Peverel Court Limited

Bartletts Residential Home

Inspection report

Peverel Court, Portway Road
Stone
Aylesbury
Buckinghamshire
HP17 8RP

Tel: 01296747000
Website: www.peverelcourt.co.uk

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16 November 2018
21 November 2018

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15, 16 and 21 November 2018. It was an unannounced visit to the service.

Bartletts Residential Home is a care home. It is registered to support older people, some who are living with dementia. The original building is a Victorian country house built in 1856, over the years it has been added to and now provides care and support for 50 people. At the time of our inspection 43 people were being supported. Accommodation was spread over three floors in the original building and two floors in the newer build areas. People had access to a wide range of communal seating areas, dinning spaces and sociable area. The home benefitted from extensive well-maintained grounds with stunning views across the Chilterns.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The care home had a warm a welcoming feel, staff were keen to talk to us, relatives told us they liked that care staff smiled and engaged with their family member in a positive way.

We received positive comments from people and their relatives about their experience of Bartletts Residential Home, these included "Excellent. I went to quite a few care homes before this. I won't say they were horrible, but just not somewhere I would like to spend the rest of my life. I had the feeling the day I came here, this is for me. They are all so welcoming," "It is the best thing that happened to me to come to live here" and "The carers are absolutely wonderful."

At our last inspection we made a recommendation about the management of risks. People had been exposed to risk of burning from an iron press and strangulation from unsecured blind cords. At this inspection we found improvements had been made in these areas. However, we found staff had not always been trained to use equipment used to support people in the event of a fire. Fire drills were carried out, however, no learning or evaluation was recorded about them. We have made a recommendation about this in the report. Other environmental risks were managed well.

Risks posed to people as a result of their medical condition had been assessed, however, risk assessments and care plans did not always reflect the same level of risk. We found records relating to people's care was not always representative of the care and support delivered. We have made a recommendation about this in the report.

People were routinely protected from abuse and staff had good knowledge on how to recognise potential

signs of abuse. Staff had been recruited safely to ensure they had the corrects skills and attributes to work with people.

The home was maintained to a high level of hygiene, however, the décor could be confusing to people with memory loss or a diagnosed dementia. We spoke with the registered manager about this. They were aware of the issue and had discussed this with the provider.

Staff had been supported to maintain their skills and learn new skills. Staff told us they felt supported.

People were supported by staff who treated them with dignity and respect. Comments from people included, "Everyone was so kind when I came here, not fussy kind, but treated me like a human being. They are very good at the job. Though sometimes they are very busy. But they do give you time to talk. I know I keep saying it's all good, all good, but it really is good" and "Oh yes of course, as I said, they treat you like a human being. I have privacy in my room, and you can do anything you want to do. My son visits regularly. They do treat you with dignity and respect. I get treated very well."

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.

The service was run by a well-established and experienced team. All senior managers worked well together. Systems were in place to monitor the quality of the service provided. The provider had been nominated and had won 'Care employer award' at a recent care provider's association annual care awards ceremony. The registered manager had received a certificate of recognition at the awards held in 2017 for understanding effective leadership. The provider had been awarded in the top 20 recommended small care home groups on a well-known care home search engine often used by people looking for a care home.

The home had forged links with the local community and supported people to engage in meaningful activities.

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? The service had improved to Good.	Good
Is the service effective? The service remains Good.	Good
Is the service caring? The service remains Good.	Good
Is the service responsive? The service remains Good.	Good
Is the service well-led? The service remains Good.	Good

Bartletts Residential Home

Detailed findings

Background to this inspection

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

This comprehensive inspection was carried out on 15, 16 and 21 November 2018 and was unannounced. Which meant the provider and staff did not know we were visiting. On day one of the inspection, the team consisted of an inspector and two experts-by-experience (EXE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of supporting people living with dementia. The same inspector visited the home on day two and the inspector was joined by another inspector on day three.

