

# Oakdale Care Homes No. 1 Limited

## Kingfisher Court

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection took place on 20 June 2018 and was unannounced. Kingfisher Court is a care home that provides accommodation with personal care and is registered to accommodate 66 people. The service provides support to older people who may be living with dementia. The accommodation at Kingfisher Court is on three floors. Each floor has a large lounge and dining area and en suite bedrooms. The home had smaller lounges and family rooms, a café, library, hair salon and cinema. The home is in a residential part of Mansfield and the service has a vehicle and driver to support people on social activities and appointments.

Kingfisher Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 44 people using the service. The service was registered in April 2017 and this is their first inspection, the service people received has been rated as Outstanding.

Staff were innovative and adapted social arrangements to meet people's needs. There was an emphasis on supporting people to lead full and interesting lives. People were supported to have fun and enjoy a broad range of social activities and received care that reflected how they wanted this. The staff were motivated and committed to provide people with personalised experiences that exceeded their expectations. The registered manager encouraged staff to be imaginative in the way they provided care which recognised that people were at the heart of their service.

People participated in baking and cooking and were influential in designing the menus. People had a choice of meals and food and drinks were available at all times. Staff ensured people who were on specialist diets had their needs met. The service worked in partnership with health care professionals to meet people's health care needs and this helped to ensure care was well organised when people moved between services.

People felt safe living at Kingfisher Court with the support of friendly, caring and approachable staff and management. The staff were passionate in their desire to enable people to experience excellent care and have new opportunities to enrich their lives. People's care needs were identified and assessed and there were risk management plans in place to help keep them from harm and support their independence. People were not restricted due to perceived risk and supported to try new and different experiences.

People were involved in decisions about their safety and people were confident they were protected from unnecessary harm by staff who knew them well. The staff understood how to recognise signs of abuse and knew how to report their concerns. The registered manager reviewed incidents that occurred in the home and within other services, to determine if lessons could be learnt.

Positive and caring relationships had been developed between people and the staff. People felt that staff were compassionate and they had developed meaningful relationships with them. Relatives were informed of significant events and were able to trust the staff. People were treated with dignity and respect by staff

who understood the importance of this and staff went the extra mile to ensure people lived their life independently and as fully as possible.

There was a culture within the organisation of striving for excellence and assisting people to reach their maximum potential. People benefitted from receiving a service from staff who were well trained. The registered manager's commitment to the care of people living with dementia had extended to family and the local community. This had included training opportunities for people's family members in how dementia affected people who used the service.

The provider forged and maintained strong links with organisations within the local community and worked collaboratively with other professionals. This enabled them to enhance the support, opportunities and experiences available to people living at the home to ensure people received care based on best practice. The care planning focused on people's individual needs and preferences and people were central to deciding how care was planned. Care records were developed with people, individualised and easily accessible. These were reviewed when their needs changed to ensure it reflected their wishes.

Staff used their positive relationships and knowledge of people to ensure people's care plans were followed. Staff recognised how information needed to be provided to ensure people's understanding, including the use of information technology to help with communication. Staff valued people's differences and responded to each person's wishes. People's diversity was fully recognised and promoted by the staff; people were supported to follow their religious beliefs and to maintain important family relationships.

The staffing was organised to ensure people had time to spend with staff, they were not rushed and could enjoy discussing their interests and spending meaningful time together. Care was responsive to people's needs and available at all times throughout the home. Medicines were well managed, stored in line with national guidance and people received them at the time they expected. Working in partnership with pharmacy support, people's medicines were reviewed to ensure they only had the medicines they needed. People lived in a homely, friendly and caring environment, which had been designed to support people living with dementia. Consideration had been given to how each area had been designed so people could safely walk in well lit rooms and corridors and have personal space to enjoy time alone.

People were supported to explore their care and support options and staff promoted their right to make their own decisions and respected the choices they made. 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 and their relatives were encouraged to share their views to support the development of the service and share concerns. People knew how to raise complaints and these were investigated and managed in line with the provider's complaints procedure. People and their relatives were kept fully informed during the complaint process and when shortfalls were identified actions were taken immediately.

Staff were proud of the service and felt well supported by the registered manager and the provider. The registered manager and provider promoted strong values and demonstrated their commitment to improving people's lives by ensuring people received individual care which met their needs. People, relatives and staff felt the service was open and transparent.

There was a strong management team and people were included in developing the service and found the registered manager approachable. The registered manager and staff were committed to delivering a service that focused on providing a personalised service. The team worked collaboratively with people and their

relatives to ensure the care provided met each person's needs. There were processes in place for people to express their views and opinions about the service provided. The registered manager worked with other professionals to continue to raise standards in the home and to drive improvement within the care environment.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The arrangements in place to manage people's medicines were consistently safe. Staff had been trained to recognise and respond to any actual or potential abuse. Where risks to people had been identified through assessments, people were supported to reduce the risk of harm occurring. The registered manager reviewed incidents to promote good practice and to learn lessons. There were sufficient numbers of skilled staff to meet people's needs who had been suitably recruited.

