Stow Healthcare Group Limited

Ford Place Nursing Home

Inspection report

Ford Street
Thetford
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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This was the first inspection to the service since a change in registration in November 2016 when Stow Healthcare purchased the home. The inspection was unannounced and carried out on 28 November 2017. We inspected all the key questions.

Ford Place 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. The care home accommodates up to 49 people in one adapted building. The building has both downstairs and upstairs accommodation. The home in a prominent position in the town of Thetford, Norfolk and has created additional parking for the ease of visitors. The home is a listed building, which had been sensitively restored creating a spacious and airy environment.

The service has a registered manager who was a registered nurse. There was also a deputy manager who is a registered nurse and nurses working on each floor. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we met with one of the directors of the company who has been referred to as the provider throughout the report.

During our inspection, we found exceptional standards of care. A committed and well-trained group of staff who demonstrated the right values and attributes provided this.

Staff provided seamless care working together to ensure they met people's needs. We observed kind, compassionate staff spending time with people and their families to ensure peoples well-being and offering support around their individual needs. People were able to retain their interests, routines, and staff fitted in around these. There was good stimulation for people and plenty of opportunities to stay connected to their pasts.

Staff encouraged people to retain their independence and up hold people's dignity. End of life care was exceptional and demonstrated the value staff placed on people in their care.

People were consulted and their views and experiences shaped the service they were provided. Feedback was acted upon in a positive way which gave people confidence in the service they received. It was responsive to people's individual needs and the needs of the wider service. The staff survey showed improving results as staff gained more confidence in the provider who was proactive and hands on.

There was documentation recording people's individual care needs and how staff should meet these. This helped to ensure they could continue with their preferred routines and have their choices and preferences

met. Staff managed risks to people's safety well because they identified risk and put plans in place to reduce them as far as possible. Staff monitored people's health to ensure they did not develop preventable conditions like pressure ulcers.

The home supported people to have positive mental health by encouraging people to stay active and socialise with others. There were planned and spontaneous activities, which took into account people's individual interests and hobbies. Activities were provided every day of the week and helped prevent social isolation.

Families were involved in the care of a loved one and kept up to date by staff about their well- being. Community engagement was important and the home did a lot of intergenerational engagement between old and young recognising the benefits and potential of doing so. The home reflected the values of an extended family.

Complaints where received were viewed as providing an opportunity to get things right and the staff responded to complaints in a timely constructive way. Outside the process, there were regular opportunities for people and their families to discuss any aspects of their care, which they had, concerns about and wanted changes without the need to raise a formal complaint.

The service was extremely well managed and run in the interest of people using it and in consultation with families, staff and stakeholders. The registered manager was strong and provided clear leadership, direction and support to their staff. Staff said they felt well supported by the provider and Stow Healthcare. They had the opportunity to develop themselves and their practices. Staff were dedicated and motivated to be the best they could be. This meant people were supported by staff motivated to get things right, learn from mistakes and prevent things happening in the first place.

There were robust quality assurance systems, which took into account constant feedback about the service and people's experiences. There were audits to determine the safety and well-being of people, the premises and equipment used.

Staff said they received good training organised by the manager, which supported them to do their job. They were able to keep up to date with new guidance, and best practice through regular training and familiarisation with policy and procedure.

Staffing levels met people's assessed needs and the shift was well planned and organised to help ensure people had their needs met promptly.

Staff received comprehensive training and understood the importance of promoting people's safety and well-being. Staff knew how to recognise abuse and knew what actions they should take if they suspected someone to be at potential or actual risk of abuse. Staff assessed people's safety and risk assessments were in place describing the measures put in place to reduce risk. This helped to reduce the risk of avoidable harm. Staff helped ensure the environment was fit for purpose and equipment safe to use. The service recorded incidents/accidents, near misses, and reported these accordingly. As part of their investigation log, they had lessons learnt to help reduce a reoccurrence. This meant the service was continuously learning and trying to improve its service by reviewing its practices.

People received their medicines as intended. Staff had the necessary competencies and skills to deliver medicines safely. There were good systems in place to ensure medicines were available as intended. Regular medication audits helped to identify if medicines were available and administered as intended.

Staff recruitment was robust. This helped ensure the staff employed had the right credentials to work in care and a favourable care ethos. The home had full staff recruitment and agency staff kept to a minimum.

Staff had the right skills and competencies and had the opportunity to complete enhanced training in care. There was a good induction process for new staff as well as on-going training, formal and informal support. The provider kept up to date with changes in the care industry and best practice and the service had won some awards for its innovative practices and innovative staff.

People were encouraged to eat and drink sufficient to their needs. Food was home cooked and served in an ambient environment, which was conducive to people's well-being. Staff received timely support and encouragement to eat and drink. This was checked by staff to help ensure people did not become dehydrated or malnourished. People were encouraged to stay active and healthy and staff monitored health care conditions to ensure people got the treatment they needed to stay well. The service had a good rapport with other health care professionals to help ensure people had their health care needs met as holistically as possible.

Staff understood and effectively applied the principles of the Mental Capacity Act, 2005 and the Deprivation of Liberty Safeguards. People were involved in decisions about their care so their human and legal rights upheld. People had maximum choice and control of their lives and staff assisted them in the least restrictive way possible.

The environment was conducive to people's wellbeing, providing ample space, being light and airy with access to outside space, and far reaching views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff protected people from abuse as far as reasonably practicable because staff had received the necessary training Staff took steps to manage risk and reduce the occurrence of avoidable harm.

There were processes and systems in place to assess and reduce risk and ensure the premises and equipment were safe. Accidents/ incidents resulted in an investigation to help ensure all the necessary actions had been undertaken.

People received their medicines as intended by trained, competent staff.

There were enough staff on duty to meet people's assessed needs and the service was well- planned to help ensure this was always the case. Staff had the necessary competencies and skills to meet people's needs.

