

# Stonehaven Residential Home Limited

# Stonehaven

## Inspection report

117 Main Road  
Quadring  
Spalding  
Lincolnshire  
PE11 4PJ

Tel: 01775820885

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service:

Stonehaven is registered to provide accommodation and support for up to 26 people, including older people and people living with dementia. There were 25 people living in the home on the first day of our inspection.

The registered provider also provides day care in the same building as the care home. This type of service is not regulated by the Care Quality Commission (CQC).

### People's experience of using this service:

People were at the heart of the service and everyone with we spoke with told us of the exceptionally kind and compassionate care they received at Stonehaven. One person told us, "It is just like being at home."

Staff had a deep understanding of each person living in the home and provided them with exceptionally responsive, person-centred care. People had the opportunity to participate in a wide variety of one-to-one and communal activities and to maintain personal interests and hobbies. Staff promoted people's right to make choices in every aspect of their lives and actively supported them to maintain their independence for as long as possible.

Staff worked in a non-discriminatory way and treated people with the utmost dignity and respect. End of life care was provided in an exceptionally person-centred and compassionate way.

The provider worked collaboratively with local health and social care services to ensure people had access to any support they required. Systems were in place to ensure effective infection prevention and control. People's medicines were managed safely in line with their individual needs and preferences. People were provided with food and drink of their choice which met their nutritional requirements.

Staff worked together in a mutually supportive way and communicated effectively with a range of other organisations. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. Staff recruitment practice was safe.

A range of audits was in place to monitor the quality and safety of service provision. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. There was organisational learning from significant incidents and any queries or concerns were well-managed. Formal complaints were rare.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The registered manager was involved in all aspects of the running of the home. She provided her team with strong, supportive leadership and had created an open and positive organisational culture. Under her leadership, a number of innovative changes had been made to further enhance people's well-being and happiness. The provider was actively committed to the continuous improvement of the service in the future.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was Good (published 5 May 2017). At this inspection we found the quality of the service had improved. The rating is now Outstanding.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Stonehaven

## 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.

#### Inspection team:

Our inspection was conducted by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Stonehaven 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.

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

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about). We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During our inspection we spoke with nine people to ask about their experience of the care provided. We also spoke with four family members, one of the cooks, three care staff, the registered manager, the registered

manager's husband (who was one of the directors of the registered provider) and the deputy manager.

We reviewed a range of written records including two people's care plans, two staff recruitment files and information relating to staff training and the auditing and monitoring of service provision.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of avoidable harm. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare. One person told us, "Everything about here makes me feel safe. The place, the people."

Staffing and recruitment

- Everyone we spoke with told us that the provider employed sufficient staff to meet their needs and keep them safe. For example, one person said, "If we ring for them, they always come." Another person told us, "There are plenty of people here to look after me. I feel very safe."
- Reflecting this feedback, throughout our inspection we saw that staff had time to meet people's care and support needs without rushing. The registered manager kept staffing levels under regular review and adjusted them in response to changes in people's needs. For instance, she had recently identified a need for more staff at the weekend and had started the recruitment process.
- The provider ensured new staff had the right skills and personal qualities to support people safely in a person-centred way. Describing her highly selective approach to recruitment, the registered manager told us, "We want the right people ... not just anyone who turns up. I need to sleep at night [knowing I have the right people working in the home]."
- We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who lived in the home.

Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and welfare had been considered and assessed. For example, one person had been assessed as being at risk of losing weight and a range of preventative measures had been put in place. Senior staff regularly reviewed and updated people's risk assessments to take account of changes in their needs.
- Since our last inspection, the provider had implemented a number of measures to further enhance people's safety and welfare. For example, a new call bell system had been installed which provided each person with an individual pendant alarm. Commenting positively on this initiative, a staff member told us, "It has made them a lot safer. They don't have to cross the room to press the buzzer. Or if someone spots someone else needs help, they can press their button."

Using medicines safely

- One member of staff had been appointed as 'medicines champion'. Under her leadership, arrangements for the storage, administration and disposal of people's medicines were managed safely in line with good

practice and national guidance.

- Staff received regular medicines training and competency checks were conducted to ensure their knowledge and practice remained up to date. Demonstrating her own awareness of the importance of people receiving their medicines at the right time, the medicines champion cut short her interview with our inspector, telling him (quite rightly), "I've got to start the meds round."
- Staff maintained a highly accurate record of the medicines they administered, including prescription creams. Talking positively about the support they received in this area, one person told us, "They bring me my tablets in the morning, two little ones. The staff are very good with the tablets, they bring them in a little pot and always stay with me to make sure I take them okay."