Prior the inspection we requested and received back a completed Provider Information Return (PIR). We used information the provider sent us in the PIR. 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. Throughout the inspection we offered the registered manager and staff opportunities to share with us, what they did well. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

When at the care home, we looked at four people's care records in full and a further two to seek clarification and looked at six staff recruitment and training records. We observed medicine administration, checked records and storage of medicines. We observed four lunchtime meals. We looked at other records relating to the running of a care home. We spoke with 24 people and one relative. We spoke with the registered manager, deputy manager and quality assurance manager. We were introduced to two of the company directors. We spoke with a further nine staff. Following the inspection, we sought further feedback from staff and relatives.

Good

Is the service safe?

Our findings

At our last inspection carried out on 31 March 2016 and 1 April 2016 we made a recommendation about the management of risks. We found people had free access to a hot laundry press and blind cords had not been secured. At this inspection we found improvements had been made. However, we noted people had the potential to be at risk of harm in the event of a fire. The service carried out routine fire safety checks to help ensure people were adequately protected against the risk of fire. This included weekly checks of alarm points and daily checks of the means of escape. We saw fire drills were carried out, to rehearse what to do in the event of fire. The records of these showed which staff were present and how long the drills took. However, we could not see any written evaluation of each drill, to show any issues which arose. For example, any observations about how people reacted or general learning points to improve evacuation processes. We also noted some people required equipment to help them evacuate the premises, such as an 'evac chair' to manage the stairs. At the time of the inspection, staff had not received training on how to use this.

We recommend the service follows good practice in the carrying out of fire drills, including use of any evacuation equipment, so that these are used as learning opportunities.

Water safety and other environmental risks were managed well within the service. Equipment used by people was regular serviced to ensure it was safe to use.

Risks posed to people as a result of their medical condition had been assessed. However, we noted records relating to the level of risk did not always reflect the current level of risk. For instance, one person had fallen eight times since September. We looked at the person's 'mobility and falls' care plan. It stated the person was at "Low risk from falls" and "Mobilises independently and uses a stick." We observed the person on the second and third day of the inspection. We noted they used a four-wheeled walker. The person had a falls risk assessment which stated they were are medium risk from falls. We discussed the discrepancies with the registered manager and senior staff. The same person had been found on the floor in the early hours of the second day of our inspection. The night staff spoke about the incident in the handover meeting they had with day staff. The night staff advised they had dressed a skin tear on the person left elbow and had completed an incident form. Following the handover meeting we checked what records had been made about the incident. We found the completed incident form, it did not refer to a dressing being applied. We checked the daily notes and the incident had not been recorded, we looked at the handover sheet, a reference had been made to the fall, however, no mention of the dressing was made. When injuries occur, it is widely accepted good practice for a body map to be completed to show the extent of the injury. We found four separate body maps for the person. No record had been made on any of the forms about the new skin tear. We discussed this with the deputy manager who advised the night staff should have updated the body chart. The body charts were not in any logical date order. We asked the deputy manager which marks or skin tears were current. They were unable to tell us. The deputy manager agreed to discuss this with staff and ensure the records were updated.

The same person had a 'General risk assessment' dated 20 September 2016. It referred to them using the stairs rather than the lift. The risk assessment had been reviewed almost every month since December 2016.

It was last reviewed on 8 October 2018. The review stated "Remains relevant to [Name of person]. However, in the person's 'Mobility and falls' care plan review, an entry was made on 11 July 2018 stating "Mobility is good, remind him to use the lift." The care plan had not been updated to reflect the change and the risk assessment was outdated as the person no longer used the stairs. We provided this feedback to the registered manager and senior staff.

Another person had a falls risk assessment which stated they were at high risk from falls and a mobility care plan, which stated they were at medium risk of falls. The person had been assessed at high risk from February 2018, the care plan had been reviewed each month since February 2018. Comments in the reviews included "No changes to the above," "Care plan reviewed, remains relevant this month." We discussed this with the registered manager and senior staff. Records relating to risk were not always maintained to reflect the current level of risk.

We recommend the providers seeks support from a reputable source to ensure accurate records are maintained by staff.

People were protected from the spread of infections. The environment was maintained to a high level of cleanliness. Staff had access to personal protective equipment. For instance, gloves and aprons. Staff who supported people with food preparation had completed appropriate training. The provider had guidance for staff on how to manage infection control, the guidance followed nationally-recognised good practice. Staff had received training in the prevention and control of infections and had good knowledge on how to minimise the risk of the spread of infection. Three members of staff were identified as Infection control leads. The home had been visited by the local environmental health team in July 2017 and was awarded the highest rating for food hygiene.