Staff recruitment was robust and helped ensure only suitable staff were employed.

The service was hygienic and there were robust practices in place to reduce the spread of infection.

Is the service effective?

Good

The service was effective.

The service was current and kept up to date with current legislation, guidance and best practice. It worked with other professionals to help ensure people received seamless care.

Staff had a robust induction and the necessary training and support they needed to work effectively.

Staff monitored people's weight to ensure they did not experience unintentional weight loss and remained sufficiently nourished and hydrated.

People were encouraged to eat and live well and take exercise and participate with other people using the service to reduce the risk of social isolation.

Staff monitored people's health and people were encouraged to see relevant health care professionals as required. The service worked with health and social professionals and the wider community. This helped ensure people had their needs met as holistically as possible.

The service complied with the Mental Capacity Act 2015. Staff asked people for their preferences and provided care according to peoples wishes. Where people were unable to make informed decisions staff consulted with people as widely as possible to ensure decisions were reached in the person's best interest. .

The premises were fit for purpose and created a warm and comfortable environment for people to live in.

Is the service caring?

Good

The service was caring.

Staff encouraged people to stay mentally active and physically well. Staff were caring and enhanced people's well-being by providing timely and responsive care and support.

Staff upheld people's dignity and personhood by knowing people's preferences and preferred routines. Staff gave people time to respond and were inclusive in their approach. They encouraged people to develop friendships and keep in touch with their family and the local community

Is the service responsive?

Outstanding

The service was very responsive.

Staff knew people's individual needs and routines and provided exceptional care according to their preferences and needs.

This was documented and provided a contemporaneous record of how the person's needs had been met in relation to their physical, emotional and psychological wellbeing.

Activities were organised and provided throughout the week and people given opportunities to follow their own interests and hobbies. This helped to alleviate social isolation and encouraged people to remain independent and active.

Feedback about the service was acted upon and complaints were seen as an opportunity to get things right and improve the service.

Is the service well-led?

Outstanding ☆

The service was very well -led.

People received a consistent, well-planned service.

The manager provided strong leadership and the home had a strong ethos and caring values. Staff received the necessary training to support and develop their skills.

Good quality assurance systems underpinned this service. They helped ensure they provided a responsive service and were aware of the needs of people, their families and the service as a whole.

The service was progressive and constantly moving forward to be the best it could be. People received an outstanding, reliable service that they were confident with.

There were systems including audits to help ensure the service was safe for people to use and activities were performed safely

Ford Place Nursing Home

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.

We carried out this inspection on 28 November 2017 and it was unannounced. Two inspectors and an expert by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information already held about this service including a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed the statutory notifications we had received which relate to events that have happened in the service that the provider is required to tell us about by law. Information that had been sent to us by other agencies was also reviewed.

We spoke with the registered manager, the provider, the deputy manager the nurses, the chef, the activities coordinator, four care staff, six relatives, ten people who used the service and three health care professionals. We reviewed medication records and observed practices, reviewed four care plans, observed care throughout the day and asked for records both on the day of the inspection and immediately following our inspection.

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Good

Is the service safe?

Our findings

This was the first inspection of this service since it reregistered under a new provider. People told us they received safe care and they had no concerns living at Ford Place.

One relative posted a recent comment on a social care website and said, "I feel a 100% that my mother at this very vulnerable time of her life is in excellent hands." One person said, "It's the presence of other people. You certainly get pampered here; I can't fault it in any way. They're (staff) coming round all night, I just have the door ajar, they quietly look in, keep a wonderful check on you at night, very reassuring you feel safe."

The staff we spoke with were aware of the safeguarding protocols within the service and knew who to report concerns to including external agencies. Staff had received training which helped them understand what constituted abuse and actions they should take to protect people. Staff told us when raising concerns they were confident management would take them seriously.

We saw that the registered manager had raised concerns when appropriate. They kept detailed records and showed how staff learnt lessons as part of the overall investigation. They worked in partnership with the local authority safeguarding team and investigated concerns when asked to.

The service had systems and processes in place to identify and manage risk. Each person had risk assessments in place for any potential or known risk such as a risk of developing pressure ulcers, experiencing falls, poor nutrition, poor mental health and hydration concerns. Guidance for staff included what actions they should take or any specific equipment necessary to mitigate the risk and encourage people's well- being. We checked care plans in relation to skin integrity and there was clear guidance for staff to follow. Specialist equipment was in place as required such as, for example, specialist mattresses, which were checked by staff to ensure they were on the right setting and took into account any fluctuation in the person's weight. The only concern we had was the frequency of positional changes as one person's record gave staff different guidance, one record said two hourly another three-four hourly. This could have resulted in differential care being provided.

People told us risks to their safety were monitored by staff. One person's relative said, "They have achieved a good balance of freedom with (person's) safety in mind. Up until their recent illness (person) had been up regularly, using their walker, they're keen to facilitate that whilst preserving their safety." A person using the service said, "I feel so reassured by this place in every way, the freedom that I get in the house and grounds, and yet I'm still secure there".

We observed call bells in easy reach of people and where people were unable to use their call bells there was regular monitoring of people to ensure they were safe. One person using the service was asked how they attracted the attention of a member of staff they said, "They (staff) tell me to use my call bell, yes they do (respond in a timely manner), the nurses are good here, it's twenty four hour care." Staff had positioned the person's call bell on their bed and within their reach. A relative told us they had pressed the emergency button in error and said, "The response was amazing, very good." Sensor mats and other equipment were in

place as required to help keep people safe and alert staff when people at risk of falls were mobilising. Call bell audits helped ensure bells were answered quickly by staff across the different shifts and any delays in responding to call bells investigated.