#### Preventing and controlling infection

- The provider had effective systems of infection prevention and control. For example, protective aprons and gloves were stored in various locations to enable staff to access them easily. Air purifiers had recently been installed in communal areas, which the registered manager told us helped reduce the prevalence of air-borne germs.
- Since our last inspection, the provider had employed an additional housekeeper. Commenting positively on this initiative, one staff member told us, "It makes a hell of a difference." In similar vein, a relative said, "The home always smells fresh. The cleanliness ... has always been good. But I think it has now moved to being exceptional."

#### Learning lessons when things go wrong

- The deputy manager told us, "I think we can learn every single day." Reflecting this commitment to openness and organisational learning, senior staff reviewed significant events to identify opportunities to reduce the likelihood of them happening again. For instance, following a review of recent hospital admissions, the provider had purchased a 'sepsis kit' to assist in the early detection of this potentially life-threatening illness. Senior care staff had been trained in the use of the kit and the registered manager told us she was in the process of cascading this training to every member of the care team.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by senior staff.
- The provider used a variety of online and other information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislation. As a further means of promoting awareness and knowledge within the staff team, the registered manager had supported experienced staff to become 'champions' in areas including medicines and nutrition.

Staff support: induction, training, skills and experience

- The provider maintained a comprehensive training programme to ensure staff had the right knowledge and skills to meet people's needs effectively. Commenting positively on the regular 'refresher' training she had received, one staff member told us, "I'm all up to date until next year. It's what you need, things change."
- New recruits participated in a structured induction programme which included a period of shadowing experienced colleagues before they started working on their own. New staff also undertook the national Care Certificate which sets out common induction standards for social care staff.
- Staff told us that they felt well supported in their work. For example, talking of the deputy manager, one staff member said, "[Name] provides me with supervision. It is helpful. She is very knowledgeable and brilliant at what she does. She and [the registered manager] get on very well."

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

The Mental Capacity Act 2005 (MCA), provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- As part of our inspection we checked whether the service was working within the principles of the MCA. We were satisfied that appropriate legal authority had been obtained in situations where it was necessary to deprive people of their liberty. Additionally, senior staff made use of best interests decision-making processes to support people who had lost capacity to make significant decisions for themselves. These were documented in people's care records.

Staff working with other agencies to provide consistent, effective, timely care

- Senior staff had established effective working relationships with a range of external organisations to support them in the provision of effective care and support. To further enhance communication with local healthcare providers, the registered manager told us she planned to apply for an NHS email address to enable people's confidential medical information to be shared securely when required.

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

- People told us they enjoyed the food and drink provided in the home and that their individual preferences were met. For example, one person said, "I like the food; it is always cooked well, and each day is different. There is always a good choice." A relative told us, "The staff are always bringing drinks around."
- Staff were aware of people's particular nutritional requirements and used this to guide them in their menu planning and meal preparation. For example, one person who was at risk of losing weight was served their meals on a smaller plate, as staff had identified this resulted in the person eating more.

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

- Staff worked proactively with GPs, district nurses and other health and social care professionals to ensure people had prompt access to local health and social care services when necessary. One person told us, "The staff look after us so well. They would call a doctor without hesitation, if they felt I needed one. In fact, I often see the doctor coming in." A relative said, "The staff always pick up on things if they are not right and would call the doctor straight away. When my mother needed to go into hospital, they organised an ambulance straight away. Everything they could have done they did."
- Senior staff had completed an 'oral health' assessment for each person. Details of any oral care requirements that had been identified were set out in the person's care plan for staff to follow.

Adapting service, design, decoration to meet people's needs

- The provider was committed to the ongoing maintenance and improvement of the physical environment and equipment in the home. For example, since our last inspection a new shower room had been installed; floor coverings had been replaced; a new fire alarm system had been fitted and the kitchen had been refurbished. Tactile murals had been installed in corridors to make it easier for people to find their way around the home. Additionally, a secure courtyard garden had also been created, to make it easier for people to go outside independently.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported

- Without exception, people told us that the staff who worked in the home were warm-hearted, caring and kind. One person said, "The staff are very kind, and I feel very well cared for. It is a lovely place." Another person told us, "The staff are all so very patient. They are very good to me and keep me going." One local healthcare professional who was a regular visitor to the home, had written recently to the registered manager and stated, "Staff are very warm, welcoming and compassionate. I've sat and watched the care team when they haven't been aware [I was there]. And they still show the integrity and warmth towards their residents you would expect."
- A poem had been placed on one of the noticeboards in the home. Parts of it read, 'Let me rest and know you're with me, kiss my cheek and hold my hand. Just remember that I need you ... love me 'til my life is done.'
- This moving reminder of the importance of supporting older people with love and compassion, in a wholly person-centred way, had clearly been absorbed by staff and was reflected in their practice. For example, a relative told us, "When a visit to outpatients' was needed, the staff arranged the transport and a carer accompanied my mum. During the wait at the hospital the carer stayed with mum and made sure she was comfortable. When [she] returned from the hospital, the staff were waiting for my mum to welcome her, to get her settled and to get something for her to eat and drink." Another relative said, "If my mum [is] feeling down, the staff ... make every effort to sit and chat with her."
- During our inspection we identified many other examples of the provider's exceptionally caring approach towards people and their relatives. For example, on their birthday, people received a card, a present and a cake. If family members wanted to be present at the celebration, a buffet was provided free of charge. People also received a gift at Christmas and family members were encouraged to join their relative for Christmas lunch, also without charge.
- Talking about one person who had become very ill, the registered manager said, "We bought a put-up bed for [her] bedroom and her husband ... moved in for two weeks [free of charge] to be with her. [Thankfully] she's turned around now." Talking of another person who had lived in the home, the registered manager said, "He passed away here but had no family. I wasn't prepared to let him ... go on his own. He had been in the police, so I contacted them and organised police representatives to attend the funeral. Me, [my husband] and [the deputy manager] attended too. It was more dignified. He didn't go alone."
- A married couple who lived in the home told us, "We enjoy an Indian takeaway and the staff make sure that we have one once a month. They collect it for us." The registered manager confirmed that the couple were not charged extra for their favourite takeaway treat. Of another person, the deputy manager told us, "[Name] was involved in the Normandy landings."

We went online and found a picture of him ... in Normandy. We printed it off and put it in a photo frame for him to keep. It pleased him, it's in his room."

- There was a photograph in the home of people enjoying a summer outing to Skegness. Talking of this annual event, the registered manager said, "We give [each person] money for the arcades [and] buy them fish and chips." A relative told us, "For those who couldn't go to the seaside, alternative arrangements were made. They brought in fish and chips and made the day special."
- In one compelling illustration of the registered manager's own personal compassion and empathy for others, she told us, "A gentleman living alone at home rang me [out of the blue]. He was getting so upset and depressed, as he was no longer able to bathe himself. He asked me if he could come in for a bath, so I just went out and got him. Now he comes every few weeks for a bath, a cup of coffee and a chat. There's no charge. He asked if he could have a rubber duck in his bath, so we bought him one."
- At all times during our inspection we observed staff interacting with people with patience, kindness and care. For example, at lunchtime one person (Person A) became agitated and tried to rise from her chair during her meal. A staff member said, "Shall we see if [Person B] will come and sit next to you?" Person B came to sit beside Person A and they started a conversation together. This had the effect of reducing Person A's anxiety.
- Staff had also gone to considerable lengths to create a relaxed, homely atmosphere. For example, we spotted a toy beanbag frog on a shelf. Staff explained this was 'Kermit the Naughty Frog' who cropped up in random places around the home, to the amusement of people and staff alike. Similarly, we noticed the staff member administering medicines wore a tabard printed with the words, 'Tablet Trolley Dolly', in place of the more common, 'Do Not Disturb'. Staff told us this had been done to help foster a less formal, institutional atmosphere in the home. Photos of recent outings and events had been framed and placed around the home to provide a talking point for people and their visitors.
- In a further homely touch, the provider had installed 'Beryl's Bus Stop' outside the toilets in one of the corridors of the home. The registered manager said the bus stop had been named in memory of a person who had lived in the home. She told us people derived great pleasure from sitting at the bus stop, reliving memories of times past whilst waiting to use the toilet or for a family member to arrive. Talking of how living at Stonehaven made her feel, one person said, "It is just like being at home."

