Minster Care Management Limited

Littleport Grange

Inspection report

Grange Lane, Ely Road
Littleport
Ely
Cambridgeshire
CB6 1HW

Tel: 01353861329

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Littleport Grange 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.

Littleport Grange is a three storey building and is registered to accommodate up to 59 people. At the time of this inspection there were 56 people living at the service.

The inspection took place on 12 December 2017 and was unannounced. This was the first comprehensive ratings inspection of the service under its current registration.

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

Staff were well informed as a result of their training about what keeping people safe meant. Staff empowered people to be safe. People were given as much information as they needed about staying safe. People were involved in decisions about their safety to the maximum possible extent and their wishes were respected by staff.

Risk assessments were in place. Information about risks to people were shared with relevant organisations such as an occupational therapist to help ensure people's care was as safe as it could be.

A sufficient number of staff had been safely recruited and they were deployed in a way which maximised people's independence. Staff were provided with the training appropriate to their role.

People's prescribed medicines were administered and managed safely. The storage, disposal and recording of all medicines was carried out in line with current guidance.

The registered manager and their staff team completely understood their responsibilities. Near misses were seen as an opportunity for learning and to help prevent things from going wrong.

People's health and nutritional needs were met by trained staff. Staff knew the people they cared for well and that they would recognise and act promptly if people appeared unwell. The premises and equipment that was provided helped improve people's independence.

Staff worked well with relevant stakeholders to help ensure that people could be as independent as possible. 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.

Creative ways had been introduced to help people reflect on their personal histories and cultural backgrounds. All staff were particularly sensitive to people whilst providing caring and compassionate support. Accessible ways were used to communicate with people to support their privacy and dignity.

People were provided with, or enabled to access the, advocacy services that they needed.

People's care was provided by staff who used innovative ways of involving people and their family, friends and other carers in their care and support plans. Staff had outstanding skills and treated people equally regardless of their needs. Staff went the extra mile to ensure that people took part in a wide range of social stimulation, hobbies, interests and pastimes which they thoroughly enjoyed.

Investigations into concerns were comprehensive and the service used innovative ways of examining how best to make improvements. People's concerns were acted upon before they became a complaint. Support was available if people needed to raise concerns or make a complaint. Staff had the skills to understand and meet the needs of people requiring end of life care.

The registered manager led by example and motivated their staff team with supervision, mentoring and constructive feedback. The registered manager understood their responsibilities and worked with people, staff and the provider to improve the quality and safety of care that was provided.
Audits, governance and quality assurance policies and procedures helped make a positive difference to the quality of life people led.

People were supported in partnership with other organisations including the local authority and care commissioners to provide joined up care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Safe.

Staff knew how to keep people safe as well as being able to recognise if people were at any risk of harm.

A sufficient number of skilled staff had been recruited safely.

Risks were identified and managed.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's assessed needs were met by staff who treated all people equally well regardless of their needs.

Positive staff relationships were used to encourage people to maintain their nutrition safely.

People were supported by staff in making decisions which promoted people's independence.

Is the service caring?

Good

The service was Caring.

People were cared for by staff who treated them with kindness and compassion.

People received support from staff to access any advocacy if this was required or requested.

People's privacy and dignity was upheld by staff in a way which gave people independence.

Is the service responsive?

Outstanding ☆

The service was very Responsive.

People's care was provided in a person centred way. People and the staff played a key role in the local community and they actively fostered further links.

Staff had gone the extra mile in providing a wide range of social stimulation, pastimes, hobbies and interests that enabled people to live their lives to the absolute best they possibly could.

A comprehensive and detailed analysis of any concern or complaint was undertaken to help staff understand where improvements could be required.

External healthcare support was provided in a way which meant people would experience a comfortable and dignified death.

Is the service well-led?

Good

The service was Well-led

The registered manager led by example and had fostered a staff team who were committed to providing high quality care.

Staff understood their roles and they were positively supported with the training and skills they needed.

People, their relatives and the staff team were at the heart of the service and they took a full part in determining how it was run.

Governance, quality assurance systems and audits were effective in driving continuous improvements.