Staff assessed the risks associated with the delivery of care and the environment had been taken into account with appropriate risk assessments and regular servicing and maintenance of equipment which staff had been trained to use. Staff received regular training such as safe manual handling to help ensure they could support people appropriately. We reviewed policy and practice in a number of key areas including fire safety, manual handling and generic risk assessments.

Staff understood their responsibilities in terms of promoting people's safety and taking timely action to report concerns and report faulty equipment. They reported accidents, incidents and near misses. The provider was proactive in reporting any event affecting the well- being and safety of people using the service. We have received a number of notifications from the service, which showed robust actions had been taken and lessons learnt. For example one concern was about pressure ulcer management. A person who had developed a pressure ulcer did not get the right treatment. This was subject to a full investigation, and a very detailed action plan was developed. This told us what had been done since, and how staff had been supported by their manager to improve their care practice. Information was effectively disseminated across the teams to help ensure good practice and a seamless service. There was good management oversight of risk and lessons learnt were shared across the providers other services to help ensure they were all providing high quality care. There was a clear overview of organisational risk and risks to individuals using the service.

Accidents and incidents were recorded to show what had actually happened and what actions had been taken by staff. The registered manager reviewed accident records to help ensure actions were appropriate to the level of risk. There was further analysis to help identify any particular themes or trends. This helped the registered manager to plan the service accordingly and make any reasonable adjustment to the service.

There were enough staff to meet people's needs and ensure their safety. A relative told us, "I have never seen any panic, it's always peaceful. I've never felt they've been short staffed." Another person's relative told us "I've never found it wanting (enough staff.) I came here a week ago, they'd been unwell, asleep, so I popped back in later to see if they were alright and there was a carer sitting on the side of the (person's) bed, talking to them and feeding them."

Staff did not raise concerns about staffing levels and felt they were appropriate to the needs of people using the service. Staff worked as a team and supported each other to help ensure people received individualised care and their needs were met. We observed staff working calmly and supporting people as required. There were many different activities taking place and relatives visiting. Staff engaged with them appropriately as well as receiving health care professionals and accommodating our inspection.

The provider told us they were fully staffed with no vacancies and the only use of agency staff was to fill vacancies created by holiday and sickness. Recruitment of new staff was timely to help ensure staffing vacancies were kept to a minimum. We looked at the staffing rotas and discussed with the registered manager how they ensured staffing levels remained appropriate for people's assessed needs. We observed throughout our visit that care was delivered in a kind and patient way, which enhanced people's well-being.

There were good recruitment processes in place to help ensure only suitable staff were employed. This included shortlisting criteria to help identify staff that had the right attitudes and values to work in care. Pre-employment checks included staffs work history and education including any gaps, proof of eligibility to work in the UK, proof of address and references. Disclosure and Barring Service (DBS) checks were carried

out. These helped ensure staff employed had not committed a criminal offence, which might make them unsuitable to work in the care sector.

People received their medicines as prescribed. There were robust systems in place to ensure medicines were in stock as required and there were trained staff on duty at all times to administer them as prescribed and when necessary. Staff received regular updated training and their competencies were assessed. Records showed what medicines people were taking, how they should be administered and what they were for. This included individual protocols for medicines prescribed when necessary, (PRN). Records were clear, legible and accurate. We were confident in the systems the provider had to order, administer, return and audit their medicines to ensure people were protected from the risk of incorrect medication administration.

There was sufficient guidance for staff in relation to medicine administration, the individual needs of people such as any allergies or essential health information. In addition, there was guidance about what actions to take if people refused medication or if it had been agreed in the person's best interest to administer medication covertly.

The provider had made many changes to the property, which included a new treatment room/drugs room, which had sufficient space and was at the right temperature to ensure medicines were stored at the ambient temperature.

The home was visibly clean throughout with no odours. There were arrangements in place to ensure suitably trained staff cleaned the home throughout every day and deep cleaning occurred regularly. One relative told us "The cleaners come round every morning, without fail. Everything is spotless." Another said, "I think it always smells fresh when you walk in, re-decorated, they've done a lovely job. They're always changing (person's) bedclothes, to make sure it's nice and clean, bathroom's always clean, bins emptied."

There were systems in place to reduce the risk of cross infection and staff were knowledgeable about infection control and hygiene. We observed good staff practices in relation to hygiene such as regular hand-washing and gloves being worn when delivering personal care.

Good

Is the service effective?

Our findings

People we spoke with were happy and confident with the staff providing their care. They felt that staff had a good knowledge about their needs and suitable empathy. The care practices we observed were timely and appropriate to need. We observed staff moving and handling practices, when assisting people at meal times and their general engagement with people across the day. Staff were responsive and cheerful and went about their duties competently.

Care and treatment people received was planned well by staff to ensure the very best outcomes for them. Staff had the right skills and knowledge to be able to deliver effective care. They worked collaboratively with other professionals to ensure their practices were up to date and guidance sought from those most appropriately qualified to provide it. The registered manager told us about a number of aspects of care they were focussing on. These included nutrition and hydration. Dietary supplements to care homes had been replaced with 'Food First'. This challenged care home providers to increase the amount of calories people received who were at risk of unplanned weight loss. By enriching, a person's diet such as by adding natural honey or cream to food and offering home- made milk shakes for example would encourage weight gain. We saw from one person's record that weight loss was identified and the person was put on weekly weights and a fortified diet. This reversed the weight loss quickly and significantly. The registered manager further evidenced how they had supported others at risk of malnutrition to stabilise and increase their weight. This had a positive impact on their health and decreased the risk of other health conditions such as pressure ulcers. The home had developed a tracking tool, which identified those most at risk. The tool highlighted those most at risk as red, amber for increased risk and green as no known risk. It was kept up to date regularly and enabled staff to respond quickly. The registered manager said early intervention and liaison with the speech and language team, (SALT) and dieticians was important to proactive weight management.