People told us they felt safe and were protected from harm. Comments included "I suffer with vertigo, but everything is managed so that I don't fall over. Yes, I did fall over once, but they got an ambulance and looked after me," "I feel safe. They help you to do everything," Oh yes, I am always safe here. They are always around" and "Oh yes, I feel safe, no one here is nasty, nothing untoward happens."

People told us and we observed call bells were answered quickly. Comments from people included "I am happy here, I trust them; all I have to do is press that button and they come straight away," "They respond quickly to call bell," "They come when you call" and "Yes, they do come. You don't have to wait." We observed staff responding to an emergency situation. This was dealt with calmly by staff, other staff quickly responded to a request for more support. We spoke with the person later that day. They told us they had not felt at all well earlier that day and reported how the carers had come immediately when she had pressed her bell and calmed her from her anxiety that she was having a heart attack and now she was feeling well.

We observed there to be enough staff on duty and deployed to meet people's needs. The registered manager used a dependency tool to calculate staffing numbers. This was routinely reviewed to check for any changes to a person level of need. Ancillary staff had received essential training so they could support people safely if needed. Comments from people and relatives about staff included, "I do feel he is safe and staffing levels are good at all times of day. He gets help at night. I can't fault it," "I think there are enough of them, most of the time. Sometimes they are busy" and "Plenty of staff here."

The provider had worked with a UK and word wide recruitment specialist to gain knowledge on best recruitment practice. The provider used a specialist recruitment screening tool to ensure all new staff had the right skills and attributes to work with people. The provider was aware of the recruitment requirements

laid out in legislation. Pre-employment checks were completed for staff. These included employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

We observed medicine administration and looked at medicine records and storage. We found staff observed good hand hygiene throughout the administration of medicines. Medicines were managed well within the home. Medicine administration charts we looked at, were accurate and completed in line with best practice guidelines. The staff explained the medicines to each person. One person initially did not want to take the medicine. The staff member left them alone and returned three times and was kind and gentle in supporting them to comply with the prescribed medicines.

Clear systems were in place to ensure that medicine stock was managed and stored safely. For example, we saw items no longer required by a person, were returned to the pharmacy in a timely way. External quality visits were completed by a pharmacist and any recommendations were actioned. The most recent visit was completed in March 2018 and the recommended actions had been completed. In addition, the quality assurance manager completed an internal medicine audit. Any actions were immediately discussed with staff to ensure improvements were made.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. The local safeguarding telephone number was displayed in the office and staff were aware of it. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. One member of staff told us "I would make him or her safe first, then report to the manager asap. The signs of abuse are physical, emotional, financial, sexual and institutional, example signs are crying, bruising, change in behaviour like aggression or anger." Another member of staff told us they would "Not hesitate" to report abuse.

Incident and accident were reported. The provider had systems in place to monitor incidents and accidents for any trends. They were included in quality assurance process. For Instance, the provider had a quarterly performance indicator tool and a quarterly 'Care Home Hot Topic', both evaluated number of falls and incidents. Lesson learnt from incidents were shared across the team. Staff had received guidance on incident management and the policies emphasised a concept of 'fair blame' and supported staff to report and learn when care was not delivered as planned.

Good

Is the service effective?

Our findings

People and their relatives told us they continued to receive good effective care which supported them to live the life they choose. Comments from people included "Excellent. I went to quite a few care homes before this. I won't say they were horrible, but just not somewhere I would like to spend the rest of my life. I had the feeling the day I came here, this is for me. They are all so welcoming," "They look after you all right. Definitely all right. They are good people," "It is so lovely, they always knock on the door and they are always happy to help me. I am so pleased" and "It is the best thing that happened to me to come to live here."

Prior to moving into the home, a full care needs assessment was carried out by a senior member of staff. This was to ensure the home could meet the person's needs. Throughout the inspection we observed potential residents and their relatives visiting the home. They were all escorted by a member of staff and questions from them were answered in a professional manner by staff. Any additional equipment identified in the assessment was provided prior to the person moving into the home.