Good 

### Is the service effective?

The service was very effective.

People decided how to be supported and their choices were respected. There were excellent links with health and social care professionals to reduce the admissions to hospital and receive care between services. Good practice guidelines were followed to improve the quality of the service provided. Staff had training to give them the skills they needed to effectively carry out their roles. Family and local providers could take part in this training and share experiences. People were instrumental in designing the menu and choosing what to eat and drink. Where needed, people had equipment to enable them to maintain their independence. The environment had been designed to meet the needs of people living with dementia.

Outstanding 

### Is the service caring?

The service was very caring

There were positive and caring relationships between people and the staff who cared for them. Staff went the extra mile to ensure people's choices were respected and they understood the importance of people having independence, autonomy and living a fulfilling life. Staff promoted people's right to make their own decisions and respected the choices they made. People were treated with dignity and respect by staff who understood the importance of this.

Outstanding 

### Is the service responsive?

The service was very responsive.

Staff continually looked and strived for ways to improve the opportunities people had to engage with each other and to participate in social events. People's diverse needs were fully recognised and staff supported them to engage in activities that met their individual needs and preferences. People's records focussed on them and their needs and wishes; they were kept under continual review. People were encouraged and supported to raise any concerns about their care and support and were confident these would be addressed.

Outstanding 

### Is the service well-led?

The service was well-led.

The service promoted a positive and open culture and opportunities for people to comment and influence the quality of the service provided. There was effective leadership and a clear strategy for the continued development of the service and staff felt supported and valued. The provider worked with other professionals and had effective governance in place, and used current guidance to measure and review the delivery of the service for the benefit of people at the service.

Good 

# Kingfisher Court

## Detailed findings

### Background to this inspection

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

This inspection visit took place on the 20 June 2018 and was unannounced. The inspection visit was carried out by one inspector 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. Their area of expertise was with older people and people living with dementia.

The provider completed a Provider Information Return before our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report and gave the provider an opportunity to provide us with further information. All this information was used to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with twelve people who used the service and six relatives. We also spoke with five members of care staff, the deputy manager, a cook, the registered manager and the provider. We also gained the views of a social care professional, a district nurse, two health care professionals, a care home pharmacist and the practice manager of a local GP Surgery. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and audits and staff files.

# Is the service safe?

## Our findings

People felt safe and staff made them feel comfortable. Everybody we spoke with said that they had no concerns around safety for either themselves or their relatives. One person told us, "It's wonderful to feel secure here and know that everybody is watching out for you. I feel quite safe here and that's a nice feeling." Staff had a good understanding of people's needs, including any individual risks and knew how to provide care and support to reduce the risk of harm. Potential risks for people had been identified and steps taken to minimise them. For example, where people needed support to move, we saw this was done with compassion and staff ensured that people were correctly positioned before moving. Where people wanted to stand and move around with their walking frame, we saw staff ensured the equipment was placed in front of them and their feet were correctly positioned on the floor before they attempted to stand. The person was given the time they needed to maintain their independence. One person told us, "I used to worry all the time about falling or what harm may come to me, but here I feel completely at ease around people and know that I'm looked after. The staff are always asking us how we are and what they can do to help."

Risks associated with the safety of the environment and equipment were identified and managed to ensure people were safe. For example, regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire.

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. The staff understood the procedure to report any concerns and were confident these would be dealt with by the registered manager. One member of staff told us, "We want to provide the best service we can and part of that is making sure people are safe and identifying any concerns. We are very open and we are reminded that we if we see something, then it needs reporting." All the staff we spoke with confirmed they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them.

Staffing levels were monitored to ensure there were sufficient numbers of staff to meet the needs of people and to ensure their safety. One person told us, "There's always someone around. I've never had to use a call bell as I only have to look up and say their name and they are with me." One relative told us, "There's more people moving in here, but as more people stay, the staffing increases." We saw in communal areas, staff were present and did not leave people unaccompanied. Where people were at risk of falling, we saw staff sat with people to be available when they wanted to stand to move around. One member of staff told us, "Where people have been identified as being at high risk from falls, we make sure we are near so we are at hand should they try to stand. This doesn't mean we stop them standing and moving around, just be there to support them so they are safe." Staff absences were covered by the existing team of staff to ensure consistency for people.