The second aspect of care the home focused on was wound care and how the incident of pressure ulcers had significantly reduced as people were receiving good diet and hydration. A number of people had developed pressure ulcers whilst at hospital but these were being well managed by staff. A further person had developed a pressure ulcer, which the home had not always managed well. As a result the registered manager carried out a root cause analysis and lessons learnt of what learning had taken place to ensure good practice. This resulted in additional training and supervision of staff to ensure all staff had the necessary competencies.

The third area of focus was the red bag scheme, which supported collaborative working between the hospital discharge planning team and the home. The red bag contained all the persons belongings and information about their care, support and treatment including information required on admission, discharge, and any medication prescribed or changed as a result of a hospital admission. The idea behind this scheme was to reduce the amount of time it took to discharge/admit a person to hospital, which ultimately would make the experience less traumatic.

We viewed a number of staff records and the registered manager provided us with an overview of staff training and staff support. There was an established induction procedure for all new staff. Staff were

introduced to the company and this included the company's ethos, values and mission statement. It helped familiarise workers with their roles and main areas of responsibility. Staff induction included a period of time in which they shadowed a more experienced member of staff to help them get to know people they would be supporting and learning the routines. Training was on-going and helped staff to gain the skills they needed to perform certain tasks. Examples of recent training included mandatory training: health and safety, safeguarding and fire training. Additional training included dementia care, end of life, person centred planning and equality and diversity. Nurses had regular updates of their clinical skills and clinical supervisions. Staff told us how their training had informed their work practices. In addition, some staff had specific responsibilities in relation to their role and experience, which meant they could support other staff and provide clear leadership and direction. Staffs skills were utilised as far as possible for the benefit of the whole team.

Staff were encouraged to undertake additional training in social care and in relation to the needs of the people they were supporting. Three staff had started their Level 3 & 4 Health and Social Care Diploma as part of their own personal development and both the registered manager and deputy manager were completing their Level 5 Management in Health and Social Care. All senior care staff were due to undertake a CHAPS (Care Home Assistant Practitioners) Programme. This is a two week training programme for staff to increase their existing skills as well as up-skilling them to support the nurses in an emergency situation as well as supporting with the administering of medication. Care staff continued to work under the direct supervision of the nurse.

Staff new to care felt some of the training could be more in depth to help them really understand. For example the Mental Capacity Act, staff knew the principles and were confident they could support people on a day-to-day basis but felt more information would be helpful. Some staff had not had some training around people's individual needs such as bereavement care either because they had been off or training cancelled as there were not enough staff to attend. Training had been booked and the registered manager was keen to enhance staff knowledge whenever possible and increase staff opportunity to become more involved.

Staff received regular informal and formal supervision, which was planned, and a requisite of their role. In addition staff received annual appraisal of their performance. These were being planned. This helped identify how staff were doing and if there were areas of practice in which they required support or additional training. Staff told us they felt well supported and were consulted about changes to the service. They were asked to share their ideas and help shape the service they were providing. Staff took individual responsibility and the registered manager and provider created a learning environment where staff could take risks and one where staff could learn from their mistakes in a supportive rather than punitive way. An example of this was about pressure care management where all the nurses had been given additional support and training to improve their practice. Minutes of team meetings were written up to show how staff feedback was acted upon.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were

being met.

Families told us they were involved in decisions and kept informed about any changes with their relatives care. For example, one family told us bedrails were in situ to prevent their family member falling out of bed due to their poor mobility. They said they also had a sensor mat, both which were discussed with the family and the rationale clearly explained. They felt able to input into their family members care. Records demonstrated decisions and how they were reached either with people's direct consent or in a person's best interest where they lacked capacity to make specific decisions.

The registered manager and staff had received training in MCA and DoLS and had varying levels of knowledge of its principles and application. Staff were confident in referring to others with a greater knowledge when needed. The service had, as required by the MCA, considered the least restrictive way in which to provide support to those who lacked capacity.

Throughout our inspection, people were involved in their care and staff met their requests. People were consulted by staff about how they wished to spend their time, if they wanted to be included in activities, what they wished to eat and drink and staff checked that they were well. People received consistently high standards of care. A relative told us, "Staff ask their family member do you want to get up today. They always ask (person) which lounge they want to sit in. They make sure their television sub-titles are on (low hearing), they help them to use their remote control, even though (person) doesn't understand, and then assist them. They ask them every time if they want the sub-titles on."

Observations at mealtime were favourable. We joined a group of people as they sat eating their lunch. They told us how much they enjoyed their food. One person said, "It's all home done (cooked), like my mother used to make it as a child." Another said, "You can tell its homemade, the smell and the taste, the soup, it is gorgeous. It's presented nicely too." Another said, "There's always a choice, they've been round today and asked me what I'd like. There's always something I like on there. At night, if you can't sleep, they'll give you hot chocolate or ovaltine, something like that." One person told us they would like a greater selection of vegetables. We passed their comments over to the provider.

The dining room experience was relaxed and well organised to help ensure everyone enjoyed the experience and received the assistance they required. We observed people had access to drinks and they were in reach. People were gently encouraged to eat and drink and asked about the meal preference, portion size and if they wanted anything else. Staff communicated effectively with people given them chance to respond. Staff plated up different meals available to give people a choice of either/or. People requiring assistance and help received this in a timely, sensitive way. Menus were present in the main reception area, dining room and in people's private rooms. These were adequately detailed and offered people adequate choices, but the print size was quite small and might therefore benefit from a larger font. We observed the presence of covered jugs of water in people's rooms and drinking facilities, including water and hot drinks available in the reception lounge and dining room. Audits were carried out to review people's dining room experience and if it could be improved upon in any way.