Littleport Grange

Detailed findings

Background to this inspection

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

This inspection took place on 12 December 2017 and was unannounced.

The inspection was undertaken by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service. Their area of expertise was caring for older people and people living with dementia.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law such as serious injuries.

Prior to our inspection we contacted organisations to ask them about their views of the service. These were Healthwatch and the local safeguarding authority and commissioners of the service. Their views helped us to plan our inspection.

We spoke with 16 people and 12 relatives. We spoke with the registered manager and their area manager. We also spoke with an assistant manager, six care staff, the activities coordinator, the head chef, the administration assistant and the maintenance person.

We observed people's care to help us understand the quality of care that people received. We looked at eight people's care plans, staff training and supervision planning records and seven people's medicines administration records. We case tracked four people's care. We looked at audit and quality assurance records in relation to the management of accidents, incidents forms, two staff recruitment files, staff training

and supervision planning records and policies and procedures.

We spoke with two healthcare professionals and a social worker and received feedback from the GPs who visited the service.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I feel safe here." They told us that this was because staff had rapidly responded to them when they had experienced a fall. The person added, "They [staff] came within a minute and got me to hospital." The person went on to tell us that they now took much more care when getting up. Another person said, "The [safety of] care here is 100%." A relative told us, "I know [my family member's] safe and properly looked after here; they're very good staff and they know what they're doing."

Staff had received training in how to keep people safe and they were aware of the procedures to follow if they felt that people had been harmed. A staff member said, "If I ever suspected or saw that a person was being harmed in any way I would report this straight away to the [registered] manager Concerns about harm had been appropriately reported to those agencies who were responsible for investigating any concerns. We found that all the necessary actions as required by the local safeguarding authority had been taken such as reviews of people's care and their medicines. A healthcare professional told us that "any concerns were comprehensively investigated and people were supported by the [registered] manager to not feel overwhelmed." This showed us that people's safety was promoted.

People were supported to take risks in a safe way. We observed staff safely assisting people to mobilise from chairs to wheelchairs. Staff supported and encouraged people to mobilise around the home using the equipment they had been provided with. People had access to a call bell system and staff responded promptly to call bells. One person said, "I only like female staff and to live with other ladies and this is what has happened. I feel so safe as a result of this."

Risks to people had been identified and were managed safely. Risks identified included those associated with malnutrition, choking, falls, decision making, mobility and tissue viability. One person told us, "They [staff] keep weighing me to make sure I'm eating enough." Where decisions were made about managing risks, people were involved in these as much as possible. External support and guidance was sought when required. Risk assessments were up to date and showed that risks to people were assessed and monitored. Staff understood how risks to people should be managed.

Staff spoke confidently to us about what poor standards of care would mean to people. This was in addition to telling us that they would not have any hesitation reporting their concerns to the registered manager or the provider's representative. One person said, "I feel safe here as the staff treat me well." One staff member said, "I have reported poor care and I was completely supported. Actions were taken and it hasn't happened again." The registered manager told us how safeguarding was an agenda item at staff meetings. At these meetings various scenarios were used to guide staff on safeguarding people and also when to report their concerns if ever this was required.

A robust recruitment process was in place which meant that all new staff were thoroughly checked to make sure that they were suitable to work at the service. One staff member said, "I was asked all sorts of questions and how I would react in various situations. I had to provide my CV [Curriculum Vitae] and explain any gaps

[in my employment history]." Whenever possible, people were actively involved in decisions about the staff who would provide their care and support. For example, in relation to recruiting or choosing the staff who could work with them. We saw that people had been asked about the questions they would like prospective new staff to answer such as "how would you ensure that my care was dignified?" People would then review the prospective candidate's response and have a valid input in deciding which staff were recruited.

Equipment had been maintained in accordance with relevant legislation. Examples of this included maintenance every six months of the home's lift and ensuring any risk of legionella was minimised through the monitoring of water temperatures. One person had made a complement by saying, "Thank you to maintenance [person] who keeps 'the Grange' ticking over and repairs the things that need repairing."