Medicine systems were managed electronically and we saw there was a photograph of each person and a record of their medicines and when they needed to be administered. We saw people were offered their medicines with a drink and were told what they were for and staff spent time with them to ensure they took them. We saw that medicines were administered according to the prescriptions and the medication

administration record was signed for after people had taken their medicine. The electronic system recorded which staff had administered medicines and the exact time of administration was recorded. The provider worked in partnership with the local commissioner's Care home pharmacist to ensure medicines were discontinued when they were no longer indicated. They told us, "The staff have been very proactive at informing us of any concerns. We can support them by liaising with the GP to ensure their medicines are reviewed."

Some people had been prescribed medicines to be taken 'as required' to help to manage pain or acute health conditions. We saw that there was very clear guidance in place for staff to understand when this should be given and how people may show they were in pain if they were unable to tell the staff. All medicine boxes were scanned electronically before administration which showed whether this was the correct one to administer and was at the correct time to ensure it was not given too early or too frequently. The electronic system maintained an up to date record of the number of medicines kept in the home which meant that staff could carry out an audit or easily identify where any errors may have been made. In case of any electronic failure, there was a copy of all the medicines so staff would know when to administer them. All medicines were kept securely in a locked cupboard to ensure that they were not accessible to unauthorised people.

The registered manager had ensured that lessons were learned and reflected on where improvements were needed. Working in partnership with other agencies, the registered manager reviewed local safeguarding incidents to identify the impact on care within the home and how procedures could be improved. They told us following an incident within a local hospital, it was identified that people could be at risk of leaving unsupervised when visitors left or exited through a door as some people may follow them. To ensure lessons were learnt from others, one member of staff explained, "We looked at this and now if we go through any door, we will check who is behind us and visitors are reminded to do the same. We currently don't have any people who are restricted from leaving but we know that there have been incidents where people have gone missing because they have followed visitors out of homes. This is something we are aware of so it's important that we learn from this, so it doesn't happen here."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. The staff explained that the recruitment process was robust to ensure that they did not discriminate against any protected characteristics; this was reviewed through the audit process. One senior member of staff explained, "It's important we get the staff team right but the interviews are only part of it. We have to recognise the skills staff have and provide them with opportunities to excel."

People were satisfied with the standard of cleanliness in the home. We saw staff wore gloves and aprons where this was needed and used hand gels which were located around the home before delivering personal care. When visitors arrived they were asked to use the hand gel which was available on the front reception desk. We saw staff washing their hands and supporting people to wash theirs.

## Is the service effective?

### Our findings

People were provided with a varied diet and there was a choice of food and drink. There was a printed menu which recorded the meals that were being prepared that day. People chose what they would like to eat and drink and could choose from the menu or an alternative was prepared. People were asked what they would like to eat during the morning so they knew what was on the menu. One member of staff told us, "We ask people what they think they may want to eat but it doesn't matter if people want something else as we always cook enough so people have a choice. You don't always know what you may want when you are asked in the morning but it gives a guide and lets people think about what they may want to eat. People like to know." The meal time was a pleasant experience and the tables were laid with table cloths and condiments. People could sit with others they enjoyed spending time with and one person told us, "If nothing is on the menu that I like, the staff will ask me what I want to eat, then make it fresh for me." People were able to choose how much to eat and we saw there were portions of varying sizes which catered for people's needs. We saw people were supported to use adaptive cutlery or plate guards which allowed people to retain an element of independence when eating.

Food and drink was available throughout the day for people and their visitors. One person told us, "There are always juices on tap. I like tomato juice and there's always plenty of that." One relative told us, "I've never visited here without being offered a drink or to have some cake. Everyone is just so friendly and kind here; it makes visiting a relaxed occasion." Another relative told us, "There's no comparison; the quality of care and food is excellent and the puddings are to die for. I always have lunch with [name] and I'm always made to feel welcome." We saw that drinks and cakes were offered throughout the day to ensure people who were unable to make them, had enough to drink. We visited on a hot day and we saw staff offered people cold drinks and ice creams and ensured they were able to drink enough.

People were invited to attend a 'Dining Committee' where they were asked for their views on the quality and choice of the food and what different food they wanted to be prepared. A member of the catering staff was always present at the meeting to talk about what they wanted. Staff explained that people designed the menu but if they wanted other food on different days, this could be arranged. One member of staff told us, "We want people to enjoy the meals. It's a big part of all our lives so we are always asking them how we can improve each day and in these meetings. One person saw an advert for steak, so we got some and then we prepared a meal for them to share with their family." Another member of staff told us, "One person wanted to go to a fast food takeaway for breakfast as they hadn't eaten this for a while, so they went out for breakfast."