Staff were familiar with people's dietary requirements and any risks associated with inadequate hydration or poor dietary intake. Staff helped reduce the risk of unplanned weight loss because they closely monitored people's weights. We spoke with the chef who told us about people's needs and they were familiar with people's likes and dislikes and felt able to accommodate this within the current budget. The chef had received appropriate training and told us about people's different diets to suit particular health care needs and about consistency of food for those at risk of choking.

For those people receiving nursing care by the home, their health care needs were overseen by a qualified nurse on site. People who required residential care would be referred to the district nursing team for specific nursing tasks. Staff monitored people's health care needs paying close attention to any changes, which might be indicative of ill health. Staff responded to any changes to the person's health care needs and referred the person on to the relevant medical specialist.

People's records evidenced that people had access to other professionals as needed (recorded in a diary) e.g. audiology appointment, continence assessment, the falls team or contact with GPs when necessary and at people's request.

Whilst inspecting the service we met the visiting doctor who told us that they were very confident in the service and the skills of the staff providing the care, who made timely, appropriate referrals. We were also contacted by the local hospital who praised the work of the home in terms of their engagement; positive communication and ensuring transfer from hospital to care home were as smooth as possible. They commented on how cheerful and uplifting the home was both in terms of its staff and the environment in which the care took place.

We spoke to relatives about their family members, one told us their relative had lost a bit of weight, but the home put them on a fortified diet straight away after seeing the doctor. They said, "The doctor's been a few times since, you feel everything's being done for them". Another said, "Every time a doctor is called they tell us and we know what the doctor has said. They make sure that my (relative) was kept informed as well."

The environment was harmonious to people's well-being and fit for purpose. The building was situated on the edge of town, with easy access. The provider because of feedback increased the amount of parking outside to help visitor's park right outside when they came to visit. External lighting had been improved to help ensure the safety of all visitors. The home had been restored make the most of its original features. It was light, airy and took advantage of the far-reaching views across the lawn and onto the river. The interior of the building on both floors was fresh, clean and bright. During our visit we were not aware of any malodours present within the environment throughout the day. The toilets and bathrooms we entered were clean, fresh with lidded bins present and recently emptied. There were bottles of hand cleanser present on people's tables in the dining room. The décor within the home benefited from recent decoration and some refurbishment and provided good visual contrast between the walls and plain-carpeted floors. This is important for people with visual and cognitive impairment to help them navigate through their environment.
We were not aware of any obstructions or hazards, corridors and walkways remained clear and benefited from handrails on either side, which were highlighted in white.

The service could consider the use of signage to help orientate people. We noted that bedrooms had names and door numbers but there was nothing beyond this to differentiate between one room and another.

We were also made aware of concerns from a family about a person who was more active at night and thus disturbed their relative's sleep. We spoke to the person who was up through the night and they told us, "The lights on here all night, it's very bright, like daylight." Another person told us generally the service was very good, although said sometimes noise levels in the home were a bit of a challenge. These environmental factors could be considered by the registered manager to help them promote a good night's sleep for people using the service.

Good

Is the service caring?

Our findings

People living at the home were encouraged to live well and stay connected with their past, with friends, family and their communities. Staff understood the needs of people, their preferences and their personalities. People appeared to be empowered by the support and understanding they received, and staff were proactive in helping them avoid anxiety and stress. Staff described one person who became agitated. They said "We talk to them and they can tell you so much about their life." Staff told us they used photographs to stimulate people's memories and keep them alive. Another staff member said how they sat down with one person at the computer and they looked up 'Google Earth' and where they used to live, the pub they used to use and listened as the person was telling them all about their life." Care plans told staff what people enjoyed, examples included, 'person has an interest in dogs.'

Staff had an individualised approach to meeting people's specific needs. For example when talking to the activities coordinator, they were able to tell us about each person and how they tried to adapt the activity to suit their needs. This helped facilitate the person's independence and control over their lives. For example the activities coordinator told us how they encouraged people by enabling them to do what they could whilst assisting them with what they could not. They said, "One person is blind and I sit with them and assist them to knit". They told us about another person who only had the use of one arm. They said, "We make pom poms and I hold the ring and they thread the wool through".

Staff cared for people and made them feel valued. One person said, "They (staff) are very friendly, very approachable and jolly." Relatives told us, "They're really good staff, they're friendly, (person) is comfortable and happy. The carers and the staff, management, you can't fault them." Another said, "It's homely, and people are happy here".

The provider demonstrated their absolute commitment to providing a high quality service, which very much took into account the wishes of people using the service and used their feedback to shape the service they received. There was an individualised approach to care, which was understood by all staff.

We observed staff respecting people's privacy and promoting their independence and choices. A nursing screen protected people's dignity when supporting people with personal care or their moving and handling needs. Staff ensured bedroom/bathroom doors were closed to respect their dignity. A number of relatives told us their family member was always clean and well dressed. We observed staff supporting people to maintain their appearance and dress as they wished. For some this meant wearing jewellery. Staff tried to ensure people were dressed for the cold weather and where appropriate provided them with bed socks and blankets for those who wanted them. We noted people had recently had their hair nicely done.

One person told us that staff asked them about their preference: bath or shower. They said they liked this before breakfast and staff always accommodated this. Another person told us staff promoted their independence. They said, "Staff encourage me with the walking, I walk along the corridor, sometimes have a cup of coffee, and then I walk back with that (walking frame)."

Individual preferences were accommodated as evidenced within people's care plans, which gave a profile of the person, their background, likes, dislikes and what was important to them. For example for some people, their religion was very important. We asked staff how this was facilitated. They told us there were regular church services for various denominations once a month. They said the regular vicar had just retired but there was a group from a local church visiting to sing carols, and bring chocolate and cookies. Staff said one person liked to go to the Salvation Army and staff took them when they could. A relative told us they had requested a Roman Catholic priest for their family member and this was now regularly provided.