Supporting people to express their views and be involved in making decisions about their care

- Everyone we spoke with told us that staff encouraged them to express their views and make decisions about every aspect of their life. For example, one person said, "In the morning I like to get up early, about 6am. The staff will come and ask me if I am ready to get up then. But if I fancy a bit of a lay in, that's always alright." Another person said, "The staff ask me if I would like a bath or a shower. I can say yes or no. It's really up to me when I chose to have one."
- Describing their commitment to respecting people's individual wishes and preferences, one staff member told us, "Everybody's different. You get to know their individual ways." One of the cooks said, "One gentleman has fried egg, bacon, tomatoes and fried bread for breakfast every day. I always ask him what he wants [in case he has changed his mind]. But he always says, 'The same as usual!'"
- The provider was familiar with local lay advocacy services and the registered manager told us she would help people obtain this type of support if it was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- The provider was committed to supporting people retain their independence for as long as possible. One member of staff told us, "We encourage people to be independent in whatever ways they can. For instance, if they come into the home and have been doing it themselves at home, we try to encourage them to [retain that skill]."
- Staff also understood the importance of supporting people in ways which helped maintain their privacy

and dignity. For example, a relative told us, "There is a very dignified approach to care. If someone has an accident it is not a big thing. The carers sort it straight away, discreetly and supportively."

- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were password protected.
- Staff had access to equality and diversity policy guidance and were aware of the importance of supporting people in a non-discriminatory way which reflected their cultural preferences. The registered manager told us, "We would do whatever we can to support anyone."

## Is the service responsive?

### Our findings

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

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

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

- Describing her personal philosophy of care, the registered manager told us, "We just want people to have the best possible life here, personalised to them. It would be easy to do things for our ease [but that wouldn't] empower the resident to live their life." The deputy manager added, "A person's life does not end when they come into Stonehaven. You can still live your life, how you want to live it. Nothing changes, except your address."
- Reflecting this ethos, we observed every aspect of staff practice was guided and led by the wishes of the people in their care. For example, at lunchtime on the first day of our inspection we watched as staff supported people make their way into the dining room and asked them where they would like to sit. Staff also asked people what they would like to drink, offering an extensive choice of wine, beer, juice or water.
- Throughout lunch, staff took time to make conversation with people and to check they were comfortable and enjoying their meal. At one point, we observed staff offering one person a variety of main courses, all of which they declined. In response, one staff member said, "Would you just like a larger pudding?" The person smiled and said, "Yes please, that sounds good." The person enjoyed all of the pudding. Describing the approach of staff to the people in their care, a relative commented, "It seems that all of the time the residents' individual wishes are always taken into consideration."
- During our inspection we identified many other examples of the provider's exceptionally responsive and person-centred approach. For instance, one person who was a keen gardener had been given their own plot in the garden to cultivate. Talking to us with pride, this person said, "I keep very busy here. I look after the garden and grow beetroot, parsnips; in fact, anything that the birds won't interfere with. I have about 20 tools that we keep in the shed. The manager bought a rotavator especially for me which saves a lot of digging. We keep it safe in a locked shed in the garden." The registered manager confirmed the rotavator had cost several hundred pounds and had been given to the person free of charge.
- Similarly, in response to the wishes of a married couple who lived together in the home, the provider had installed a kitchen and additional seating in their bedroom, to provide them with more privacy and independence. Talking of another person who lived in the home, the registered manager told us, "[Name] has a coin collection, he's really proud of it. He had them all in a bag, so we bought him a lockable picture frame. Now he can show [it to] people." Describing the registered manager and her husband, a relative told us, "The management are a lovely couple. They do everything they can for the people who live here. Nothing is too much trouble for them."
- In an innovative response to people's changing needs and wishes, the provider had installed a sweet shop, a bar and a toiletries shop in the home. The registered manager said this had been done to "bring the outside in". Describing this initiative, she told us, "When they are no longer able to go out, people start to

lose their independence. By bringing [community resources] in, we can help people keep some independence." These facilities were clearly valued by the people living in the home. As described above, we observed some people enjoying a drink from the bar with their lunch and one person told us, "The toiletries shop comes in really handy." Another person said, "I like to use the sweetshop. The staff take me down to choose. We have a good choice of sweets and I tend to go for the fruit or peppermint sweets." Looking ahead, the registered manager was in the process of creating a café, to provide people with a place to meet up with each other or host their visitors.