Each month there was a 'pop up' restaurant experience held in the café. A different cuisine was cooked, the chef worked during the evening and the provider and registered manager helped with cooking and serving the meals to people in the cafe. One person told us, "These are great events, it's different as organised like a restaurant. We get to try different sorts of food and it's great to see everyone working together." Family members were involved with helping people to bake food. One family member visited and helped people to prepare food which was then cooked in the main meal for people to share. One member of staff told us, "The family used to enjoy baking together so they come and still do that here. They recently made cheese

scones which were delicious and have also made a large crumble together which people were able to have for pudding."

Where needed, people had diet and fluid charts where it was recognised that they had been losing weight, or at risk of dehydration. The staff documented what they were eating and what additional steps were being taken to minimise the risk. One relative said, "The staff write down everything, every drink. They note it down and I tell them if I'm making them a cup of tea and they note it down too." People had nutritional supplements or a thickening agent was used in people's meals and drinks when required. Where people needed a soft diet, the food was served separately on their plate to enable them to taste the different flavours. People were weighed regularly where there were concerns. For example, if they had been identified of malnutrition.

The registered manager ensured that people's support was provided in line with current legislation and best practice guidelines. We saw the staff had strong relationships with community health teams on an ongoing basis to ensure people's health needs were met. The provider had adopted a proactive and innovative approach to preventing hospital admissions and improved outcomes for people. They worked in partnership with the local clinical commissioning team to help prevent admissions into hospital and maintain people's health. The registered manager had welcomed the opportunity for a senior nurse from as part of integrated care service within the county, to work in the home and review the care people received. They told us they worked in partnership to identify any themes in the home such as the number of people who had chest infections that had resulted in admission to hospital. By working with the staff, delivering training and improving access to health services, the senior nurse confirmed the registered manager aimed to reduce admissions to hospital. One member of staff told us, "It's been fantastic working together. We have really noticed a difference in how we can support people here. People don't want to go to hospital; they want to stay in their home. Working together has meant we can do this and they help us to liaise with other professionals to ensure people receive the support they need." Where people needed to move into hospital, information was accessible to ensure that the hospital were aware of people's care needs. Records showed that when required additional healthcare support was requested by staff. People were happy with how their health care needs were met and one relative told us, "Since living here, the staff have worked alongside the physiotherapist and one of the good things is how their mobility has increased. But not only that, they have increased in confidence and the staff really encourage them to do as much for themselves as she can."

People were confident that staff supported them in the way they wanted and had received the training they needed to ensure they received effective care. New members of staff completed an induction when they first started to work in the home and were given the opportunity to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "It was clear from the start that this home is different. It was made very clear that people come first and I certainly feel that I have been supported every step of the way so I can deliver a high standard of care." Another member of staff told us, "English is not my first language so sometimes I can struggle with recording and right from the start I've had the team's support. The staff are always happy to help me, so I can get it right. It's lovely to work in a team where the staff care as much for people as they do each other." Following their induction, there were processes in place to regularly supervise and appraise all staff to ensure they were meeting the requirements of their role and offered support to develop their role. One member of staff told us, "These meetings don't just happen because they have to, there's a real purpose. We talk about what has been happening, what support we need and if we need more training. The manager wants us to do well and you can feel that."

All the staff completed the required training. This included care staff, domestic and catering staff. One member of staff told us, "It's better if we all do the training because it means whatever your role is, we can work together and be a really good team." Staff had participated with training to help to understand people's experience when living with dementia. Staff completed a Virtual Dementia Tour (VDT) training which allowed staff to experience the sensory loss that can develop when living with dementia. During this training, staff were provided with headphones, glasses, shoe insoles and gloves to limit the sensory input they experienced. This training is an interactive experience of what living with dementia might be like to improve practices. Relatives were provided with the opportunity to join staff in this training so they could work in partnership to help support family members. One member of staff told us, "We had constant noise we had to listen to and wore glasses which affected our sight. It made me think about how I need to approach people. I also made me realise why people need more time to understand what you are asking or saying. I found it really valuable." Another member of staff explained, "I was really disorientated but it was really interesting and gave me an idea about what it may be like living with dementia." As a result of this training staff explained they always placed their hand on people to let them know they were there before speaking with them and used their names more often. Staff explained that they also announced their presence more and no longer assumed that people knew they were behind them or in the same room.

The staff worked with a local dementia group and offered facilities in the home for them to deliver training to members of their group and families of people who used the service. One health care professional reported, 'To me, this shows that they are dedicated to making life for their residents and their families so much easier by being informed and more aware.' One member of staff told us, "This has been really successful and also helps families to have a better understanding about dementia and works as a good support network too."