The environment provided space where people could relax and socialise. In addition there were opportunities for people to sit privately with their families. We observed families coming and going throughout the day. They were clearly at ease with staff that were familiar with them. They were able to make themselves a hot drink with a cake or biscuit and stay as long as their relative wished.

Outstanding ☆

Is the service responsive?

Our findings

The service provided to people was exceptional. The provider, registered manager and staff worked tirelessly to ensure people received the care and support they needed to continue to be independent, active and stay healthy. People were consulted by staff about their care and the service listened to what people had to say.

One relative told us "I have a good rapport with the nursing staff, they're objective and caring. I think it's a fantastic home it would be so easy for them to leave (person) in bed all day, I think they have achieved a good balance, they will endeavour to have them up, encourage (person) to get up". The provider told us a big challenge they faced when they first bought the home was to support and encourage people to leave their rooms. The provider said they had now mostly achieved this and this had been beneficial to people. They now spent time with people who had similar interests and life experience and these interactions enhanced both their emotional and physical health.

We observed people engaged throughout our visit. Staff had developed relationships with people using the service and their extended families. Staff gave people comfort and support and we observed the interactions between staff and people had a positive effect on people and supported their wellbeing. For example people laughed and joked and teased staff. We observed one person who was very frail. Staff sat chatting to them and were bright and cheerful. They patiently gave the person the time they needed to have their meal and drink whilst acknowledging their reluctance to do so. We saw that staff had time for everyone regardless of the complexity of their needs. Although staff were busy they did not show any frustration but were polite and considerate and helped create a calm and nurturing environment.

The service really did feel like people's home and people were pursuing their own routines and interests and had sufficient space to relax. For example, one person told us they were doing a research project and liked to do this in privacy and throughout the night. They said staff ensured they had everything they needed but respected their privacy. People had access to computers, tablets and other personal devices to help aid their communication with family and the wider community.

Staff planned care and support around peoples individualised needs. Staff assessed people's needs before they came into the home and people usually had time, unless an emergency admission, to consider the home to ensure it was suitable. A care plan was put into place by staff soon after admission and people's needs were kept under daily review and their notes indicated what care they had received and detailed the level of activity undertook. Staff told us, "We try and get the families to provide us with as much information about people as they can". They told us this helped them converse with the person and know what is important to them and helps aid a meaningful conversation.

People had care plans, which clearly illustrated their needs and wishes. Care plans included specific information about the person's background and what staff should take into account when delivering their care There was reference to people's care preferences, and any religious or cultural considerations staff should be aware of. Staff respected this. For example, one relative said, "I take (relative) to chapel every

Sunday, and they've been dressing them really nicely, in their best clothes, suit and tie". Staff accompanied some people to a church of their choosing.

Care plans gave useful information and guidance for staff. Such as details of a pre-existing illness or risk to a person, staff should be aware of and what staff should do to mitigate the risk. One care plan we reviewed included good detail about a person with limited communication. The care gave a detailed account of how the person communicated and how they were not always able to express their needs clearly. For example, can say 'no' when means 'yes' and vice versa. The person had been given picture cards to help their communication. Staff told us they gave extra time to enable the person to express their needs and there was guidance on how to recognise what their facial expressions meant. There was other information regarding drinks and foods, which was to be placed on their left side due to right sided weakness. The call bell was also to be placed on the left in easy reach. This information helped staff provide care in a consistent way, and helped the person needs to maintain their independence and dignity. Through our observations, we saw that the care plan was followed through and the person had what they needed.

Families told us they met to discuss the care plan and any aspect of their relatives care and had been told these could happen as often as they liked. Another relative told us, "I'm invited to a review of my (relative's) care, but I'm so involved, and they're (staff) always available, there's really no need". Families told us their feedback really did make a difference. For example one family said, "We asked for activities at weekends, and now that we have it it's making a difference".

Staff had an excellent understanding of people's diverse cultural beliefs and background. People were supported to follow their chosen faith and the staff organised for people to access a community church or have regular opportunity for religious services to take place in the home. Staff were aware of people's dietary choices and preferences and any foods which were not acceptable due to the persons religion. Staff were aware and sensitive to people's preferences in terms of gender specific care.

Activities at the service were exceptional. There was a generous activity budget allocated to support activities. The service employed two staff over seven days a week to organise and facilitate activities either provided by themselves or using outside entertainers, and volunteers. The lead activities coordinator told us they worked forty hours a week, and the assistant activities co-ordinator sixteen hours week. This enabled them to provide planned activities seven days a week.

There was good engagement with extended family and friends. An example of this was the Christmas party. Staff told us, 'They got all the names of the families, children and grandchildren and they were all invited.' The inspection took place ahead of Christmas and preparations were well under way to ensure people were helped to celebrate Christmas. Specific events were celebrated. One person using the service told us "I went to see the remembrance service on the big TV, tears were shed. I do the crosswords and word search. We had fireworks; we all went to the big lounge to watch out of the windows. There were some relatives and little children outside watching it."

The provider told us, "The community engagement is really important to us here." A member of staff told us, "Children come every term from the local primary school. They love to read to the residents. Last term they made firework pictures for the residents. The children love it; a few of the girls come round and visit on other days. Another school had been arranging for children to send postcards to people to help alleviate loneliness." The activities person told us, "volunteers from the local community come to the home and bring snacks for afternoon tea"

Visitors were an essential part of the homes success. Activity staff worked inclusively as part of the staff team

which helped to ensure people's needs were met as holistically as possible. Some of the activities were suitable as a group activity but a number of people were unable to join in either through choice or due to physical frailty and poor health. One person told us "(Named staff member) comes to invite me to everything, I disappoint them most of the time, and it's my choice. I will start going, I'm getting to know some of the residents." One person referred to a pupil they had got to know very well. The staff member explained, "We have three students come here twice a week, and another student on a Friday, they go and visit residents, get involved, write up about the people they go and see. The girls give me feedback about the activity and how the resident has enjoyed it, or if it's not quite as it should be. They do tell me if they feel someone needs support or has been left wanting."

