

Henley Care Management Limited

Acacia Lodge

Inspection report

Acacia Lodge
Quebec Road
Henley On Thames
Oxfordshire
RG9 1EY

Date of inspection visit:
24 April 2018

Date of publication:
11 July 2018

Tel: 01491579100

Website: www.acacialodgecare.co.uk

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

We carried out this inspection at Acacia Lodge on 24 April 2018. The inspection was unannounced.

Acacia Lodge 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.

Acacia lodge accommodates 55 people in one adapted building. The service supports older people and younger adults with a range of conditions which includes people with physical disabilities and people living with dementia.

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

At the previous inspection on 16 December 2015 the service was rated at Good. At this inspection the service continued to be Good.

Throughout the inspection there was an extremely warm, cheerful and relaxed atmosphere. People benefited from staff who showed great kindness and compassion, which was promoted by the caring culture that had developed in the service. Without exception everyone described a 'family' feel to the service which had developed as a result of an approach that valued and respected everyone.

People received person-centred care that concentrated on what mattered most to them. Staff went to exceptional lengths to ensure people led full and meaningful lives that respected and valued them as unique individuals. Staff had developed positive relationships with people and relatives.

People enjoyed a wide range of activities that took account of their individual histories, interests and wishes. People had been supported to develop relationships with community groups which clearly enhanced their lives and well-being. Community groups were made welcome and their interactions with everyone at Acacia Lodge clearly had a profound effect on people and the groups involved.

People, staff and health and social care professionals spoke highly of the registered manager. The registered manager promoted an open and transparent culture that encouraged feedback about the service. Feedback was used to improve the service and enhance people's lives. The provider had effective systems in place to monitor and improve the service.

People were protected from the risk of harm and abuse by systems that assessed and managed risks. Staff understood their responsibilities to identify and report concerns where they felt people were at risk of harm

or abuse. Medicines were safely managed and people were supported to understand the benefits of taking their prescribed medicines. Safe infection control practices were in place and equipment was well maintained. Accidents and incidents were reviewed and investigated by the registered manager.

There were sufficient staff to meet people's needs and staff had time to spend with people. Staff responded promptly to people's requests and were quick to support people if they experienced anxiety. Staff were well supported by the management team and had regular one to one meetings with their manager. Staff felt valued and listened to and had access to a wide range of development opportunities. There were effective systems in place to ensure staff had the skills and knowledge to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed a varied and nutritious menu, which ensured individual dietary needs were met. Where people were at risk of weight loss there were systems in place to ensure dietary intake and weight were monitored. People were supported to access appropriate health professionals in a timely manner.

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.

Risks were identified and there were plans in place to guide staff in how to support people to manage risks.

There were sufficient staff deployed to ensure people's needs were met and they were safe.

Staff had a clear understanding of the actions they should take if they identified people were at risk of harm or abuse.

Is the service effective?

Good ●

The service was effective.

People received food and drink to meet their dietary needs. Food was of a good quality and people had a choice of food options.

Staff were well supported and had training to ensure they had the skills and knowledge to meet people's needs.

People were supported in line with the principles of the Mental Capacity Act 2005(MCA)

Is the service caring?

Good ●

The service was caring.

There was a strong caring culture that valued everyone as unique individuals.

Staff spoke passionately about their role and clearly cared deeply about the people they supported.

Staff took time to get to know people and used that knowledge to support them with compassion and empathy.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

The service went to great lengths to ensure people settled well and that action was taken to improve their health and well-being.

Staff had an exceptional understanding of the importance of involving people and their families to ensure people received person-centred care.

Care plans detailed people's individual needs and included clear guidance for staff in how to meet those needs.

Is the service well-led?

The service was well led.

There was an open and transparent culture that valued everyone as individuals.

The registered manager led by example which resulted in staff feeling valued and listened to.

Relationships had been developed with the local community that enhanced the lives of people, staff and community groups.

Good ●

Acacia Lodge

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 24 April 2018 and was unannounced.

The inspection was carried out by two inspectors and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and notifications received from the service. Providers are required under the law to send notifications to CQC relating to specific events. We looked at the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

During the inspection we spoke with five people, five relatives and one visiting health professional. We also spoke with the deputy manager, the operations manager, one nurse, one unit leader, three care workers, two activity staff, the assistant chef and the maintenance person.