Staff reacted in a proactive way to people's behaviours which others might find challenging. Strategies they used included giving people more time, speaking with people in a soft voice and being close to the person. One person was very confused and repeatedly stated, "I want to go home." Staff responded kindly and reassured the person who then quickly became more settled. One staff member told us, "Sometimes you just need to be patient."

We saw from records we viewed that people's level of dependence was kept under regular review. We found that there were sufficient staff with the right skills in post. These staff were deployed in a way which helped people to be as safe as practicable. Where people had different or more complex needs, staff with the necessary skills were rostered to care for and meet the person's needs safely. One person said, "I took a risk and nearly fell. I am much more careful using my frame." Staff put their skills in safe moving and handling into practice to keep people safe. This was by proactively anticipating and mitigating risks to people's safety and reducing the potential for harm occurring.

People's medicines were administered safely by staff who had been effectively trained and deemed competent. Storage, recording and disposal of people's medicines was in line with current guidance. We did however find that this was not the case for people's as and when medicines' protocols. These just stated 'refer to the National Institute for Health and Care Excellence guidance'. The protocols for as and when pain relief or homely remedies did not contain information for staff about why this pain relief or homely remedies was needed. It also did not include in the medicines administration record (MAR) the quantity or the period that this was planned to continue for. The registered manager told us they would add this additional information to those people's MARs. Staff were however aware of the reason for pain relief and the maximum dose that could be administered and what the remedy was for.

Systems and processes were in place to prevent and if required to control any potential infection. Staff had training on hygiene protocols as well as having the protective clothing they needed. This was as well as procedures for hand washing and cleaning and the segregation of cleaning equipment which was used in specific areas only. Policies and cleaning schedules supported the standard of cleanliness. In addition, staff who could potentially bring an infection into work were supported to change shifts or stay away until they were no longer a risk to people or other staff. This meant the risk of infections were minimised as much as possible.

Where incidents had occurred such as, a person experiencing a fall or a medicine's recording error we found that the necessary actions had been taken. For example, by involving healthcare professionals, reviewing medications as well as any equipment that was in use. This was planned to help prevent any potential recurrence, learn any lessons and implement effective actions.

Good

Is the service effective?

Our findings

People's needs were comprehensively assessed prior to them using the service. This task was undertaken by the registered manager or one of the assistant managers. This assessment looked at the person's current living arrangement and also considered the complexities of each person's care needs including those associated with dementia and health.

Following this assessment process any equipment was put in place to help people achieve the outcome they wanted. For example, the registered manager showed us how they had analysed information about why people had fallen or could fall. As a result the registered manager had successfully liaised with healthcare, and other, professionals. This was to help determine what needed to be done to reduce as far as practicable any potential for a fall. A healthcare professional told us, "The number of falls and subsequently the number of injuries has reduced significantly. This is good for people and their quality of life." Actions taken had identified, with GP interventions, people's underlying health conditions which might not otherwise have been identified.

Other actions taken to improve people's independence and health included the introduction of coloured 'snack boxes' for people at risk of malnutrition. The success of these had led to people no longer needing to have their weight monitored and being able to eat more of the foods which helped them maintain a healthy weight. Other benefits of these boxes had been by the roll-out of these within the service to people living with diabetes as well as healthy snack boxes to assist people to eat more healthily. One person told us, "I always ask for, and they [staff] get me proper ground coffee in a cafetière and my own bottle of crab apple sauce." A relative told us, "[My family member] has been eating much better since coming in here."

Staff received regular training and support appropriate to their roles. For instance, medicines' administration, safeguarding, moving and handling and fire safety. A relative commented, "The staff are terrific. They are very well trained." One member of staff said, "There was a three day training course specific to dementia. It gave me insight into what it may be like to live with it." Another staff member told us, "I am due supervision today. It is about two to three-monthly. We also get an appraisal once we have been in post for 12 months." We saw that staff were up to date with their mandatory training and that plans were in place to refresh staff's knowledge for subjects such as food hygiene.

Staff were supported with their skills from the provider's in house trainer and from staff who had a lead role to mentor staff. One staff member told us, "I have done my safeguarding training, infection control, MCA (Mental Capacity Act 2005), food hygiene, dementia care, positive behaviour support and moving and handling. I can ask for other training if I need to."