We observed copies of the activities planner for the current week located on both the 'Resident's and Relative's notice board', and in people's private rooms. This included a list of daily activities, and other forthcoming events, along with a quiz, crossword and word-search. Whenever possible activities were linked with people's specific interest, for example quizzes could be adapted to those with or without cognitive impairment. The activities coordinator was keen to enhance people's experiences and encourage people to live well with dementia by adapting everything they did. We observed the activities coordinator asking a person to write down their ideas and thoughts as they had a speech impediment. The person was included in the activity and the coordinator shared the person's ideas and thoughts with the rest of the group.

The homes newsletter included dates for your diary of forthcoming events such as planned meetings, Halloween celebrations, fireworks, and Christmas carols. People spoke enthusiastically about things provided and they and their relatives were aware of what was going on. The home maintained links with other local homes owned by the same provider. This gave the opportunity to share ideas and events and widen people's social circles. The home participated in the national open day in June and invited the public, friends and family into the home and raised money from stalls to put into the residents amenity fund. This helped fund further activities and equipment.

Feedback about peoples experiences from relatives of people that had passed away were shared with us. The common thread was how caring and compassionate staff were to ensure people had a good care experience. One relative said about staff's willingness to 'go the extra mile.' Another said, "We could not have wished for a better place." Another said, "Nothing is too much effort."

The registered manager told us they were passionate about end of life care. One family recently commented in relation to end of life care, "To say it is outstanding is no exaggeration. Every member of staff from the (registered) manager to the cleaning staff did their bit to ensure (my relative) was pain free and comfortable." The registered manager told us it was one of their priorities to help change people's perception and help them experience a good death.

They said in order to achieve this they had created a relaxing and calm environment for the benefit of people using the service and their families. This included plans to create a 'sensory garden.' They had ensured appropriate end of life planning and clear documentation about people's last wishes. We saw this was in place with clear guidance about people's preferred priorities care and if they would want medical intervention if their health declined. Staff worked closely with other local practitioners and provided support and training to staff. The manager had helped to create a culture of dignity and respect. They told us they had worked closely with the local hospital and the hospice to ensure staff had the rights skills and people were properly supported. Families we spoke with said they had been consulted about their relative's last wishes and these were recorded. One relative whose family members health was in decline told us, "There's been on-going consultation between me and staff about end of life, (registered manager) approached us and we agreed regular reviews on progression of (person's) underlying illnesses and conditions. (Registered

manager) was able to describe the implications, it was absolutely clear."

Staff told us they always sat with a person who was dying to ensure a person was never alone. It could be that staff were there until a family member arrived and then they had private time with their relatives. Staff recognised the importance of supporting the whole family through the experience. Staff told us they had a good relationship with the undertakers and when a person's body was taken all the staff and people if they wanted lined up to say their goodbyes and show their respect.

End of life boxes included objects which could stimulate the person's senses such as lavender and other things to help the person in the final days. The registered manager explained the smell of lavender could be comforting and staff would put together other sensory objects to help reassure people and keep them calm. They would sit and read to the person or hold their hand. Staff told us following a person passing away a heart framed photograph or name was created to help remember the person that died.

The registered manager told us they had reached the final three in the End of Life category at the Norfolk Care Awards because this was something they did well. A local funeral director wrote a letter of support for the home in which they stated what positive feedback they had received from relatives about the care people received in life and in death. They commented on how people were treated with dignity and respect. A sample of comments and thank you letters were available for us to view. These demonstrated the love and care shown by the whole staff team to people and their relatives during the time spent at the service. The provider and all the staff we spoke to took pride in their work and wanted people to have a positive experience whilst at the home and continue their lives, as they wanted to live them.

There was an established complaints procedure which gave people the opportunity to raise formal complaints should they feel this necessary. These were logged and showed how they had been responded to and in what time scale. There were other opportunities for people to raise concerns or compliments about the service. One person told us "I can't find any problems at all with this place, there's no problem. You really can't fault anything. They do listen, they do their best, I go to (registered manager) and they're very good. They say 'Leave it with me', and it's done."

Outstanding ☆

Is the service well-led?

Our findings

Stow Healthcare took over as the new owners and registered providers of the home in November 2016. They had quickly established their priorities for moving the service forward. They provide exceptional care because they listen to people and their families and they take action when needed. They worked inclusively with people, their family, friends and the community and have developed good working relationships with other professionals.

A registered manager was in post and took over the management of an established team as well as carrying out some additional recruitment. They have established a full team of staff, which helped to ensure people, have continuity and care by staff familiar with their needs. We found the service well managed with strong leadership and clear lines of communication between the provider, the registered manager and all the staff. One relative said in a recent online social care website, 'There exists no aspect of care and professionalism towards the residents in their charge that I have found wanting.'

Management systems were firmly embedded with clear lines of accountability and individual responsibility for the care provided. Every staff member we spoke with demonstrated the right values and caring ethos. Consultation and feedback from people using the service, staff, relatives and stakeholders were used to help continuously monitor and improve the service. This demonstrated that the people who used the service were at the heart of the service delivery and excellent care was sought and achieved through close collaboration with others. We observed people living well and in comfortable, familiar surroundings.

People using the service were often frail and in need of regular nursing input. Care took place in an environment which was conducive to living well. The provider had established good links with the community, which enabled people to stay connected and still enjoy things they might have done when living in their own home. Staff recognised that some people were not able to access community facilities so helped ensure the community was present in the home and supported the care provided by staff. Links with volunteers and local retailers helped permanent staff support people as far as possible to stay active. The service liaised with schools and other voluntary organisations for the benefit of all. For example, the service held a nutrition and hydration week. Local schoolchildren were part of this and got to try lots of different vegetables and share the experience with older people. This has resulted in improvements in people's nutritional uptake. Another example was the information session provided by the nurse about the importance of flu jabs not only for older people using the service but for their visitors too. The home reported this increased the uptake of the flu vaccination and gave additional protection to all of its residents.