We observed practice throughout the inspection and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at six people's care records, four staff files and other records relating to the management of the service.

Following the inspection we received feedback from members of the community who had contact with the service.

Is the service safe?

Our findings

At the previous inspection the service was rated Requires Improvement in safe. At this inspection we found improvements had been made and the service is rated Good.

Medicines were managed and stored safely, which included the safe storage of prescribed thickening agents. Storage temperatures were monitored and recorded twice daily to ensure medicines were stored effectively. Medicines were administered by staff who had completed training and their competencies were assessed to ensure they were able to administer medicines safely. People were supported to take their medicines in a kind and caring manner. They were asked if they were ready to take their medicines and time was taken to allow them to do so at their own pace. People were encouraged to manage their own medicines when possible, however staff assistance was available if required. Where people were prescribed medicines to be taken 'as required' (PRN), a protocol was completed for each individual to assist and guide staff in when to administer PRN medicines.

People told us they felt safe. Comments included: "Yes, I feel safe here, as I have no worries"; "I feel safe here, as it is as best as near to being at home" and "I feel safe, as I see that the staff keep an eye on us. They wear gloves and aprons when helping with showers and they keep my room clean and tidy every day". Relatives were also confident people were safe. One relative told us, "[Person] is very safe and well looked after".

Staff understood their responsibilities to identify and report concerns relating to the protection of people from the risk of harm and abuse. Staff had completed training in how to protect people and were able to describe what may indicate a person was at risk of or had experienced harm. A nurse told us how "safeguarding" would often be talked about at handover meetings. They said this was so it was always kept to the fore and reminded staff to constantly be aware of protecting people. Information was readily available and included contact details for the local authority safeguarding team. Staff were familiar with the provider's whistleblowing policy and said they would have no hesitation to report poor practice. One member of staff said, "I'm more than comfortable to report anything that's not right".

There were policies and procedures in place to ensure people were protected from the risk of harm and abuse. Where concerns were raised the registered manager ensured concerns were fully investigated, appropriate action taken and external agencies notified where required.

Accidents and incidents were reported and recorded. There was an effective system in place to enable the registered manager and provider to monitor accidents and incidents for trends and patterns. The registered manager and provider used this system to minimise the risk of reoccurrence of accidents and incidents. For example, the system analysed falls which included looking at who had fallen, where the fall had occurred and what time of day the fall had happened.

Risks to people's health and well-being were assessed. These included risks associated with mobility, falls, skin integrity, nutrition and specific health conditions such as epilepsy and Parkinson's disease. Identified risks were incorporated into people's care plans which provided guidance for staff to ensure risks were

managed. Staff referred to the care plans for guidance and told us how this helped to keep people safe. For example, photographs were used to remind staff of how to position people to maintain skin integrity.

There were sufficient staff to ensure people's needs were met and that they received safe care. One person said, "Yes, I think that there are enough staff. They seem to have time to chat to us". Call bells were answered promptly and staff worked in a calm, efficient manner. Staff told us they thought there were enough staff to give good care at all times and in the event of sickness they worked collaboratively to cover. One member of staff said, "Staffing levels are enough. [Registered manager] is responsive and will call in extra staff if needed".

There were effective recruitment processes in place that ensured checks were carried out prior to staff starting work at the service. This enabled the provider to make safe recruitment choices.

There were systems in place that ensured the environment and equipment was well maintained and safe. Records showed that there were effective checks in place relating to: fire safety; hoists; electrical equipment; water systems; infection control and pressure mattresses.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. Staff were positive about the training they received and told us it enabled them to feel confident to deliver effective care. One staff member told us they were encouraged to keep their training up to date and received a bonus payment if they did so. Training was varied and comprised of face to face sessions, eLearning, observation and discussion. Another staff member said, "We have loads of training; diabetes, dementia. The virtual training for dementia was brilliant, really taught me a lot". In addition, health and social care professionals provided training for staff in more specialist areas.