Staff were supported to develop their role and expand their skills by becoming a 'champion' in different areas of care. They explained that being a champion meant they proactively discussed how to support people and they challenged staff's knowledge and practices to ensure people did not experience discrimination. One member of staff explained they were a champion for hearing aids. They told us, "This means I make sure everyone knows how to fit hearing aids and I will check they are doing this properly. I make sure that people have an audiology appointment where this is needed and staff know how to support people to change the batteries and they have spare ones. If people can't hear properly, they are excluded from what's happening around them. It's very important to get this right."

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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw staff were clearly explaining and seeking consent prior to any care being given and people were given time to understand any decision and time to express themselves. The staff understand that capacity was assumed and people were able to make their own decisions. One person told us, "The staff are always asking us what we want, what they can do for us and if we need anything. If I have any important decisions to make, I like my family to be involved and there's no problem with that." Another person told us, "The staff respect what I have to say. They don't question me further if I've made a decision, they know I'm not a child and know what I want." The registered

manager and staff knew how to assist people to access advocacy services, if this was needed to support people to make decisions. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Where staff identified that people may need support to make some decisions, capacity assessments had been completed. The provider recognised where improvements could be made and to record specific details and questions asked when assessing their capacity. Relatives and friends were treated with respect care and supported people to make decisions. Staff were aware of which relatives had power of attorney. A Lasting Power of Attorney (LPA) gives someone a person trusts the legal authority to make decisions on their behalf, should they lose the ability to make decisions for themselves. A best interest decision had been recorded which had been reached with people who were important to that person. We saw where there were concerns that people may be restricted; applications to lawfully deprive people of their liberty had been made. The registered manager and staff showed a confident understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority and resulting authorisations.

The home had been designed in line with best practice guidance and demonstrated consideration for the needs of people living with dementia. For example, the corridors were wide to enable people to safely pass and there were hand rails for people to use or grab if they were unsteady. Long corridors had cabinets and with interesting objects and consideration had been given to the lighting to ensure all areas were well lit. There were seating areas at the end of each corridor for people to rest and the staff explained so people were not looking at a wall which may change their perception or elongate the corridor. Pictorial signs were on doors to ensure that people could orientate themselves if they were living with dementia or had vision loss. All the bathrooms and toilets were easily accessible and easily identifiable.

There was a main lounge on each floor which was spacious with a mixture of chairs available for sitting. Smaller lounges were available for people who wished to have some personal time with visitors or family to the home. One small lounge had been transformed into a games room and had a snooker table. One person told us, "I mentioned that this was something I was interested in and without hesitation, they bought one. It's great; it's not only me that uses it, visitors like to have a game too. I was really happy with this." Another person told us, "They asked me if there was anything I would like when I arrived and I asked for a bird feeder and there it is outside my room." A lift provided access between the floors enabling access to all areas of the home. The garden was easily accessible by patio doors on the ground floor which opened into a secure and level garden. One person had an interest in gardening and had been looking after the garden and was proud of the plants they had grown. There was also a large balcony on each floor where people could sit.

People liked their bedrooms and were encouraged to personalise them. Each bedroom had a large bed, space to move and fitted with sufficient storage space. There was a lockable facility for people to store valuables and people could have a key to their room. There was a built in fridge if people wanted to store snacks and drinks and each room had a television. One person told us, "It's good that I can get a drink at any time and don't have to worry about bothering anyone. I can keep what I want in there." Another person told us, "It has everything I was looking for and more. I feel quite spoilt and it's kept immaculately clean. It's marvellous."

## Is the service caring?

### Our findings

The provider and staff went out of their way to ensure each person was made to feel special. People felt the staff, the registered manager and the provider went above and beyond in supporting them. For example, one person told us, "The provider knows us all and is always coming in to see us. Anything you want or need, it's sorted there and then. He had some pheasants he brought in that needed plucking so we sorted them out together. There's not many places you could stay at where pheasant was on the menu. It shows how much he cares." One relative told us, "They go the extra mile here and it's sometimes the little things that count. For example, [Name] wanted cranberry juice to drink so they just went out and bought it. When they moved here, they just arranged transport and fetched their mobility scooter from their house and brought it here. There was no fuss, they knew they needed it, so just fetched it." We saw a newspaper article where a relative had reviewed the service. The newspaper article reported, 'The staff are a constant presence and all go out of their way to offer generous assistance...This kindness of the owners and their team is way beyond normal expectation.'

People were encouraged to talk about what was important to them and about experiences they wanted to have. The staff spent time with people and their families and knew about their personal histories, how this may influence what they wanted to do and what they may want to talk about. From the information they gained, they made sure people knew these experiences were important. For example, there was a folder which displayed 'good news events' which celebrated these good news stories; staff were asked to reflect on their working practices and spent time with people to celebrate good news stories. We saw this included recognising military achievements and regiment badges and exploring what this meant for people. The staff had taken time to find out about people's history and achievements and what was important to them. Another report involved staff finding videos of older films people had told them they enjoyed watching and bringing them to the home so people could enjoy watching them. We saw the folder included photographs and a newspaper article about one person experiencing a high speed track day. The registered manager recognised how staff supported people and shared compliments they received in the book including, 'We've been so humbled by your caring, attentive and warm approach to caring.'

