Broadening Choices For Older People

Robert Harvey House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection visit which took place on 22 and 26 June 2017. We last inspected this service on 01 and 02 December 2014 where the service was meeting all the regulations.

Robert Harvey House currently provides nursing care and support for a maximum of 52 people who live with dementia, physical disability, alcohol/drug dependency or mental health conditions. At the time of our inspection 46 people were living at the home. Accommodation is provided over two floors. There are lounges, rest spaces, dining areas and a themed room. Every bedroom was bright and spacious with en-suite facilities.

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 and associated Regulations about how the service is run.

During this the inspection, we found the provider had thoughtfully designed the building with excellent facilities and staff demonstrated strong values that promoted person centred care. We corroborated this when we toured the building and talked with people and relatives.

People who lived at the home were kept safe. Staff were trained to identify signs of abuse and supported by the provider's processes to keep people safe. Potential risks to people had been identified and appropriate measures had been put in place to reduce the risk of harm. People were supported by sufficient numbers of suitable staff that had been recruited safely. People received their medicines as prescribed.

Staff worked within a highly trained team and were given the time to support people. This ensured people received care and support from staff that had effective skills to consistently meet people's needs. Staff received regular supervision and appraisals, providing them with appropriate support to carry out their roles. We saw staff treated people as individuals, offering them choices whenever they engaged with people. Staff sought people's consent for care and treatment and ensured people were supported to make as many decisions as possible. Where people lacked the mental capacity to make informed decisions about their care, relatives, friends and relevant professionals were involved in best interest's decision making. Therefore, the provider had acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Food standards were to a very high level. When we discussed the quality of meals with people and their relatives, they said food was of a very high quality. The kitchen staff ensured there were effective processes in place to support people with their nutritional needs. People spoke positively about the choice of food available. Staff supported people who were living with dementia to eat and drink to maintain their health and wellbeing in a caring and sensitive way. People were supported to access health care professionals to ensure that their health care needs would be continuously met.

People and relatives told us that staff were kind, caring and friendly and treated people with dignity and respect. The atmosphere around the home was tranquil, warm and welcoming. People were relaxed and staff supported people in a dignified way. People and relatives told us they were well supported by staff and the management team and encouraged to maintain relationships that were important to people. People's health care needs were assessed and regularly reviewed. Relatives told us the management team were good at keeping them informed about their family member's care. People were supported by a dedicated activities team that provided excellent opportunities to optimise people's social and stimulation requirements. People and their relatives told us they were confident that if they had any concerns or complaints they would be listened to and matters addressed quickly.

The management team had a number of systems to gain feedback from people living at the home, relatives and visitors. This included resident/relative meetings, satisfaction questionnaires, regular reviews and a suggestion box. People, their relatives, staff and visiting professionals told us the home was well organised and 'exceptionally' well-led. We saw that the management of the service was stable and that the registered manager and care manager carried out regular audits. The provider had established management systems to assess and monitor the quality of the service provided.

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 continues to be safe.

People were kept safe from risk of harm because staff understood their responsibilities to keep people safe and where any risk was identified, appropriate actions were taken by staff.

People were supported by sufficient numbers of staff that were safely recruited. The provider deployed additional staff to adapt to people's changing needs.

People were supported to receive their medicines safely.

Is the service effective?

Outstanding

The service was highly effective.

People received high standards of care from staff who understood their needs and preferences. The provider had an appreciation of high standards of training and staff were encouraged to participate in their ongoing training programme and keen to learn new skills and increase their knowledge and understanding.

Staff sought people's consent before providing care and support. There were processes in place to ensure that decisions were made in people's best interest.

People were supported to eat a healthy diet which promoted their wellbeing. People thoroughly enjoyed their food and staff made sure people's personal preferences were taken into account. People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

People were supported to access health care services when required because the provider recognised the importance of seeking advice from
community health and social care professionals so that health and wellbeing was promoted and protected.

People lived in an environment that was thoughtfully designed

and supported those living with dementia.

Is the service caring?

Good

The service continues to be caring.

People were treated with dignity and respect by staff.

Staff were seen to be involved and motivated about the care they provided.

People were supported by staff that knew them well and knew how people preferred to be supported.

Is the service responsive?

Good

The service continues to be responsive.

People were involved in the planning of their care that was regularly reviewed.

People received exceptional high standards of care from staff that showed they had an excellent understanding of the people they cared for, which promoted their health and wellbeing and enhanced their quality of life.

The provider that went to great lengths to ensure people were supported to engage in activities they enjoyed. The design and layout of the home enhanced people's personal experiences and was responsive to the needs of people who lived with dementia.

People and their relatives were confident that any complaints would be listened to and acted upon quickly.

Is the service well-led?

Good

The service continues to be well led.

People, relatives and staff were actively encouraged in developing and running the service.

Staff told us the management team motivated them and led by example.

Quality assurance processes were in place to monitor the service so people received a quality services.

Robert Harvey House

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 unannounced inspection took place on 22 June 2017 with a second announced visit on the 26 June 2017. The inspection team consisted of one inspector, an expert by experience and a specialist advisor on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisor was a qualified nurse who had experience of working with older people living with dementia and/or mental health difficulties.

Before our inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned within the required timescale. As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us, to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

As part of our inspection we spoke with nine people, 11 relatives, two health care professionals, the registered manager, the care manager, an external consultant and 12 staff members that included nursing, care, kitchen, domestic staff and students. Because a number of people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a 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 around the building to check environmental safety. We also looked at records in relation to four people's care and medication records to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment files to check staff were recruited safely. The provider's training records to check staff were suitably trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a quality service.