There was a strong emphasis and promotion by staff on the importance of people eating and drinking well. Three different meal choices were available as well as alternative menus. Drinks and snacks were served to people throughout the day. One person said, "The food is a 100% and you can get seconds if you want." Another person told us, "Food is brilliant, wonderful food" and "I'm on a special diet, the kitchen work hard

[to ensure they received the right food]." The chef told us, "I always meet people's choices each day whether this is in a soft format, sugar free or where they just like their meat to be minced. If someone wants soup, a sandwich or anything they can have this." We saw that the chef asked people for their comments about the food and preferences for the next day.

A recent local authority contract monitoring visit had scored the provider 100% for the different ways people were supported with their nutrition such as, with finger foods. A social worker informed us that, "We often try this service when no other service can meet the person's nutritional needs." Staff responded to people's needs for home-made supplements before the person's risk of malnutrition increased rather than waiting for a dietician or speech and language therapist to recommend this. Any necessary adjustments were then made following professional nutritional advice.

We found that no person using the service had any cultural, religious and ethical issues around their choice of food to make sure their wishes are respected. However, from what we saw and were told by staff, we were confident that should this need arise then these people's needs for their particular preferences would be upheld. To assist in this the registered manager had with the staff team, held events such as 'around the world in 80 days' over a seven week period so that people could sample food and the cultures around this from different parts of the world. One person told us, "I didn't like all of them but some I have never ever had before and we can ask for them at any time." Residents' meetings confirmed that this happened.

Where people moved into or out of the service we saw that there is a thorough approach to planning and coordinating any such moves to or from other services. On the day of our inspection the registered manager was at a hospital and meeting with staff there to ensure a person's smooth transition. The visit by the registered manager allowed them to understand the person's needs as well as if they were able to meet these with any reasonable adjustments at the earliest possible stage.

People were supported to access healthcare services when this was required and received on-going healthcare support. Medication reviews took place regularly and a GP visited the home twice a week. One member of staff said, "The whole [healthcare] professional team around us are very good." A healthcare professional had commented, "They [staff] walk the extra mile to help the professionals and residents." Another healthcare professional said, "They [staff] are exceptionally good at informing us promptly about any change in people's wellbeing. They rigidly stick to our advice. The [registered] manager makes sure people on a soft food diet always have this presented with different colours to make it as presentable as possible."

There were various different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone. For example, the service had several lounges, an atrium, conservatory areas and cinema for people and their visitors to spend time in. We saw that Christmas decorations added to the décor which was well maintained. People were cared for and lived on one of the floors which best promoted their independence. Adaptations included ramps which enabled people to access outside areas such as the gardens and a free health spa. This was decorated with calming décor and people could have their favourite music played. Each area where people could spend time outside their room had a different theme and these gave people variety and also privacy if needed.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records viewed showed us every decision that people could or couldn't make on their own and that these were decision specific for each aspect of the person's care. One person told us. "It is my home and my choice about whether I take part in all that is going on. I like my privacy but that's fine by me. I am always asked." A relative said, "[My family member] does need some help deciding. I give staff the information they need so they don't presume." One staff member told us, "Consent is about letting the person make an individual choice. They may need time, options to choose from, but ultimately it is their choice." One person with a sensory impairment said, "I need to be spoken to on my left side and this is what staff do. They even make sure the room is quiet too which helps."

We saw that any restrictions on people's liberty were as least restrictive as possible but still safeguarded the person. Sensor mats or assistive technology was used to alert staff to people's movements and this maximised people's choices but helped keep them safe. We saw that care plans, bed rails and the subsequent restrictions were regularly reviewed. This was to make sure that any restrictions that were put in place were lawfully authorised for the absolute minimum period. Each individual support plan was supported by a best interest record which meant that the level of support people required had been considered in relation to all aspects of their care. People and their family had been closely involved in this process which showed that the service understood its legal responsibilities.

We found that where people had a DoLS in place that this had been correctly applied for and authorised. We saw that the relevant processes had been followed and that the conditions of the DoLS were being adhered to by staff.