The provider supported staff training and development and encouraged staff to gain recognised qualifications. One care worker told us they had completed their level two and level three qualifications in health and social care and was now completing training in medicine administration. Nurses were supported to attend continuing professional development sessions in order to revalidate their qualification and maintain their nursing registration.

Staff felt supported. One member of staff told us, "You don't need to wait for supervision. If I'm not happy I can go and cry on [registered manager's] shoulder." Other staff comments included: "There's always an open door"; "We have supervision with [registered manager] every couple of months and floor meetings once a month. It gives us a chance to talk about anything. We are really well supported".

Staff received regular one to one supervisory meetings and an annual appraisal. Additionally, they told us the shift handover meetings provided opportunities to discuss practice and how best to support people. We observed one meeting and saw staff engaged in reminding each other about various aspects of their work and sharing ideas to improve care for individuals. For example, one person had not slept well. Staff agreed to let them sleep as long as they needed and to make regular checks to offer food and fluids when they were awake.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. 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. We saw that people were supported in line with the principles of the MCA. Staff gained consent from people before providing care and support. Where people were assessed as lacking capacity to consent to their care staff took time to explain to people what was happening and ensuring they were comfortable with the support.

Staff used their knowledge of people's past to help them engage with people in a positive way that enabled their needs to be met in the least restrictive way. For example, one member of staff told us about a person who was living with dementia. The person could be reluctant to take their medicines. Staff knew the person had been a nurse and staff took time to tell the person about their medicines. By taking time to do this the

person happily took their medicines.

Staff had completed training in MCA and understood how the principles of the Act influenced how they supported people. One member of staff told us, "People may not have the capacity for big decisions but they might have capacity for smaller things like food or what to wear. We must always make sure that any decision is in a person's best interest and that it is the least restrictive". Another member of staff told us, "You must be sure that you do what's best for them. If they want to wear make-up then we would help them with that. It's about what they want".

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. Where there were restrictions in place the registered manager had submitted DoLS applications to the local authority supervisory body and this was reflected in people's care records.

People were positive about the food served. Comments included: "I can choose where to eat. I often have breakfast in my room and sometimes I ask for cooked breakfast, like scrambled egg for a treat. Yesterday for lunch I had salmon omelette, which was very nice"; "The food is good and hot. I enjoy the roasts"; "If you don't want the pudding, you can have ice cream or fruit salad. Today, I have enjoyed the cheesecake and am going to have ice cream too. The roasts are lovely" and "The food is good and occasionally when I have asked for Haggis, especially on Burns Night, they have made it for me, which is lovely as I am Scottish".

Staff understood that people living with dementia could be at risk of malnutrition and dehydration. These risks were effectively managed by regular monitoring of weight and prompt referral to health professionals for advice and guidance. Staff prompted people to drink regularly throughout the day and offered support and encouragement to people when necessary. Where there were concerns regarding people's nutrition or fluid intake care plans indicated the amounts that people should be encouraged to drink and a careful record of all intake was monitored.

During lunchtime we saw people being supported with their meal. Staff ensured people were comfortable and in an appropriate position to eat and drink before offering any food or drink. Support was given in a gentle and kind manner, staff sat next to people to assist them. One member of staff explained how they went at a slow pace, checking with each mouthful if the person was ready. Staff chatted with people throughout their meal which created a pleasurable and sociable experience.

The chef told us all the food was freshly prepared and the service operated a four week menu cycle. People were involved in decisions about the menu so that favourite meals could be included when preparing new menus. Care staff ensured the kitchen was made aware of the dietary needs of people moving into the service and of any changes to people's dietary needs. This included information relating to people's personal preferences, allergies and any special requirements relating to diet including those related to culture or spiritual beliefs. The service had been awarded the highest score at the latest environmental health check of the kitchen.

The service had developed positive relationships with health professionals and people were referred appropriately to a range of professionals to ensure they received ongoing healthcare support. This included referrals to G.P's, Speech and Language Therapy (SALT), dentist, occupational therapy and mental health

services. People were also supported to attend hospital appointments.

The use of signage, pictures and sensory stimulation created a dementia friendly and appealing environment for people living with dementia.

Is the service caring?