People were supported by staff who had received a through induction to their role and were aware of their responsibilities. Staff told us they felt supported. One member of staff told us "We get support and we give support." The registered manager monitored staff training, supervision meetings and annual appraisal of performance. Records relating to staff were also monitored quarterly in the providers quality assurance processes. The home had arranged for staff to have a 'Dementia experience'. This involved an interactive training and reflection session where staff were exposed to some of the sensory changes often experienced by people with dementia. The provider sought feedback from staff after the event. Comments included, "It changed the way I see and think about people's life," "The experience was eye opening and gave me such an insight" and "This made me feel emotional and scared."

People were supported with their nutrition and hydration needs. Where people required a specialist diet or thickened fluids, this was detailed in their care plan. One-person's swallow had recently changed. The care manager had responded to the change and had contacted the dietitian. They were awaiting written feedback. We observed four meal times. Meals were presented well to people. On the first day of the inspection we observed three people who could have been better supported. Two of the people had been fast asleep prior to the meal, they were gently woken by staff. However, they had slumped in the chair whilst sleeping. No attempt was made to move them and the meal was placed in front of them. Another person began to eat with his fingers as cutlery was not placed where he could see it. We provided this feedback to the registered manager. We also discussed with them about ensuring hand hygiene was offered prior to mealtimes. Comments from people included "It's very good. Obviously, they are cooking for a lot of people, but very understanding if you don't feel too good and don't want a proper meal – they'll give you cheese and biscuits or something light instead. Plenty of food. I have lunch in my room where I like it," "The meals are very good. I've got a good appetite. I have a choice. It's enough. They do a special menu for me" and "Oh yes, they give us excellent food. I can have what I want."

The staff group worked effectively together. Two daily handover meetings between outgoing and incoming staff were held. Staff also worked with external healthcare professional to ensure people received effective

care. For instance, when a person had been admitted to hospital regular communication continued.

People were supported to maintain their health and appropriate referrals were made to external healthcare professionals. On the second day of the inspection a referral was made to the district nursing team. We also noted people had been seen by speech and language therapist and physiotherapist.

The service used a virtual resource to discuss people's health care needs to a dedicated hub of clinically qualified staff. It allowed for people's medical issues to be discussed with qualified staff. It used a live link from the home to the hub and people's healthcare could be assessed. If the assessment concluded a GP visit was required the qualified staff would arrange that directly with the GP practice. The deputy manager told us the service had prevented time lost on the phone trying to get through to GP and also prevented the need for a paramedic review or hospital admission. We observed the system was used to good effect on day two of the inspection. Comments from people included "Yes, they get a doctor if you need one and help me with my pills" and "I get to see a GP if I need to, I have no worries about my health."

The home had been through an expansion programme. Two phases of new builds had been made. The provider had considered nationally recognised research on how to improve a care home environment for people living with dementia. Many elements of which had been introduced. This included the introduction of soft furnishing that stimulated sense of sight, smell and touch. The home had also been decorated with ornaments and artwork which also promoted mental stimulation. The new areas of the home had been decorated to a high standard. However, the colours chosen did not always lend to it being suitable for people with dementia. The provider gave their interior designers a brief to create a dementia friendly colour scheme, many aspects had been introduced. However the floor and walls coverings were of a similar colour which had the potential to confuse people. All bedroom doors were white. Although they were either numbered or named. There were no distinguishing signs to highlight to a person who had dementia it was their room. We discussed this with the registered manager and quality assurance manager who agreed further work was required to improve the environment. The Director of the company had visited a specialist dementia care facility in Holland. They had also used other research to make some suggested changes to the outside facility. Some changes had been made to the garden. We noted raised beds were in place and a greenhouse. We received positive comments from people about the garden. However, we noted concern about the path around the garden had been raised by relatives at a meeting. The path had been laid to gravel and feedback was given that it was quite difficult for relatives to push a wheelchair on it. The directors had taken on board the feedback and arrangements were in place to make improvements.

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. Where the service had found a person's, decision making ability was compromised, they carried out a mental capacity assessment. When the person had not awarded legal authority to make a decision for them. The home ensured a best interest process was followed. We discussed how improvements could be made about where the best interest process was recorded.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Where the service had identified, appropriate referrals had been made to the local authority. The registered manager had systems in place to monitor DoLS application made.