Staff were very knowledgeable about the MCA and its code of practice and how to maximise people's independent choices. This was as well as understanding when people's unwise decisions such as, temporarily refusing their medicines could be accepted. This, and our observations, showed us that staff were confident about using the MCA guidance. To assist people make informed decisions staff used objects of reference or booklets and photograph albums to prompt individual memories. All possible efforts had been made to allow people to make their own decisions. We saw that staff were open and non-judgemental when considering a person's capacity to make decisions. This made everyday decisions much easier for the person, as well as their family and care staff.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. For example, one person became upset because they dropped their plate and cup and staff responded by offering reassurance. One person told us, "The staff here are second to none. They're all very nice and if they can help you with anything they will." Staff were sympathetic towards each person's individual needs. One person took comfort from their doll therapy. They asked staff, "Can you wrap the baby [doll therapy] for me." Staff accommodated this and spoke with the person kindly and gently. Another person said, "Last year when I was quite ill someone [staff] sat with me all day holding my hand." One person had sent a thank you Christmas card to all staff and said, "Thank you to [Name] who is my guardian angel when we go out on trips. She takes such good care of me and it's always lovely" and "To [staff] who tell me so nicely when my money [needs topping up]."

One person was very confused because of their dementia and repeatedly stated, "I want to go home." The staff member responded kindly to this and reassured the person that their 'toy animals' had slept well and been fed. The person became more settled.

Information was provided to people and their relatives or personal representative about advocacy if this was required. For example, from national care organisations. This advocacy included statutory advocates, for example Independent Mental Capacity Advocates ('IMCAs') and Independent Mental Health Advocates ('IMHAs') for those people requiring this as part of their DoLS. Other lay advocacy was provided through people whose relatives had a lasting power of attorney for health and welfare or finances. If people needed support to access these then the IMCA, IMHA advocate, registered manager or staff would enable this. Records evidenced that formal advocacy had been provided.

Staff met people's individual needs such as those with a physical disability, sensory impairment or other protected characteristic under the Equality Act. This was in addition to making sure people's care records were completed accurately such as those people on hourly observations and / or food and fluid intake monitoring.

A relative told us that staff supported people with their memory problems and complex needs. They told us, "They [staff] hatched ducklings here and people loved it. A lot of the experience for people is in the moment." People's care plans and support guidance gave staff the information they needed to support them. One staff member commented, "There is good care. We meet all of people's needs. It's about understanding why people are like they are." Another staff member said, "We do make sure we cover people's dignity and modesty, give them time to be in private and when they needed some assistance." This showed us that staff knew the people they cared for well and how to provide dignified care.

People's communication needs were detailed in their care plans and people received the support that they needed. For example, one person's communication plan provided information on what the person liked to chat about and staff were seen to follow this guidance. For instance, their favourite foods, TV programmes and reminiscing about their life history.

We observed from records viewed and from what people told us that staff had been supported to have the training and skills they needed in order to understand people's needs. Staff had been rostered for their shifts based upon people's care needs and providing these in a dignified and respectful way. One person said, "I have two lovely male carers; they're patient and they're also good at winding me up which I love. They're just such fun." Staff described how they promoted people's privacy, dignity and independence in an equal way. One member of staff told us, "I give people privacy with their personal care and respect their wishes." Another said, "We treat people with dignity. We give people their space and don't shout. We are tactful." A relative told us, "I can't honestly think of anything [with the care] that could be better."

Relatives and people's friends we spoke with confirmed to us that they were made to feel completely at home when visiting. This was as well as being able to call in or visit according to their loved one's wishes. We saw that relatives were able to make coffee or tea as they wished and staff offered assistance if required. One relative said they sometimes ate lunch with their family member and another visiting relative was observed being offered lunch in their family member's room. This meant that people's relatives and friends were made to feel welcome.

Outstanding ☆

Is the service responsive?

Our findings

People's care was planned using a combination of information from the person, their relatives, healthcare professionals and the registered manager. This helped people to be able to, contribute towards their care plans.