Our findings

There was an extremely caring culture where people benefited from a staff team who were passionate about their role. Staff spoke with genuine warmth about the people they supported and ensured people were treated with kindness and compassion. The service had developed a welcoming, family atmosphere that ensured people were truly cared for. This was underpinned by the provider's values which included the values: care, comfort and compassion.

Everyone, without exception was extremely positive about the kindness shown to them by the whole staff team. One person told us, "I couldn't have a better place to live then here". Relatives were complimentary about the caring approach of staff and gave many examples of staff going the extra mile for people. One relative told us, "I am very, very happy with the care. They [staff] are very, very caring; spectacularly so".

Relatives told us they were always welcome in the service and were extremely positive about the relationships people and themselves had developed with staff. One relative told us, "The carers are all caring and consistent to [person], who is living here and to me. They are so considerate and even offer me meals. They are lovely too as if they and we are one family".

Staff spoke with genuine affection and kindness when speaking with and about people. One member of staff said, "I love going home knowing I've made someone's day better. It's lovely to know I can make a difference to people's lives".

The caring culture extended beyond people and relatives. The service supported many community groups to become part of the wider family at Acacia Lodge. People clearly benefitted from developing these relationships and having the ability to share their life experiences.

The caring culture was enhanced by the kindness shown to staff by the management team. For example, one member of staff told us how they had received flowers when they were unwell. Another told us the registered manager was very flexible and organised the rota so the member of staff could attend church services.

Staff took every opportunity to engage with people, taking time to sit and speak with them. Staff did not walk past people without speaking with them. For example, one person was returning from having their hair done, a member of staff smiled at the person and said, "Hello, I love it when you've had your hair done". The person was clearly pleased by the comment and they walked away together chatting.

Staff valued people for who they were and recognised the uniqueness of each individual. One person told us, "I used to be a rower and like it when staff come in and have time to chat to me about my rowing and the pictures that you can see on my wall". Staff used their knowledge of people to enhance their lives. One member of staff told us, "If you know them [people], you can turn a bad moment into a good moment by talking to them about something you know is precious to them".

Staff were respectful of people's belongings, recognising how important some possessions were. For example, one person had a photograph on the table in front of them. A member of staff approached with the person's lunch. The member of staff took time to admire the photograph and speak with the person about the photograph and then asked their permission to move it to the side while the person ate their lunch. The member of staff made sure the photograph was propped up so the person could still see it while they were eating their meal. The person was reassured by having the photograph to hand and ate well.

Staff responded with patience and kindness when people were distressed. One person became anxious as they thought they had lost their handbag. A member of staff immediately responded and reassured the person. The member of staff was able to describe the person's handbag and suggested they went to look in the person's room together. This immediately calmed the person and they walked together to the person's room. The person returned shortly after, smiling and carrying their handbag.

Staff provided information to people about their care in a manner that reflected their understanding. For example, we saw a nurse asking someone if they would like to take their medication, explaining how it was important for their health and would keep them feeling well. Staff ensured people were involved in decisions about their care and their decisions were respected.

Privacy and dignity were respected, staff knocked on doors before entering and ensured people were aware of their presence. We observed people were assisted to protect their dignity when they found this difficult. For example, a person was discreetly offered a cover when they had removed some clothing. People were spoken to with respect and addressed as they wished. One person told us, "I like to be called by my surname and it is good that the carers abide by this".

Is the service responsive?

Our findings

Acacia Lodge had a strong person-centred culture that valued the uniqueness of individuals and found outstanding ways to enhance people's well-being. This culture was embedded across the service and resulted in people living full and meaningful lives.

People's unique needs were recognised by staff who empowered them to engage in activities. This resulted in the development of meaningful relationships that meant people were appreciated as valued members of society and their opinions respected. Staff took time to get to know people and used this knowledge to enhance people's well-being and their experiences, often going the extra mile to ensure people were happy and engaged in life.