Good

Is the service caring?

Our findings

People and their relatives told us they continued to receive support from kind, compassionate staff. Comments from people included "The carers are absolutely wonderful," "I even had a nice young man to come and wash me recently, I said to myself 'hello hello,'" "All the staff are good to me" and "They are all charming staff." Relative who gave us feedback were also complementary about the home and the staff. Comments from relatives included, "The staff are happy, welcoming, caring, have a sense of humour and always are kind to all of us," "It is good for us, as her family to know that she is receiving, what we think is the best care we can ask for both mentally and physically" and "She is treated with love and compassion by all the staff who deal with her many needs and they are always so kind and cheerful particularly show infinite patience they when feeding her."

We observed some kind and caring interactions between staff and people. One person was distressed, we saw this was quickly responded to by staff who went over to them and provided reassurance. It was clear from the interaction the staff knew the person really well. Another person was in their room, when staff entered the person looked up and had a big smile on her face. The staff member knelt down and spoke to the person in a gentle and professional manner. Other comments included "Everyone was so kind when I came here, not fussy kind, but treated me like a human being. They are very good at the job. Though sometimes they are very busy. But they do give you time to talk. I know I keep saying it's all good, all good, but it really is good," They are nice people here, look after you. They are friendly and nice" and "The people are very kind, very caring, nothing is too much trouble."

People and their relatives told us the staff treated them with dignity and respect. Comments included "Oh yes of course, as I said, they treat you like a human being. I have privacy in my room, and you can do anything you want to do. My son visits regularly. They do treat you with dignity and respect. I get treated very well" and "The staff definitely treat him with dignity and respect." Another family member told us "For us as a family the relief that he is safe, clean, cared for, treated with dignity and respect is immense. Bartletts do their best to keep residents happy and engaged like arranging family events, taking residents to dementia cinema showings, to a garden centre, afternoon tea."

People and their relatives told us they had made Bartletts Residential Home their home. Comments included "The food and hygiene levels are of a high standard, and the settings of Bartletts makes it a pleasure for Mum to live in and us to visit. It has become very much Mum's home."

People were encouraged to be as independent as they could be. Staff understood this and promoted it. We observed a staff member said to a person "Don't forget your frame". The lady replied, "I've got to do what I am told here" (referring to the regular advice she is given to use her stick or frame) and continued "But I can't grumble" and of the carer said, "This girl is an angel."

People were encouraged to express their views about the care and support they received. Where people required support, family members or external advocacy services were deployed. Advocacy gives a person independent support to express their views and represent their interests. People were supported to

complete an "All about me" document and a "This is me now" document. When staff supported people to complete them it was an opportunity for people to tell staff how they would like to be supported.

Good

Is the service responsive?

Our findings

People told us they continued to receive a responsive support, which reflected their likes and dislikes. We noted each person had care plans in place. These were linked to risk assessments. However, these did not always reflect the person current level of need. For Instance, one person was being seen by the district nursing team for pressure damage to their skin. The care plan had stated the skin was intact and had not been updated with the new information. Daily notes did not always provide a contemporaneous record of care delivered. For instance, one-person daily notes had a gap of nearly twelve hours where no record was made of support given to the person. We spoke with the registered manager and quality assurance manager about daily record keeping. The registered manager told it was their expectation that three entries should be made each day. We pointed to some examples where this had not happened.

We have already made a recommendation about record management under the Safe domain.

People's care plans contained information about their cultural and religious needs. We noted Spirituality care plans had been discussed at the provider's management meeting held in October 2018. On the first day of the inspection the home was visited by multi-faith church representatives who read from scripture and sang hymns with people. People told us after the event they had enjoyed it.