- Throughout our inspection, staff in all departments and at all levels demonstrated an exceptionally deep understanding of each person living in the home. For example, one of the cooks told us, "[Name] really likes, what she calls, 'smelly cheese' (Stilton). So, I always have that in for her." A member of the care team said, "One lady likes dolly mixtures so, now and again, I buy her a bag of dolly mixtures. Whatever they need, I try to be there for them. Commenting approvingly on the completely person-centred approach of staff, one person told us, "I used to tap dance and the staff know that. So, we will often have some dancing." Another person said, "I get up and go to bed exactly when I want to."
- To further promote the provision of fully personalised and responsive care, each person had a 'This is Me' poster in their room which set out their individual wishes and preferences for staff to follow. For example, one person had written, 'I am not a morning person. If I do not want to get up and dressed, please leave me alone and come back later'. Another person had written, 'I like chatting to people [but] do not like being rushed'.
- Each person also had an individual care plan which was prepared when they first moved into the home. The care plans we reviewed were well-organised and set out the detail of people's individual needs and wishes in areas including medication, nutrition, mobility and social inclusion.
- Senior staff reviewed and updated each care plan on a regular basis, in consultation with people and their families if they wished to be involved. Commenting positively on the provider's approach in this area, a relative told us, "I was involved in writing the care plan. In fact, my dad's has just been updated and includes things like he must have two carers helping him with his [walking] frame."

#### End of life care and support

- The provider's extremely responsive, person-centred approach was also reflected in the way staff provided end of life support to people and their families. For example, when someone died, the provider prepared a framed collage of photographs of the person and gave this to their family in memory of their loved one. Describing the exceptional support she had provided to one family, the registered manager told us, "The resident [was approaching the end]. We called the family and I went and got them [so] they could spend time with [name] before they died."
- Following the death of their loved one, a family member had written to the registered manager to say, 'What a lovely way for Dad to pass, surrounded by your love and care. I couldn't ask for a better way for him to go. In his last days, when I asked, 'Are they looking after you?', he would reply, 'Wonderful or marvellous.' And you are!" Another relative told us, "The care here cannot be faulted. When my mother was at the end of her life, the staff were so understanding, so caring."
- Since our last inspection, the provider had changed the way people were taken from the building after death. Describing this innovative new approach, the registered manager and her deputy told us, "We now take people [publicly] out the front door. Where they came in. [Rather than doing it privately when no other residents are about]. Residents feel the pain [of bereavement] too. Now they get closure, they understand."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since our last inspection, the provider had employed a second activities coordinator, to provide people with increased opportunities for social interaction and personal fulfilment. The registered manager told us, "I wanted to do more for the residents. Group activities and 1:1. The [increase in] interaction is amazing."



The two activities coordinators often worked together which enabled them to provide people with more personalised support. Commenting positively on this initiative, one staff member told us, "Two is a lot better. One can be doing [a group activity] whilst the other can be doing something else with [an individual]."

- As a result of the provider's investment in additional activities staff, people living in the home were able to participate in a wide variety of one-to-one and communal activities. The activities coordinators organised a varied programme of daily activities and events to provide people with physical and mental stimulation. On the morning of the first day of our inspection, one of the activities coordinators organised a group activity which was clearly enjoyed by those who participated. Meanwhile, their colleague provided 1:1 support to people who did not wish to join in the communal game. In the afternoon, some people enjoyed another group activity whilst others were provided with 1:1 support to complete jigsaws and listen to music. Throughout the day, staff were observed to be taking every opportunity to spend time chatting with people in a relaxed and unhurried way.
- Everyone we spoke with told us they enjoyed the programme of activities and events. One person said, "We do a lot of singing and I enjoy that." Another person's relative commented, "There is always something going on. Crafting, walks, visits out, coffee mornings, fayres, trips to the seaside."
- People also received support and encouragement to maintain personal interests and hobbies, inside and outside the home. For example, one person took a particular interest in caring for 'Velvet', the home's resident rabbit. Talking of their relationship with Velvet, this person told us, "It knows me like a human. When I go into see him, he comes up to the edge of his cage and gets up on his hind legs to greet me; it's a pity he can't talk. I feed him his bought food, but I also get things from the garden for him such as dandelions. I pop down and see him two or three times a day." Another person had retained her membership of a local club and travelled to meetings independently.
- One person kept a three-wheeled bicycle in the shed and enjoyed cycling it in the summer months. Other people took pleasure in helping the housekeeper and care staff, something staff told us they encouraged, as it gave people "a sense of purpose" and helped manage anxiety. Looking ahead, the registered manager said she planned to consult with people about acquiring a dog for the home. She told us she thought many people would find this highly therapeutic.