This was particularly evident for people living with dementia. The service had adopted the 'butterfly' approach for people living with dementia. This approach ensured staff used every moment to interact and enhance people's lives and experiences. This approach was embedded throughout the staff team and we saw many examples of these small interactions having a profound, positive effect on people. For example, a member of the care staff team was passing a person and stopped to speak with them. The person had been withdrawn and not engaging in their surroundings. The member of staff took a photograph that was beside the person and started asking the person about the photograph. They chatted about where and when the photograph had been taken. It was clear the interaction had a positive effect on the person and they remained smiling and content after the member of staff had left. These interactions happened naturally and it was clear staff truly appreciated the positive impact these small, meaningful interactions had on people.

This approach to care and support for people was made possible by a culture that promoted a loving, family atmosphere throughout the service where everyone was valued and treated equally. Throughout the inspection there was laughter and banter. We received many comments that described 'one big family' at Acacia Lodge. All staff told us there was a family atmosphere and comments included; "We're just one family. A big open house family" and "We have so much fun together. We're like one big family".

People had exceptional opportunities to experience true community interaction that enhanced their wellbeing and gave them a feeling of purpose and being valued. The registered manager had invited children from a local nursery school to visit the service and they now visited weekly. This had a significant impact on people's lives and they spoke with joy and enthusiasm about the children. One person told us, "I really like it when the children visit us on a Thursday from the nursery. We and the children have a laugh together and I like the way different age groups get together". A relative told us, "My wife and I love it when the children from the nursery visit here. At Easter time, they played hunt the eggs. We all hid them in places in the lounge for the children to find them. It was great fun, watching the children looking under tables and places for the chocolate eggs. Lots of fun and laughter. They are a great bunch of kids".

There were many photographs showing events the children had attended and the activities the children and people had enjoyed together. These photographs showed the significant impact the visits had on people. For example, one person spent much of their time alone and found it difficult to engage with others. One

photograph showed the person and a child from the nursery cuddling each other and laughing. The photograph showed the person was transformed by the interaction. The service had received feedback from the nursery school teacher following a teddy bears picnic. The teacher said, "The children loved the residents, who were on top form".

People had the opportunity to use their life experience to enhance the learning of students from local colleges who visited the service as part of the National Citizen Service and for work experience. We saw photographs of people enjoying the company of students and engaging in a variety of activities. It was clear people enjoyed the company of the students and the students benefitted from the experiences and advice from people living at Acacia Lodge. The students had written letters of thanks to the service. One letter stated, "The staff and residents at Acacia have been so loving and warm. It was an emotional farewell for us when the residents kissed, hugged and gave us the most meaningful life advice. Moreover, the staff at Acacia surprised us unexpectedly with a personalised gift. We were so moved by their kind gesture. An experience like this has changed our outlook on our role as [health professionals]". This experience had clearly had an enormous impact on the students who were taking their experience of people living at Acacia Lodge forward into their careers.

People and relatives told us the care provided was outstanding and the service was very responsive to people's needs. One relative told us of the significant improvement in a person who had recently moved to the service. The relative told us the person had been seriously ill in hospital and their condition was deteriorating. They told of the exceptional effort the registered manager had made so that the person could move into the service to be closer to their family. The relative said, "When [person] came here they couldn't walk and was doubly incontinent. Within six weeks [person] is walking again and is continent. It means I can take [person] out and [person] can walk just holding my arm". It was clear this had made a significant impact on the person's quality of life and the time they could spend together as a family.

The service was extremely responsive to people's conditions and went to great lengths to find solutions to relieve people's anxieties. For example, one member of staff told us how a person had been extremely anxious when they were admitted to the service and was experiencing severe skin irritation. The member of staff researched the side effects of the person's medicines and found skin irritation could be a side effect of one of the medicines the person was prescribed. The member of staff had spoken with the GP who found an alternative medicine. This resolved the skin irritation and the person became calmer and more settled. This had a significant impact on the person and their relatives. The person's relative told us, "They [staff] were very, very good. They immediately spotted there was a problem with her medicines and sorted it out with the GP. [Person] is so much better in appearance since coming here".

Staff understood the importance of involving relatives and others in people's care. One member of staff told us, "I have great relationships with the families; it's about being open and honest; supporting the whole family. The relatives are so important as they can give us the background to enable us to know and care for people".