The registered manager told us some months they have a different theme, July was beach week and despite the weather people built sandcastles in doors, enjoyed fish and chips, held competitions and created a beach scene. This was a further example of how despite people's increasing infirmity the home tried to recreate opportunities for people to enjoy and engage with.

The provider was always striving to be the best that they could be and achieve outstanding across the

different key questions in this report. The provider told us how they supported and empowered their managers to develop their service and work in close harmony with the staff, the families and the community. In recognition of their hard work the service and individual staff had been nominated for a number of care awards. Nominations were requested from staff, people using the service and relatives to be put forward for the Care Awards in 2017. Three staff from 20 were shortlisted; one nurse, the head chef and the deputy manager for various awards. The Head Chef won their regional heat of the GB Care Awards, in which one of their nurses was also a finalist and the Deputy Manager was shortlisted as Best Registered Nurse in the final five of the National Care Awards. These awards celebrate the achievements of individuals and in recognition of what they do to contribute to high standards of care. In addition Stow Healthcare won a national award; Care Employer of the Year.

Staff felt involved and consulted about the service and its future direction. Relatives also felt they were regularly involved and consulted with issues relevant to their family member and the wider service. There were quarterly residents meetings attended by heads of department and a nurse. An agenda was set and minutes available. Any discussion was recorded and actions agreed. For example it was felt that activities in the morning were not always successful and this was changed to enable the activities coordinator to come in and support staff with what was needed. They also had the chance to go round, sit and chat with everyone, have a coffee, provide one to one support, and ask people about their preferences. This helped to create a calm atmosphere, which was relaxed and unhurried.

Relatives told us they could attend meetings or have one to one support with the registered manager or nurse to discuss any aspect of the service or family members care. Relatives also told us the home informed them of any changes to their family member's needs. A relative described the service as, "Exemplary", and said, "I'd like to see them building on their success." They told us they had thanked the staff and were looking forward to continuing improvements. An example of further improvements was the plan to develop a sensory garden. This would further enhance people's experience and access to the garden.

Regular staff meetings were held and included twice weekly heads of department meetings. The provider was accessible and in the service at least once a week sometimes more, including weekends. All staff knew them and were comfortable in their presence. The providers told us they delivered a lot of the staff training which included sharing guidance issued by CQC about the five key questions and the framework for providing outstanding care. Staff were knowledgeable about this and demonstrated how they were exceeding standards of care. Staff engaged positively with us and were open and friendly.

One staff member told us about the positive changes they had observed since the home had changed ownership. They told us the new providers could be contacted at any time and kept staff up to date with any changes. They said they felt supported and valued. One member of staff said, "I'm so proud to be part of this team, I feel supported by colleagues and management. When I came for my interview they (registered manager) really did inspire me." Another staff member said, "The managers very visible. Very approachable and supportive and will listen if there are any issues." A relative told us "I think they've (registered manager) got an admirable balance of leadership whilst retaining the respect of the staff. They said the manager would often 'roll up their sleeves and help deliver care".

The home produced an action plan, which was a progressive document and updated and added to. This used a traffic light system to show the priority and level of risk. It also showed what actions had been taken and if they were successful in reducing the risk. For example the completion of detailed weight trackers for those at risk of unintentional weight loss. There were clear systems in place to review any risks encountered by individuals due to their frailty and activities of daily living. Equally, there were measures in place to ensure equipment was available, safe to use by staff trained to use it.

The provider told us how they supported staff through induction, support and regular training programme. This now also included a programme of support to skill up senior support workers, (CHAPS) who could then offer vital support to nurses by carrying out some of the tasks they might have undertaken. This would help the nurses prioritise care more effectively and provide opportunity for progression to staff who wanted the opportunity to do so.

The service had an effective quality assurance system, which they used to canvas opinion about the service they provided and how to address any short falls or enhance the experiences of people living there. We were told throughout the day of improvements that had been made because of feedback including some obvious environmental changes, to improved storage, a new drugs/treatment room, to additional care parking spaces and an additional area where people could sit and watch television without disturbing those who did not want to watch television. For families the importance of enough activity resulted in an activity programme being increased to seven days a week, which incorporated family support and support from volunteers. This resulted in greater community participation.

The provider spoke passionately about their role in supporting and listening to staff and empowering them to make a difference to people's lives. In doing so they were helping to change the culture of care to one which was person centred and holistic. People were encouraged to make their own decisions around their care needs, preferences and choices and people were supported to do what they wanted. This included balancing proactive risk taking with promoting independence. The provider told us people now spent more time socialising and less time isolated in their rooms. We saw throughout our inspection people were involved and active and spending time with others which had significant benefits to their overall health and well-being.

The most recent resident/relative survey was completed in June 2017; the previous one was completed in December 2016. This showed changes in the service, which were positive with overall very high levels of satisfaction and increased positive scores. Quality audits also showed an absolute commitment to getting it right and enhancing people's experience. Individual comments were recorded and acted upon. We saw minutes of resident/relative meetings and again this showed how feedback was actioned upon. In the hall of the home was a 'you said we did,' which showed how suggestions were acted upon. A staff survey completed in June 2017 showed detailed feedback from staff, which showed some area of concern but also areas of growth and increase in job satisfaction. The home had its own quality assurance advisor who had recently completed a full and detailed audit, which was not available for us but had made some suggestions based on their observations and discussions with people. Some feedback we gave had already been discussed as part of the quality assurance visit, such as having a named staff member leading the shift so relatives knew who was in charge. There was already a staff photo board.