is great. Many thanks."

Supporting people to develop and maintain relationships to avoid social isolation

- The activities team and staff were determined to make sure people were able to maintain and develop relationships that were important to them. Everything at the service was concentrated on making sure people had as full and happy a life as possible. Staff were proud of the activity provision at the service and the work they do to ensure people are able to maintain the relationships important to them. One member of staff explained the activities team had been shortlisted to the top five care homes in the category of Activities Team of the Year in the Caring UK Awards 2019 and were awaiting the outcome.

- The day of our inspection the Tiny Feet group was taking place. As it was Halloween, the children had all dressed up in Halloween costumes. The children were very interactive with the people who had joined the group and knew them well from their weekly visits. Some people were interacting directly with the children. For people who were more reserved, staff were sitting with them and pointing out what individual children were doing. People were animated and chatting with the children and staff about what was going on.

- Relatives we spoke with all mentioned how they were made to feel welcome whenever they visited. One relative told us, "Nothing is too much trouble, they make sure whenever we visit that we have a nice time with Mum." We saw many compliments and heartfelt thank you messages from relatives relating to events arranged by the service for individual people and their family and friends. Some of those compliments included,

- "A huge thank you for our lovely fine dining evening this week. We had such a great time and Mum loved it! It is not often we are all together." and "Our sincere thanks to all staff involved in making our Wedding Anniversary special, it was really nice for us both. [Name] was so relaxed and has always loved to give me flowers, they now look very good here at home, many thanks."

- "I had to find some time to formally thank your wonderful kitchen and Bistro staff and for making Mum's fine dining experience so special. The service was sensational and every one of my Mums' friends couldn't believe the experience they had. ...we all felt we were at the Ritz and extremely spoilt. Food was fantastic, [staff name] even found one of the gentleman's favourite ales. [I am] speechless frankly, and it just further cemented what I knew ..., that Shinfield View is absolutely the right place for my Mum."

- "Thank you all so much for helping me to make Mums 90th a special event. The whole team were amazing, nothing was too much trouble. Everyone was so cheerful and made so much effort. The food was delicious and lunching in the private dining room with such brilliant service made it so personal. Please thank everyone involved, you really pushed the boat out for her and we so appreciated it."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that was highly individualised to their personal needs. People said staff knew how they liked things done and always did things that way. One person told us how she liked a very early shower each morning and explained, "They always help me with my shower whenever I wake up." One relative commented, "They are incredibly caring, they know what she likes."

- Community professionals thought the service provided personalised care that was responsive to people's needs. One professional told us, "If I have recommended equipment this has been purchased very quickly by the home to be able to meet the resident's needs. They worked really well with a lady who was having a high number of falls to personalise her care and this led to a drastic reduction in the falls she was having."

- People's care plans were based on a full assessment, with information gathered from the person and

others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care. People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored, and their care plan was adjusted to meet those needs if necessary.

End of life care and support

- Following a project in 2018/9, the registered manager and staff had developed exceptional skills in providing end of life care. An end of life care presentation was created and delivered to staff and then added to all staff induction training as required training. An oral health and mouth care in end of life presentation was created and delivered to staff, this was also added to all staff induction training as required training. Staff attended several scheduled days at a bereavement centre. New robust end of life paperwork and care plans were created.
- The service had also introduced a 'Namaste' care programme. We saw an explanation which explained, "Namaste care is all about giving and receiving love. Namaste means 'to honour the spirit within', the ethos being to acknowledge the person first, not the disease. To prevent isolation in death, inviting them to be in the presence of others, in a peaceful place, filled with soft music and a feeling of love." The registered manager explained this had been introduced following the recommendation of a local community health professional.
- As a result of completing their Namaste care programme the service had introduced a number of things. For example, a pull-out bed so that relatives could stay in the room with the person at the end of their life; a private time sign for the room; warmer lighting; flowers in the room and soft relaxing music. There was also a 'Namaste box' containing a number of items to aid relaxation and wellbeing including, hand and foot massage cream; body moisturiser; LED candles and lavender scented items.
- We saw many thank you cards from relatives of people who had received end of life care at the service. One relative wrote thanking staff for their care of their family member, "...especially during her last days. She died with dignity, in the place she called 'home', surrounded by her family and all who cared for her. Thank you too for all the support you gave us during such a difficult time."
- Other thanks included, "...especially for the amazing way you cared for him in his last few weeks. We were blown away by your kindness, and the dignity and respect you showed him in every way. We would not have wanted him to be anywhere else. We also enjoyed the warmth you showed to us, it made those last few weeks bearable" and "We are grateful for everything you did for [Name], and the support you gave us as a family during his final days. So many of you cared for him. We would like each and every one of you to know how much your care and attention was appreciated. We know he was happy at Shinfield View."
- At the time of this inspection the service was not supporting anyone with end of life care. However, people's preferences were sought as part of the assessment process and when appropriate.