There were many examples of people improving when they moved into the service. A visiting health professional told us, "I have known people who had difficulties in other homes who have settled here, staff understand and are able to work with them". The health professional was full of praise for the service particularly the dementia unit where they told us people's needs were managed very well with minimum use of medicines. They also said staff were able "to think outside the box" and work with people to find solutions to handle challenges effectively.

The service employed activity staff who ensured people enjoyed activities that interested them. This included trips out into the local community. On the day of the inspection several people had enjoyed a trip

to a local garden centre.

During the inspection we saw people enjoying a coffee morning. The activity coordinator encouraged people to reminisce about their school days. This resulted in a relaxed and cheerful discussion which people clearly enjoyed. One person told us, "I enjoy the coffee mornings with the chats that come with them. We all get on well and have a good banter. Today, it was good when we talked about our schooldays. Some of us had the cane or ruler or slipper at our schools".

Activities were arranged to meet people's individual needs, which ensured people's lives were enhanced and activities had a positive impact on their well-being. One person had owned a dog before coming to live at Acacia Lodge and had photographs around their room. The service arranged Pets as Therapy (PAT) dogs to visit the person. The person told us, "I like it when we have visiting dogs. I used to have a dog, look at my photo of him on my windowsill. I like it when staff have time to chat to me".

Another person played a musical instrument. The person told us, "I used to play [musical instrument] and have it here. I sometimes take it out and cuddle it, which makes me feel safe with having it here with me. I play it a little in the evenings and there has been a person who has come to play too". The activity coordinator told us they had found a local volunteer who came into to play their musical instrument with the person which they both enjoyed immensely.

Where people preferred to spend time in their rooms this was respected and the environment was enhanced to ensure people were content. One person told us, "I like to do crosswords, look at the orchids on my windowsill and the robin who comes to my feeder outside my window". The activity coordinator told us, "I will do one to ones with the residents who stay in their rooms. I try to see everyone each day. I may just have a chat or perhaps do a jigsaw. We have one resident who is profoundly deaf and with her, I sit close and she is able to lip read. For those residents who would like to chat, but are not sure how to start, I will go to their rooms and show them a homemade file of large A4 photos e.g. photos of animals and they look at the colours etc. and we start talking about the picture of e.g. a lamb and then we may talk about where they grew up perhaps in the country and a conversation evolves. You can learn so much from having a chat with each resident".

People were supported to be as independent as they were able to be. For example, one person was provided with a lap tray and appropriate cutlery which allowed them to eat independently. Care plans guided staff in encouraging this and clearly indicated areas in which people remained independent. Staff valued people as individuals and had an excellent understanding of people's individual needs; they knew people's personal preferences and routines. Staff we spoke with were able to provide examples of how people liked things done and we observed them using this knowledge when supporting people. Staff were able to tell us about people's preferred meals, what they liked on the T.V. or radio and what their previous jobs and interests had been. One member of staff told us the daily newspaper a person enjoyed and said, "[Person] has written a book. He is a very intelligent man".

Care plans identified people's individual communication needs and identified how these needs were met in line with the Accessible Information Standard (AIS). AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. One person's care plan identified staff needed to start each communication by using the person's name and that the person responded well to singing and music. Staff used this information to improve their communication with the person.

Staff were responsive to people's communication needs and took immediate action to ensure people's communication aids were working. For example, a member of staff noticed that one resident seemed to be having difficulty in hearing. The staff member asked a passing member of the care team "Can you help [person] with putting in her hearing aids please"? The member of staff checked the person's hearing aids and identified they were not working. The member of staff immediately fitted new batteries. Once the person had their aids in, they were able to join in happily with the conversation.

Care plans identified people's end of life wishes. People were given the opportunity to discuss their wishes for end of life care. Whenever possible their families were involved in these discussions. The service worked closely with the GP to ensure end of life care plans were in place so that preferences, such as where a person wished to be cared for and who they wanted to be with them could be followed. The nursing staff told us they made all staff aware of people's wishes so that they could be followed when the time came. Anticipatory medicines were requested when a person was identified as nearing the end of their life. These are medicines that are used to manage people's symptoms during the final days of life and help people to remain pain free. They contribute to the person having a dignified death.