#### Meeting people's communication needs

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

- The provider had embraced the AIS and ensured staff were aware of people's individual communication needs and preferences. For example, large playing cards and reversed colour dominoes were available for staff to use with people with a visual impairment.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they would contact senior staff if they had any queries or concerns. Commenting positively on the provider's response to a query they had raised, a relative told us, "It was dealt with immediately and the problem was sorted." However, no one we spoke with had any current concerns about the quality of care and support they received. For example, one person said, "The home seems to be getting better all of the time."
- Reflecting this high level of satisfaction, formal complaints were very rare. The registered manager maintained a record of any that were received and investigated them properly in accordance with the provider's policy.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Without exception, people told us how highly they thought of the home and the leadership of the registered manager. For example, a relative told us, "If I needed to go into a care home, this is the one I would choose." Of the registered manager, another relative said, "I can't speak highly enough of the manager; she is very supportive and very caring. I think the home has always been very good, but they always seem to be making improvements."
- Throughout our inspection, the registered manager displayed an admirably candid approach. She told us, "I don't like lies." Describing her management style, the registered manager said, "I've got an open approach. I like people to come and talk to me if they have any issues. I am on the floor every morning, saying hello to residents and staff."
- The registered manager's supportive, accessible leadership set the cultural tone in the home and was clearly respected and appreciated by her staff. For example, her deputy told us, "[The registered manager] is brilliant. Very approachable and down to earth. She is always on call and available to me." Another staff member said, "[The registered manager] is good. She's supportive and always about if you need her. She can be strict if she has to be, which is good."
- The provider promoted the welfare and happiness of the staff team in a variety of ways. For example, staff received a gift voucher at Christmas. Talking of her plans for the upcoming staff Christmas celebration, the registered manager told us, "We are taking them to [a local pub]. Two separate meals [so as many people as possible can attend]. We will pay for the meal and the drinks. They don't know [about the drinks] yet!"
- In an innovative recent initiative, staff had been asked to complete a one-page profile about themselves, to include their likes, dislikes and favourite treats. The registered manager told us this information would help her manage her team in a more person-centred way. Additionally, the information on favourite treats would enable her to tailor any rewards for outstanding achievement or Christmas and birthday gifts to each individual.
- Reflecting this caring approach and the positive organisational culture it had created, staff told us they were pleased to work for the provider and enjoyed coming to work. One staff member said, "I love it, I really do. I would recommend it, full stop. There wouldn't be anything I'd change. It's run how it should be." Another member of staff told us, "I enjoy working here. I'd recommend it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Managers and staff being clear about their roles, and

understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- As described elsewhere in this report, the provider involved people and their relatives in planning their care, and deployed staffing resources to meet their needs and preferences in an exceptionally person-centred and responsive way.
- To further promote people's engagement with the service, the provider issued questionnaires to people, their relatives and staff. We reviewed completed questionnaires and saw that the feedback was extremely positive. For example, one relative had written, 'My husband and I remain completely satisfied. Staff are very caring and kind. Any worries I have had have been dealt with quickly and efficiently. I am always informed of any changes in my mother's care or condition [and] changes in her care plan are fully explained and agreed.' The registered manager reviewed the survey returns and took action to follow up any concerns or suggestions. For instance, one person had asked for additional equipment in their bedroom and this had been provided.
- The provider used a range of other approaches to monitor and improve the quality of the service. These included regular care plan reviews and environmental and medication audits.
- Under the leadership of the registered manager, there was a culture of continuous innovation and improvement. Since our last inspection, several initiatives had been taken to further enhance the service. For example, the installation of the bar and bus stop as part of the 'bringing the outside in' project; the expansion of the activities team to provide people with additional opportunities for social interaction and personal fulfilment; the provision of the new sepsis kit to help reduce the risk of serious illness and the installation of the new pendant call bells to increase people's personal safety. Describing her approach, the registered manager told us, "There's always room for improvement. Even me!"
- The provider was also committed to the ongoing improvement of the service in the future. For example, plans were in place to build a café for people and visitors; to acquire a dog and to create a family tree for everyone living in the home.
- The provider was aware of the need to notify CQC and other agencies of untoward incidents or events within the service. In planning our inspection, we noted that a small number of notifications had not been submitted, primarily relating to DoLS authorisations. When we raised this with the registered manager, she took personal responsibility for the oversight and took immediate action to submit all of the notifications retrospectively and amend administrative systems to avoid this happening again. As required by the law, the rating from our last inspection of the service was on display in the home and on the provider's website.
- As detailed in the Effective section of this report, the provider had established good relationships with a range of other professionals including GPs, nurses and therapists. The provider had also created links with the local community, for the benefit of people who lived in the home. For example, regular church services were held in the home and children from local schools came to sing at Christmas and on other special occasions.