Improving care quality in response to complaints or concerns

- People and relatives knew what to do and who they would talk to if they had any concerns. Although no-one we spoke with had any complaints or concerns, they were confident action would be taken if they did raise concerns with the staff or the registered manager.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- We saw complaints were looked into in line with the provider's policy and procedure. Complaints had been well documented, together with actions taken as a result of lessons learnt.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and recording this in their care plans.
- The registered manager was aware of the specific requirements of the AIS and was in the process of ensuring the communication needs of people were documented in a way that would meet the criteria of the standard.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service was highly proactive and very involved in the local community. A local clergyman complimented the service, "We sincerely appreciate Shinfield View and the valuable contribution it makes to our village and local community. In all our engagements with staff they have proved helpful and go the extra mile to make things go well. They demonstrate love and care for residents, seeing them as individuals with personal qualities, tastes and character to be appreciated and nurtured. Staff are generous in support of all sorts of community activities, including for schools and toddlers as well as adults and the elderly. This seems to benefit residents who are then engaged with, rather than isolated from, local activities. In the relatively short time that Shinfield View has been present in the village, they have made such a rich contribution, that the community would be at a loss if they were to not be present."
- The service was awarded the Reading Business in Action award in November 2019 for companies with 50 employees or less. A local newspaper article explained, "The care home has been awarded not only for its all-round care for the well-being of its residents, but also its charitable work in organising the Carols Round the Tree Christmas event and letting the Shinfield Singers Community Choir practice at the care home." Comments made in the nomination from local people in the community included, "I would recommend Shinfield View Residential Care Home because of the invaluable contribution they make to our village and local community", "Everyone in the village speaks highly of them and I can say that in all my engagements with staff they have proved helpful and go the extra mile to make things go well" and "We hold a toddler group for our local mums and have raised over £10,000 for different charities including Thames Valley Air Ambulance and to raise money for a new roof for St Mary's Church". A local clergyman added, "Whether it's supplying pancakes for the community pancake race, refreshments or support for local organisations and churches, use of meeting rooms, hosting community events, raising funds for community projects, whatever they involve themselves with, the management and staff of Shinfield View always go the extra mile."
- There were monthly staff meetings, with all meetings repeated two to three times a month until all staff were able to attend. Residents and relative meetings were held every three months where views were sought on any proposed changes, as well as suggestions requested for any improvements.
- People and their relatives felt the service was very well managed and that the management listened and acted on what they said. Staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously. For example one member of staff told us how the registered manager was asking her input on the development of a private room for one person, and staff, to follow their faith.
- There were several different ways that the views of people, staff and professionals were sought and used

in the monitoring and development of the service. For example, annual surveys of people, their relatives, staff and community professionals. There was an effective audit system in place that included audits of different aspects of the running of the service. The audits included care plans, medicines and the health and safety of people and the premises. Where issues were identified, actions were taken to ensure everything met the required standard. For example, one person's bedroom flooring had been changed as a result of an audit of their falls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Shinfield View Care Home provided exceptional care and a high-quality lifestyle to people living at the service. Staff were highly motivated to do their very best by the registered manager and management team. They were extremely proud to work for the service and of the work they did there.
- The registered manager became registered in June 2017. In the time since then the service has gone from strength to strength to achieve a rating of outstanding at this inspection. The staff and higher management of the organisation accredited this primarily to the work, enthusiasm and extremely caring nature of the registered manager. The registered manager told us that everything achieved at the home had been made possible by the tremendous support she always received from the regional management team, the nominated individual and the provider's directors.
- Comments from staff relating to the registered manager included, "[Name of registered manager] is amazing and is like a breath of fresh air", "We wouldn't be where we are now if it wasn't for [Name of registered manager]. She's amazing, she has done so much for the home and the team. We have recently had a lady on palliative care and she spent a lot of time with her. ... she is a brilliant manager and we are everything to her" and "[Name of registered manager] has made this home a home for all of us. A warm friendly environment for everyone who comes through the doors. She always involves everyone, we are one big team, with a great leader."
- Staff were incredibly proud of their teamwork and colleagues, and all said how much they loved their jobs. Comments included, "We all work as a team and everyone here wants the best for the residents", "It doesn't feel like there is any hierarchy here, we are all just one team" and "The atmosphere here is amazing. The team is amazing, you can talk to them about anything and you will be supported throughout".
- Relatives were also very complimentary about the staff team and management. Comments from relatives included, "To everyone at Shinfield, the work that every one of you does, day in and day out deeply touches the lives of all those in your care. ... Thank you, every single one of you ... Our whole family is forever grateful" and "The impression that we had was that all staff did this work as a vocation rather than as a job".
- One relative told us they thought the service was "exceptionally" well-managed. They went on to say they had tried to convey to us just how they felt about the service, "It's difficult to do this in a way that really conveys our delight in the care that was provided to Mum during the three and a half years that she was at Shinfield View. The staff and management are first class and made her stay exceptionally good. Their care and support goes beyond Mum to her immediate family which helped us be with her at the end. She was treated with care and love and her comfort and dignity was preserved at all times. Not only are the care staff fantastic but also the support staff who keep the home spotlessly clean. In my view it is a template as to how first-class care is provided."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role. All the registration requirements were met. The registered manager knew what incidents required to be notified to the Care Quality Commission and made sure notifications were made when needed. Records were up to date, well organised and were kept confidential where required.

- Community professionals felt the service demonstrated good management and leadership. Comments from professionals included, "The service has strong and stable management and leadership. Managers are approachable and fair and always open to new ideas and learning."

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Community professionals felt the service delivered high quality care and worked in partnership with them and other agencies. One professional commented, "They [the registered manager and deputy manager] are well respected by the staff and promote and encourage excellent teamwork. The service works well with external agencies, such as GP surgeries, community nurses and a range of other professionals, information is shared and communication is good, to ensure the best interests of the residents."
- Other comments from professionals included, "They work really well with the Integrated care home service", "They are very responsive and keen on offers of help and training" and "The service has consistently demonstrated a willingness to work in partnership with other NHS teams, Social Services and other professional agencies."
- The registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply. The records showed the registered manager ensured the policy was followed whenever appropriate and that they were always open and honest with people who live at the service and those close to them.