Care plans were very person centred and staff knew people well. One person had fed back to the registered manager by saying, "[Staff] make sure I have my newspaper by breakfast and they do many other things too." We observed one person who became very agitated towards the end of lunch. Staff offered the person sensory mats, a therapeutic doll and stroked the person's hair. The person became much more settled as a result of staff's prompt interventions. A relative told us, "[My family member's] really happy here which says it all. Staff are really kind and it's fantastic that she's on all women floor with all [female staff]."

Peoples backgrounds and social histories were known by staff. Information included details about jobs that people had undertaken. One person told us that staff had really got know their family member. They told us, "Staff told me they would do [my family member's] nails for free. I told staff [my family member] likes pale colours and her nails are beautifully done that way." A relative had fed back to the registered manager that their family member who had been a religious minister and they had been enabled to continue with established practice of saying grace at meal times. This was as well as blessing a staff member's baby.

We saw how one person spent time walking around and interacting well with other people which staff encouraged. Staff also spent time with the person during the day with stimulation that they benefitted from. Another person had fed back to the registered manager by saying, "Thank you goes to all our European friends [staff] working at the Grange. I admire them so much, they have to learn our language, speak it and write it as well as do their job and they are always pleasant and smiling." A third person fedback to us by saying how much their family member loved the ice cream van that visited the service.

Care records were up to date and were accurate. Care plans were in place for areas such as safety and medication, communication, eating and drinking, washing and dressing, skin care mobility, activities and end of life care. Care plans were evaluated monthly or when there was any change. The evaluation form was in an accessible format and there was evidence that people were involved in their reviews. Daily records were completed to a good standard and included the details about what each person's achievements had been. If people's needs changed, then so did their care plan to reflect these changes. We saw how staff sensitively encouraged people to accept care and support such as that for a bath or shower. This included using different approaches as advised by other care professionals. This was to help ensure that there were no underlying health conditions.

A wide range of activities were available both within and outside the service. On the day of our inspection 20 people were meant to be going out to a garden centre. Due to a vehicle breakdown alternative arrangements were made for people to go to a local pub for their lunch. We saw when they returned that there was much jovial banter and conversation about the meal and how well staff had responded to relay people to the pub in very cold weather. One person who remained behind was observed being comforted at

not being able to go to the garden centre on a very cold day.

One person told us, "There's something going on pretty much all of the time. You can go to them, [the activities] if you want to; it's up to you." Another person said, "Last year they got an Elvis Presley impersonator to sing to me for my birthday. It was a real surprise. That was one of the best days of my life."

People and their relatives told us that staff were outstanding in listening and acting upon what was important to people. Records such as photograph albums, people's care plans and a monthly newsletter detailed the activities that people had participated in There were many events. These include a Caribbean themed event. This involved a steel band, cultural foods, music, a white sandy beach and singing. There had also been a Wild West theme which included people wearing cowboy and cowgirl costumes. An event also involved Paddington Bear who had travelled from Peru to London. Their journey had been depicted by using pictures of a steam-train, steam-ship and a balloon to get home. During this trip over many days people had discussed with much enthusiasm each stage of the journey, sampled food and cultures from many countries as well as gaining a greater understanding and appreciation of different areas of the world. For some people this was a completely new and totally rewarding experience.

One person told us, "It was amazing. I have travelled in my time and it brought back some very special memories." Another person told us about animals and pets that had been brought into the service. They said, "I used to be a farmer and having a pony in the lounge made me laugh." Another person told us, "We had ducklings to hold and watch. They are so very, very soft and warm." In each picture we saw by the huge smiles on people's face the utter pleasure these events had created for them. The person also told us how much these events had meant to them by making their "wishes come true". The registered manager also went on to tell us that people frequently reminisced about these events and talked with their relatives using the many pictures which helped stimulate people's memories. People were assured that their social stimulation was provided in a way which they benefitted from by significantly improving their wellbeing. This showed us that staff acted upon every possibly opportunity to maximise people's lives and that they were innovative in suggesting additional ideas.

Examples of other community occasions which people had taken an active part in included but were not limited to, a firework display at the service, cinema days where fresh popcorn and ice-cream was served, and visits to the seaside. This seaside visit had involved significant planning for people's personal care needs, medicines, clothing, sun-cream and variety of different clothing. We saw from photographs we viewed the happiness on people's faces when they had attended these events. A relative told us, "[My family member] couldn't stop telling me what fun they had had that day. It brought back special memories."