People were supported to maintain relationships with family and friends. Staff recognised people's rights to have personal relationships and have opportunities to be intimate and share time together. The registered manager had purchased a dining table and chairs for one of the small lounge areas and they explained that some people wanted a more intimate dining experience with people. Families were encouraged to spend time together and share experiences and meals. One member of staff told us, "The family can let us know their dietary requests and whether they need a special diet and we will prepare a meal for everyone to share."

Staff recognised when people wanted families to be involved with their care and spend time with them. Where family members visited from overseas, an area of the home was organised so they could spend all their time in the home. One member of staff told us, "If people were still living at home and family had travelled a long way to see them, they would spend a lot of their time at their home. Why should it be any different here? We have the space for people. It's not just the overseas families; other family members can

come here so they can have a real family get together." People had access to the intranet to email people, to use virtual calling apps to speak and also see family and friends and access to social media sites to keep in touch with people. The provider and staff recognised the importance of having contact with people that were important to them.

The staff in all roles were highly motivated to ensure people received compassionate care. People told us their birthdays were celebrated and the cook spoke with them about how they would like to celebrate any birthday and special occasion and baked birthday cakes for them to share with friends and family. People could invite their family and friends on their birthdays and they confirmed the staff arranged for them to have a room to celebrate if they wished. One member of staff told us, "The owners are so caring and supportive and take time to come and speak to people. If there are any special occasions, they will make a cake and celebrate with people. I'd definitely recommend it here."

Staff understood and responded to people's diverse needs and encouraged people to express themselves, for example through their appearance. The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality, including what style of clothes to wear. People felt that the staff always ensured they were dressed in a style of their choosing and looked smart and clean. One person told us, "If we are going out anywhere, the staff always make sure I have my smart clothes and everything looks right. It matters to me." A hairdresser visited the service and there was a hairdressing salon where people booked an appointment. The staff explained that they had recognised how some people would also benefit from having the services of a barber and this had been arranged. Each month a barber visited and people could have their hair cut and have a professional wet shave. One member of staff told us, "It's a lovely experience for the men and it's wonderful to see people interact with him and smile."

The provider and registered manager promoted the service's visions and values, promoted people's rights to make choices and recognised and valued people as adults. Staff were committed to ensuring people's rights were upheld and their privacy and dignity was respected. People's rooms had been designed so they could have a key to their bedroom and they had the space they needed to have any personal care in private. Staff spoke with people discreetly about matters of a personal nature. One person told us, "The staff are very respectful and always discreet. If anything needs their attention, then they just do it without any fuss and nobody notices it's done in such a professional and caring way."

Staff took time to help people feel valued and important. The staffing was organised in order that people could spend time with people. Staff were passionate about their work and we saw they actively listened to what people had to say. They understood people's communication methods and readily assisted people to express their views, join in conversations and listened to their responses. Staff had received training for supporting and speaking with people living with dementia. People were given time to consider their options before making a decision and we saw staff used people's names, spoke clearly and concentrated on one subject at a time. This supported people to engage in meaningful conversation. There was a relaxed, welcoming and happy atmosphere at the home and we saw positive interactions between staff and people and between people themselves. The staff were patient and considerate with people and listened to their needs. We saw from how people approached the staff, that they were happy, relaxed and confident in their company.

The staff were committed to providing a person centred approach to care and encouraged people to make choices on how they wanted to live their life. People were helped to maintain and develop their independence and staff empowered them to do so. For example, continuing to bake with family and eat the meals they prepared, to stay in control of their financial arrangements and to make decisions about their

personal care. People told us staff encouraged them to do as much for themselves as they could when undertaking tasks and activities. One person told us, "The staff will do anything they can for us so we can go out, look after ourselves and be happy. They don't control us here; they are around if we need them but not too over-bearing and very supportive."

People were confident that personal information was kept secure and staff understood the importance of confidentiality and respecting people's private information. Information stored electronically was password protected and each person, relative and member of staff had an individual account. Documents were stored in lockable cabinets and staff knew about changes in legislation to keep personal information secure to ensure it was protected. Where information was recorded, this was date stamped electronically so there was a record of who and when the record was completed.

## Is the service responsive?

### Our findings

The staff understood their role in relation to supporting people to express themselves. The staff did not discriminate and consideration was given to people's preferences in relation to their diverse cultural and human rights. The initial assessment considered how to ask people information so that they would be comfortable to disclose personal information. Staff understood they should not ask directly about information relating to protected characteristics; such as people's sexual orientation to ensure people did not experience discrimination when they were looking to find a service to use.