The home had recently promoted the activity co-ordinator to a 'People innovation manager'(PIM), this role had been created to enhance people's opportunity to engage and be part of the local community. The role was to ensure each person received personalised care. The member of staff in post was able to tell us about two events they had organised. Two people were keen to share their experience of their schooling days. One person had attended a Buckingham school another a school based in London. The PIM had written to the schools to see if a visit was possible. Both schools agreed to host the people for a day. We saw photographs of one of the people addressing an assembly of children. When we spoke with the people they recalled the day with pleasure. One person told us "I do go out, though it is difficult getting into a car and I need taxi for a wheelchair. But I get out in the wheelchair into the grounds. I live locally and can still take part in things if I want to, but it is difficult. [Name of staff] took me to my old school, which was fantastic. I didn't realise that was possible. They definitely try to help you to take part in life outside of the home. They went on to say about the experience "It was a lovely day out, I saw the staircase that I remember so clearly, that I used to go up every day, I can't now of course, the playground used to be all hard surfaced but it is grass now. "It was Open Day at the school for people going to university and their parents. It was very emotional for me, I hadn't been there for 80 years". Another person told us "I had been evacuated there in the War and we met here it was arranged for us to both go back and we had a lovely time". One of the people had been invited back to a Christmas party, they were undecided if they were going to attend.

The home operated a 'Resident of the day', this was an opportunity for people to tell staff how they would like to spend the day. The home evaluated the success of the event by asking the person to complete an 'Impact and Outcome for You' survey. We looked at a number of the feedback forms completed, it was clear people felt 'special' for that day. We spoke with the PIM and they told us "We don't do it every day, but we try to fit some in every week, sometimes two people will have the same interests so we may do a joint event."

One person had completed a feedback survey following their day. They commented "Good to receive extra special attention…A very nice day, having done something a little different." We noted the person had received a 'pampering session', lunch with her daughter with her chosen meal in the private dining room and a trip to a local animal sanctuary. We saw lots of other person-centred activities which had been carried out with people.

In addition, the home had an extensive activity schedule. This was displayed across the home; however, it had not been updated in the old part of the building. People who chose to remain in their room for the majority of the day, told us they were made aware of activities on offer and could attend if they wished. One person told us "I spend a lot of time in my room. But I do join in. they tell me what's going on. I have the freedom to do what I want within my physical limitations. Those of us who are 'with it' do lots of different things. Like I used to work in fashion so I like those things.

Activities could be group and individual sessions. People were encouraged to be part of the local community. Some people attended the local methodist chapel, and the over 60's history group. Some people had contributed to an exhibition of local history in the village hall. Comments from people included "The village over 60's group were invited here, it was quite an event and we found that everyone knew each other" and "Since being here I've learned a lot about my identity and what sort of person I am."

One person told us they had mentioned to carers that they would like to have a pair of sequinned slippers. It was arranged to take the person shopping to the local Marks and Spencer shop to allow her to shop for them. The slippers were purchased and the person was grateful and appreciated the arrangement. The person told us "They can take you shopping once a month, to Tesco or Marks and Spencer". "It is nice to get out from these four walls".

The home had developed inter-generational opportunities. Primary and secondary school children had visited the home to share experiences. Children had been invited to learn about the first and second World Wars. Following the visit, some children had written to the residents they had met. Comments from letters included "I am writing to you to express my gratitude for your insightful facts about the world wars" and "I am writing to you to say thank you for the lovely trip that we had yesterday. I really enjoyed meeting you and hearing your experiences of World War one and two."

Activities based within the home included, chair exercises, music therapy, planting hanging baskets and baking. One person told us "I did baking, and flower arranging and other things. I like to read. The light isn't good enough. I do things to break up the boredom of the day. I like it when an entertainer comes in and I can join in. But others aren't very enthusiastic to join in." Another person told us "The local History group is exceedingly good and they come in to give talks". "We had a talk about paintings and paint and it was very interesting and we were told how the different paints were made."

The providers had systems in place for people to share their concerns or complaints. Any concerns raised were monitored by the registered manager and quality assurance manager. Any trends were identified. People told us "I would talk to [Name of staff] if something was wrong. I would feel confident to do that if I wasn't happy" and "Issues are always dealt with. I have no complaints at all."

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

At the time of the inspection the service was not supporting anyone with end of life care. However, they had done so in the past and we reviewed some of the feedback from relatives. Comments included "The care and friendship [Name of person] received during her stay at Bartlett's before her death was excellent. The last few weeks of her life were made as comfortable as possible and with dignity by all the caring staff" and "All was handled with the greatest compassion, both towards my father and also to our family in general." Where people had expressed specific end of life care needs, this was detailed in their care plan.