During the day staff were seen to use sensory resources with people who became agitated and these had a positive effect. We saw how staff adhered to people's care plans whilst supporting people to be as independent as possible. For instance, people were encouraged to go for walks in the garden with staff. We also noted that for one person an action plan had been successfully implemented due to their recent weight loss. Since this had been completed the person's weight had been stabilised.

In addition to hobbies and pastimes other stimulation was provided by each person's key worker who had specific responsibilities for the person they cared for. This stimulation included having a chat, listening to music on a portable player, reading poetry, reminiscing about the person's life or events at the service, playing card games and helping with a crossword. We observed people were totally immersed in making 'gingerbread men' on the top floor and demonstrated their enthusiasm for cooking activities. One person told us, "There is always something to do even if this means just having a snooze to recharge my batteries. I am [age] after all."

A relative told us that staff and the registered manager always listened to what was said. One person had stated on a feedback questionnaire that they had 'no complaints.' People said they felt free to raise any issues they had although those spoken with said that they didn't have any complaints and comments included, "I like it here. You can say whatever you like. They're [staff] all very friendly"…."Everything is fine here; I've really got no complaints"…."If I've got a complaint I'll tell them [staff], although I'm quite happy on the whole." Our records also confirmed that there had not been any complaints made in the past 12 months.

All relatives spoken with said that the registered manager and assistant managers were accessible and that they felt they were kept informed by them on what was going on. Records of complaints showed that the provider's policy had been followed to the reasonable satisfaction of the complainant. External scrutiny had been applied to make sure that the complaints process was effective. One relative told us, "[Registered manager's] always available and if I need to talk to someone another time there's always someone available" and "They're [staff] good at keeping us informed; I like the newsletter " and "We've had a good initial impression. [My family member] has a lovely room and they're [staff] helping them settle in. They've [management] been very welcoming to us."

People had their end of life care wishes recorded when this was appropriate and some people had a 'do not resuscitate order' in place. One person's care plan for end of life care noted that their death was expected and outlined the arrangements that had been discussed. The person's family member confirmed this information. One relative said, "End of life care and support for [my loved one] and me has been excellent. Nothing has been too much trouble. We can visit any time. They've [staff] even arranged entertainment especially for [them]. They're [staff] very proactive." In other situations a healthcare professional told us, "[Person] likes to have a beer and this is exactly what happens. It's their choice and if this is what helps to relax them at this important time of their life then that's the best thing." We saw that the registered manager followed the latest guidance and information about supporting people with their end of life care needs as well as providing emotional support to their families. One relative told us, "I needed a shoulder to lean on at a difficult time and they [staff] provided this." Another relative fed back to us how their family member was assisted with transport to take them and their wheelchair to attend a memorial service for their loved one. This was as well as being supported by staff throughout what was a very emotional service for the person.

The registered manager told us in their Provider Information Return, "I have implemented a care planning tool which allows for us to identify particular aspects of care which might be affected by particular diagnosis, more recently this has been focussed around terminal diagnosis relating to various cancers." Systems and arrangements were in place for people receiving end of life care. These consisted of anticipatory medicines, specialist palliative nursing care details as well as staff being able to promptly identify, and alert family members where people's health condition could change rapidly. In the provider's PIR the registered manager told us that relatives could stay at the service at this important time of the person's life and to be with those that mattered to them. In addition, where people's family members passed away, arrangements were in place where the person could spend time with their loved one. There were also discrete arrangements to inform staff when a person passed away.

Good

Is the service well-led?

Our findings

The service promoted a positive and open culture. All staff said that they felt supported by senior staff and that team working was strong. One person said, "It's [the service] a very nice atmosphere. Friendly throughout and like home; just a bit bigger." One member of staff commented, "There is just a great atmosphere. I love it. We all work together as a team." We saw that the maintenance person was as much a part of the staff team as care staff were and people interacted happily with them in polite conversation and also by having a laugh which we saw that people appreciated. Another staff member told us they "worked across all floors and I enjoy it [their role]." Relatives also said that even when agency staff were used that their presence was seamless due to the support by staff and management that had been established.