Where people chose to move into the home an individual support plan was developed which included information about how people wanted to be supported and their likes and dislikes and family members could be involved in any review of people's consent. An electronic support plan was used in the home and staff carried small electronic tablets which recorded the care and support people needed and when this was given. This system ensured people received care and support in the way they preferred and we saw their support needs had been discussed and agreed with them. People knew they had a support plan and where people's needs had changed, the support plan was updated to reflect this. One person told us, "The staff explained the system. I think it's marvellous and it makes it clearer for everyone. I can see what's written down on there or the staff show me on a computer. It's the way things are now and I'd rather spend time with them than have them scribbling in books about me all the time." Another person told us, "I know I have a support plan and they do it all on the tablet. You can click on the photo and it gives you all the information. I know this is how they report everything."

Where any care or support was provided, we saw staff recording this. The staff were all clear about the purpose and the importance of it being accurate and detailed. With people's consent, family members could have access to the electronic care records throughout the day. One member of staff told us, "We always make sure we use appropriate language when we are recording anything in our reports. We don't do anything different because family are seeing our notes. We need to be open and transparent with what we are doing and as our system is refreshed each hour, family can see what is happening and how their family member is being supported throughout the day." The information recorded was used during the handover between each shift team. The staff explained that a verbal handover was provided and they could also access information to identify any important information and changes. People's support was reviewed to ensure the support plans provided the most current information for staff to follow. People and their relatives were encouraged to be involved in the reviews to ensure people continued to receive personalised care. Support plans were updated whenever a changed need was identified.

People participated in 'Lifestyle committee meetings' where they were consulted about the level of activities that were provided. People had an opportunity to talk about their satisfaction with the activities and what they may want to do in the future. People and relatives felt the staff were responsive and flexible in ensuring they lived as full lives as possible and family members were encouraged and welcome to join in all activities. One relative told us, "If anything happens here, they really go to town." A member of staff told us, "We are always looking at different things we can do. One person liked line dancing so we decorated the home and had hay bales and we all wore checked shirts. We had a fabulous time and it was lovely to see them enjoying

themselves." Staff took time to get to know people and arranged meaningful activities for them to be involved with. We saw one person had visited Silverstone race track and had the opportunity to drive around the track as a passenger at speed in a high performance car.

Staff were encouraged to spend time with people, talking and sharing experiences. Some people were enjoying watching the World cup football matches and sat with staff enjoying these and commenting on the match. One person told us, "We've watched a lot of the matches in the cinema. It's been wonderful seeing it on such a big screen and we make it into quite a night. I like to have a drink when I'm watching the matches and there's always one available." One relative told us people were given a variety of opportunities to socialise with their friends and told us, "[Name] goes to knit and natter in the garden room. At the moment they are knitting squares for blankets for premature babies. Zumba is their favourite though along with bingo, Play your cards right, and armchair tennis. They also go to a local pub and the pub for ice-cream. They read their paper at night because they don't have time to read it in the day."

The provider had a vehicle and a driver and where people had appointments to attend or wanted to go out, they arranged this transport. One member of staff explained, "Where people want to go home and spend time with family, we go with them to ensure the family has the support they need. It's lovely to spend time with family as we get to share this experience and it's great to see people enjoying this time. If we didn't do this, family would only have the option of visiting the home and it's good that they can do the things they want to do with family and friends together."

Staff explained how they ensured that all people had the same access to relevant information. This was because the registered manager had good knowledge regarding the Accessible Information Standard and large print and easy read information was available for information about the service. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The service had access to electronic aids to communicate with people in languages other than English. One member of staff told us, "We currently don't need to use this equipment as we don't have any people here who speak other languages but we know it's available if we need it. We are very well equipped with the latest technology so this means we can also use pictures or have text read to people. We have to be adaptive."

Staff took time to help people feel important and staff valued people's differences and responded to each person's wishes. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. People chose if they wanted to attend the religious services in the home or to visit their family church and were enabled to do so. The staff recognised people's right to practice their faith and knew of different local places of worship. The staff explained that none of the people using the service practiced different faiths other than Christianity, although they knew local services that people could go to access if they had different faiths or beliefs. One member of staff explained, "At the moment we only have people who are Christian or non-practicing people living here. We provide an individual service to all people and recognise that where people practice a different faith, we would make arrangements to not only enable them to visit a place of worship but also consider how they may want care provided differently or their meals. We never assume anything so even we ask everyone how they want to be supported."