Good

Is the service well-led?

Our findings

People told us they continued to receive, safe, effective and compassionate care that was well led. There was an experienced 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. The registered manager was supported by a highly motivated senior management team from the provider and senior staff within the home. The management structure was committed to the delivery of a high-quality service.

The management structure across the organisation promoted innovation and changes to benefit people living at the home. There was an emphasis on using research to inform possible changes within the service. However, some changes had not always had the desired effect. The home had recently opened a new build, which had increased the number of beds available. The provider had considered nationally recognised research regarding improving a care home environment for people living with dementia. They had implemented many of the recommendations. However, we found further improvement was required. We observed there was only one hand rail in the corridors, throughout the inspection we observed people leaning against the corridor to steady themselves as no hand rail was available on the side they were walking. We provided this feedback to the registered manager.

The senior management team had a clear vision and were forward thinking in their approach. Regular management forum meetings occurred to review to quality of the service, drive improvement and build team work across all the provider's locations.

We observed the provider demonstrated a commitment to invest in staff. Staff told us and we observed staff had received internal promotions. This together with the staff recognition schemes in place, made staff feel valued and respected. One of the directors had written a paper stating that this helped improve staff retention. The home operated an 'Employee of the quarter' award and had worked with a local health spa to offer selected staff 'The ultimate aromatherapy experience' We noted a number of staff had worked for the company for many years. This was also reflected in the feedback we received from relatives. One family member told us "He has consistently been looked after by the same members of staff and is always treated with dignity and respect."

Staff told us they liked working at the home, there was a friendly and supportive culture within the home. The provider had been nominated and had won 'Care employer award at a recent care provider's association annual care awards. The registered manager had received a certificate of recognition at the awards held in 2017 for understanding effective leadership. The provider had been awarded in the top 20 recommended small care home groups on a well-known care home search engine often used by people looking for a care home.

The registered manager was visible and approachable throughout the inspection. Senior management team members visited the home on a regular basis, it was clear from the interactions they made with people and

staff, they had developed good relationships.

Systems were in place to monitor the quality of the service. The quality assurance manager had developed a number of bespoke tools to record their quality visits. These included a performance indicator assessment tool, and mini inspection template. These two documents were completed quarterly and reviewed at management meetings. The quality assurance manager had oversight of any outstanding actions. In addition, two other tools were used. A 'Peverel Observation Engagement Tool (POET) had been created. This was used to carry out observation on practice and provide immediate feedback to staff on what had been observed. This was used a learning tool to improve staff engagement with people to make interaction more meaningful. The second tool which was used was an Impact and Outcome for You. This was a feedback survey on how an event had made a person feel. This tool was used to assess the success of the resident of the day, individual special events. It was also completed by staff to help evaluate training. We spoke with the registered manager and the quality manager about the concerns we had about record management. We asked if the concerns we found had been picked up through the quality assurance process. The quality assurance manager told us they had not completed a care records audit. They advised us they would look at how the audit would be completed in the future.

The home had forged strong links with the local community, this included schools, churches, local history group. Events held by the service were extended to the local community for instance, summer parties and Christmas celebrations.

The service worked in partnership with other organisation to drive improvement. It had provided student placement opportunities for an Oxford based university and had worked with a well-known high street bank who had offered 'Tea and Tech' sessions, aimed at offering older adults opportunities to develop their confidence to use digital devices. The senior management were keen to explore any use of technology to facilitate a better quality of life for the people who lived at Bartlett's. One example is the use of the virtual system to review a person's health and the use of video telephone calls. The home had worked with the local dementia alliance and had supported people to attend dementia friendly screenings of films at the local theatre. The home had invited a local dementia charity to talk to residents and their relatives. Three people who lived at the home had been interviewed by a local hospital radio station. The people had shared their experience of the wars years. The new people innovation manager was planning to extend and expand on similar events.

The home engaged with people using the service and their relatives about the care provided. This included a twice-yearly satisfaction survey and regular meeting with management. Where concerns were raised about the serviced provided or the environment. An action plan was developed and progress was communicated back to people who had raised the issue.

Communication with staff was good. Regular staff meetings were held to share learning and develop ideas across the whole staff group. Daily handover meetings ensured important information was shared.