To monitor the day-to-day culture the registered manager spent as much time as was practicable around the various floors meeting people, relatives and other visitors such as a GP. This was as well as observing staff care standards and praising staff where this was due. Records showed us where effective change had been implemented such as the introduction of wireless telephones for all staff, due to the size and layout of the service. This had resulted in faster and better communication for all members of the staff team.

Various meetings about people's care were held in the service that involved staff and management such as a twice-daily handover. This was a forum where updates about people were discussed.

Senior staff had a visible presence throughout the home and good working relationships were observed. Staff spoke very positively about the registered manager. One member of staff told us, "[Registered manager] has an open door policy." Another member of staff said, "There is a good culture. I can air issues to the [registered] manager." We saw that all staff supported the provider's values. One person had complemented the management of the service by saying, "[Registered manager] is the captain of this lovely old house. We have lots of laughs and she gets 10 out of 10 from me." We saw that all staff embraced this culture and this showed us that openness was seen as a natural part of the service.

Staff were supported in their role with effective supervision, mentoring and by being shadowed by experienced staff care champions who also had specific skills. For example with diabetes care, dementia care, food hygiene and the MCA. The notes from a staff group appraisal were seen which was very positive. Staff had commented, "We feel much supported by management" and "[Registered manager] and their assistants are approachable." The management comment was, "We discuss issues equally and openly." This indicated that relationships within the service were based on trust and respect.

The registered manager was aware of their legal responsibilities about when to notify the CQC about specific events.

To further foster a culture of openness the registered manager had established a forum for all staff to be represented. The lead roles for this had been nominated by the staff themselves. One member of staff told us, "I suggested that every room had nail brushes and they [were provided] quickly." The staff member added that their "voice was 'listened to". Staff had also identified a need for a larger lift that could

accommodate a stretcher. A relative said that staff worked well together and added, "Staff bought [my family member] their favourite skin cream. They let me know and I repaid them."

We saw that an effective system of audits and quality assurance was in place for subjects such as medications, care plans and food hygiene standards. We saw that the rating from the Food Standards Agency for this service was the highest it could be.

Strong links were maintained with the community. Staff brought in various vegetables at Harvest Festival. All items were auctioned off to raise money for people living at the service. People regularly went to a garden centre or for a pub lunch. Other events included a firework' display at the service where there had been lots of positive feedback from people. The monies raised were added to the residents' fund, which was used for trips and for bigger projects including improvements to the large gardens. We saw that a local cathedral choir had sung Christmas and other songs in their formal dress and many people and their relatives had enjoyed the occasion.

Staff we spoke with were consistent in reporting to us that if they ever had any concerns about any poor standards of care that this would be reported. We were also confident that they would be supported in a positive way by the registered manager, such was the open culture. One person said, "They're [staff] all good; I trust them all 100%."

Recent questionnaires showed that people, relatives, staff and healthcare professionals were asked for their views on certain topics. People had been asked about whether staff were polite, whether staff addressed them in an appropriate way and whether they found anything offensive. Healthcare professionals had commented how "professional the [registered] manager is". Responses to questions seen were all positive. A relative said that staff worked well together and added, "Staff bought [my family member] their favourite skin cream. They let me know and I repaid them."

Senior care staff told us that the their area manager regularly visited the service to undertake spot checks, to provide management support to staff, training and to mentor staff in their role. The area manager told us that they had a planned programme of visits but they could also call in at any time when their assistance was requested.

We found that various systems were in place to enable people to access the internet and use social media or contact their distant-family members. This was as well as the registered manager and staff using the internet to keep up-to-date with the latest information and guidance for people using the service such as for medicines management and administration.

Health care professionals and social workers told us that the service worked in complete harmony and partnership with them in a way which promoted complete harmony. A social worker told us, "The registered manager is very proactive, they do listen but they also challenge where this is appropriate. They then come up with a positive solution." A healthcare professional said, "One thing they [staff] excel at is providing care that makes such a difference to people's lives. I wish all care homes were this good. We often successfully try [Littleport Grange] when no other service could meet people's needs as well."