Staff used innovative and individual ways of in planning activities that met people's needs and preferences. People spoke positively about a parent and baby group that visited the service. Staff explained this was part of their ongoing commitments to "reunite the generations". Each Friday the parent and child group was held in the home. This included a sing along with the children followed by arts and crafts in the café. One person told us, "I love the children visiting. Sometimes I think we just cuddle more than anything else." One member of staff told us, "People really enjoy these joint sessions. Most people remember all the songs they sang with

their own children and it's lovely to see how people are. I also think the children get a lot out of this, they certainly get spoilt by everyone." The staff had links with a local school and children were invited to spend time in the home and played games with people. One member of staff told us, "We also invite the children to come and watch a film with us. It's lovely to share these facilities with everyone." There were professionally designed photobooks on display, showing the activities people had been involved with. The photographs showed people being visited by a pony, having a Christmas meal, a pamper afternoon and eating out.

The provider was passionate about working in partnership with groups and hospitals to develop relationships and have a greater understanding of how they could support each other. The provider also supported the local hospital by preparing packed lunches for staff and for the general public who were waiting for services. The registered manager told us, "It's important we support our local community and we want to build on the relationships we have and also to say thank you for the work they do and how they support people." Part of the home had been designed into a café area and each month in conjunction with a local support scheme, they held a dementia café. The staff explained that these had a different theme each month and previous months had hosted the event for Bygone days of the seaside and a 1940's theme. The local community were invited and spent time together.

There was a 'residency guide' which provided people with information about the service, including how they maintained standards of care, provided choices and how people should make a complaint. People knew how to raise any concerns and make complaints if needed. The provider had a clear complaints procedure which people told us they were aware of and there were copies available for people to refer to. While people knew how to make a complaint they told us they had not needed to as any small concerns were dealt with straight away. We reviewed the complaints record and saw all concerns raised with them had been recorded. We saw the issues raised included; the menu had not displayed a meal that was being prepared on one day. The registered manager had responded in accordance with their policy, an apology was given and people were informed of how improvements were to be made. To ensure there was a lesson to be learnt, this had been discussed with the staff teams so improvements were made.

At the time of the inspection there was nobody receiving end of life care, however they felt it was very important for staff to understand people's wishes and preferences in order to continue to care for someone, should they need it. People had an opportunity to discuss how they wished to be supported during the end of their life including whether they would like to stay in the home, their preferences around resuscitation and whether they had specific wishes regarding their funeral. Where people had expressed their views, this was recorded including how staff could ensure their dignity was maintained and their preferences upheld.

## Is the service well-led?

### Our findings

Clear values had been developed to enable people to receive the care and support they wanted. The service had been designed to enable people to pay an 'all inclusive' fee and there were no additional charges made. One person told us, "I don't have to worry about anything. If I want a paper delivered, it's included; if I want my hair cut, I book an appointment and there's no charge. I think this works so much better and I'm happy with this." Everyone we spoke with told us the home was well-led. The registered manager and the provider spent time working alongside staff so that the people who used the service knew them and they could engage with them regularly. We saw that people knew who the registered manager and provider were and we saw them chatting happily with them.

People and their family were involved with the service in a meaningful way and people were provided with opportunities to talk about the service and how this could be developed. People felt they were listened to and action was taken to develop the service. For example, people participated in meetings to discuss the menu and told us the food served was changed to reflect their views. An annual quality monitoring survey was being organised as an additional method to gain people's views and the staff explained these would be provided to all people and groups associated with the service to help drive improvements.

There was a registered manager in the service. The staff were clear about their role and spoke passionately about how the registered manager supported them so they could assist people to lead meaningful lives and to have an exceptional quality of life. One member of staff told us, "What's lovely is the manager speaks with everyone, says thanks and asks how we are. This is really appreciated." Another member of staff told us, "We can always go to the manager about anything and if we have a problem we know there's a grievance procedure so this would be addressed. Everybody is so amazing though and you get lots of support." The provider had a whistle blowing policy in place to provide staff with opportunities to raise their concerns about the service or colleagues anonymously. Staff we spoke with were aware of the policy and when they should use it. The registered manager spoke passionately about the future of the service and there was a very strong ambition in the management team and all of the staff to continuously improve the service.

The registered manager had considered how they could learn and implement innovative practices to enhance people's care. They were proud of how the home had been developed and were continually reviewing the quality of the service to make improvements and put people at the heart of the service. The registered manager had developed strong links with community health and social care professionals and worked in partnership with them to enhance people's lives and wellbeing. They had developed links with community organisations to ensure other care providers could share their knowledge and expertise and work with families to provide seamless experiences for people in the home, when visiting others or receiving healthcare.

The registered manager carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where any concerns were identified, action was taken to ensure people were safe. Accidents and near misses were analysed so that they could establish how and why they had occurred. We also saw that actions had then

been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.