We saw many letters and cards of thanks from relatives of people who had been supported with end of life care in the service. One relative thanked the registered manager for arranging for some meaningful photographs to be hung on a person's wall so that they were able to enjoy them whilst they were lying in bed. Another card of thanks stated, "Everyone treated [person] with dignity, kindness, affection, patience and compassion. From the first moment I met you all you were welcoming, supportive and kind".

The provider had a complaint policy and procedure in place. The complaints policy was displayed in the service. People and relatives knew how to raise a concern and were confident to do so. One relative told us, "I would raise concerns if I needed to". No one we spoke with had raised a complaint. All complaints were recorded, investigated and appropriate action taken as a result. Learning from complaints was shared with staff.

Is the service well-led?

Our findings

There was a positive culture in the service that valued everyone and respected each person as an individual. The service was consistently described as being like "a family". Throughout the inspection the atmosphere was relaxed and friendly. This atmosphere created openness and transparency throughout the service.

People enjoyed living at the service and were positive about the management team. One person said, "I know the carers and the manager is [registered manager] and she is very helpful". Relatives were positive about the registered manager and told us she was kind and approachable. One relative told us, "Yesterday, I had soot problems from my chimney at home and phoned here, as I was worried that I would not be able to see my wife. [Registered manager] told me not to worry and then she gave me numbers of people that I could contact to sort out my chimney soot problems". During the inspection we saw the registered manager spending time with the relative checking they had managed to resolve their problem and asking if they could help in any way. The registered manager was extremely supportive and showed an understanding of the anxiety the situation had created for the relative.

Staff were positive about the leadership in the service and told us they felt valued and listened to. Staff told us the management team had, "an open door" and they never felt "fobbed off". They went on to describe how issues were discussed and they felt they were included in decisions that were made. Staff were listened to and their suggestions were acted upon. For example, one member of staff told us they had suggested a cultural day where traditional costume could be worn and food of their country of origin served. This idea had been accepted and the day was planned. Staff enjoyed working in the service. Comments included: "I love it here. The management are excellent"; "I'm happy, it's the best"; "We've all got a good sense of humour which creates a happy atmosphere and that includes the residents".

We were told the registered manager and the clinical lead were visible in the service and worked alongside the staff to provide care and support to people. One member of staff told us, "[Registered manager] is great. She is a lovely boss. She's so understanding, helps on the floor. She's calm and always tries to help you". Staff praised the management team for being supportive when extra help was required and said, "[Names] are happy to roll their sleeves up when we need them". We saw the registered manager received a positive response when they met staff around the service. Staff stated there were clear values in the service and we saw posters displayed to remind everyone of these values. Staff confirmed the management staff led by example and expected all staff to adhere to the values.

Staff felt they worked as a team supporting each other to provide good care. A health professional commented on the effective team working they found in the service and felt this had a positive impact on the people living there.

There were effective systems in place to enable the provider to gain feedback about the service and use the information to improve. There was a regular quality assurance survey sent to people and relatives. The responses were analysed and an action plan developed to identify and monitor the improvements. The registered manager held regular meetings that encouraged people and their relatives to raise concerns and

make suggestions for improvements. Records of the meetings showed people were listened to and action was taken. For example, changes had been made to the laundry system and a new library trolley had been introduced. We also saw information displayed around the service encouraging people to submit ideas regarding activities they would like organised.

There were a range of audits in place that enabled the registered manager and provider to monitor and improve the quality of the service. Audits included: mealtime experience; medicines; infection control; health and safety and activities. Where areas of improvement were identified there were action plans in place to ensure effective action was taken to improve. For example, the medicines audit had identified there were not always photographs of people attached to their medicine records. At the inspection we saw that action had been taken and all medicine administration records had photographs.

The registered manager had developed strong links with the local community. This included: visits from children at a local nursery; work placements for students from a local college and students who were studying to qualify as health professionals. Records showed how valuable these relationships were for people, staff and the students themselves. During the inspection the registered manager was supporting some of the visiting students. She took time to listen to the students and showed how much she valued their feedback about their experiences and observations in the service. As a result the students planned to run a workshop for staff to share some of their expertise and observations that would help staff to improve their practice.