Good

Is the service safe?

Our findings

Everyone spoken with told us Robert Harvey House was a safe environment for people to live in. One person said, "Yes, it's safe here." Another person told us "Everything here makes me feel safe." A relative told us, "If I didn't think [person's name] was safe I wouldn't let him live here." Another relative said, "I haven't got any worries [person's name] is always safe." Another relative explained to us their experience of previous homes their family member had resided in and continued to tell us, "This home is the safest, I don't have to worry, I can sleep at night and I don't dread to see their [the home's] number on my phone. We all feel reassured that dad is safe and well cared for here." A visiting professional explained to us they felt the home was a 'very safe environment' and confirmed they had never seen anything that would give them cause for concern.

Staff spoken with told us they had received safeguarding training and were clear on what their responsibilities were for reporting any suspicions of abuse. One staff member said, "I've never seen any poor practice here but if I did I wouldn't hesitate in reporting it to the nurse on duty." Another staff member explained, "We know people very well and we could tell if something was wrong by the way they reacted to you, you know if they pulled away or flinched when someone was close to them, then we'd know something wasn't right." We noted one incident had been investigated as a complaint when it should have been reported to the local authority. We reviewed the action taken by the provider and found appropriate action had been taken to safeguard the person and measures were put in place immediately to reduce the risk of any reoccurrence. Following our inspection site visit, the registered manager contacted the local authority to discuss the incident and they agreed the action taken the registered manager had safeguarded people and no further action was required.

Risks to people were thoroughly assessed and measures were put in place for staff to follow to keep people safe from risk of harm. For example a number of people had been assessed as having a high risk of developing sore skin. We found there were safe systems in place that showed people had been regularly repositioned to alleviate pressure on their skin which had been clearly documented. The risk assessments had been reviewed regularly and the care plans had been updated as people's needs changed. We visited one person in their room and they told us "The staff make sure I don't stay in the same position for too long as it is not good for my wound, it is getting better and I hope to be able to get out of bed soon." Another resident was also nursed on a special air mattress that helps to alleviate pressure. We saw evidence from a healthcare professional that stated how 'pleased' they were that a pressure wound had healed in 'such a short space of time' and that this was 'reflective of good nursing care.'

The Provider's Information Return (PIR) stated that the home had an upgraded fire alarm system installed five years ago. We saw there was a recent fire risk assessment in place and fire drills were taking place at regular intervals. The home carried out weekly fire test checks on the fire alarm system, checking emergency lights, fire doors, fire extinguishers and exit routes. This helped to make sure the fire safety arrangements in place at the home were effective. The home was well maintained with current maintenance certificates in place for gas safety, the electrical installation, the passenger lift, mobility hoists, bath hoists, portable appliances, the fire alarm system, emergency lighting and fire extinguishers. There were also personal

emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the home in an emergency. Staff spoken with knew what action to take in the event of an emergency, for example if there was a fire or if a person began to choke. One staff member explained, "If we saw anyone choking the first thing we would do is hit the emergency alarm and everyone reacts quickly." Another staff member explained, "I have had to help someone once, I slapped them on the back and thankfully that worked."

The PIR stated the staffing levels represented the dependency levels in the home and on occasion agency staff were used to cover planned and unplanned absences. One person we spoke with said, "There are loads of them [staff]." Another person told us, "When I press the call bell sometimes they [staff] come quicker than other times, it depends on what time I press the buzzer because sometimes they are busy with dinners or something and it can take them longer." One relative we spoke with told us, "I think there is enough staff." Another relative said, "Yes, there are enough staff although I'm only here a short time but there seems to be plenty around." All the staff spoken with said there were enough staff to support people. We saw staff responded to call bells quickly and provided care and support to people in a timely manner.

Staff told us they had pre-employment checks completed before they started to work at the home. The provider had a recruitment process in place to make sure they recruited staff with the correct skills and experience. Three staff files we looked at showed all the pre-recruitment checks required by law were completed, including a Disclosure and Barring Service (DBS) check and references. The DBS check helps employers to make safer decisions when recruiting and reduces the risk of employing unsuitable people.

The PIR stated that only qualified nurses administered medicine to people living at the home. People we spoke with told us they received their medicine as prescribed by their doctor. The senior nurse on duty checked the Medication Administration Records (MAR) charts to identify any errors or omissions. If any were identified this enabled staff to deal with them immediately. We looked at five MAR charts, the controlled drugs book and saw these had been completed correctly. Medicines coming into the home had been clearly recorded. Medicines were stored safely and there was an effective stock rotation system in place. We saw that staff supported people to take their medicines safely and found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way.

Outstanding ☆

Is the service effective?

Our findings

The home was designed over two floors and considerable work had been carried out in line with best practice to meet the needs of people living with dementia. The provider and staff recognised that people's needs should form the basis of how the space at the home was used. For example, inside the home parts had been adapted to provide areas for stimulation where people could engage with and touch items of interest, such as toys and other objects they may have been familiar with in years gone by. We saw people would sit and relax in the additional chairs that were positioned at frequent points along the corridors, this helped to aid the person's comfort and relaxation. We could see from people's demeanour and expressions they were content and relaxed. The corridors were designed to enhance people's memories, for example, there were period style pictures displayed throughout the home to stimulate people's memories. There were separate areas that had kitchen and coffee making facilities where families could, for example, cater for their relative's birthday in a large and spacious conservatory. We were told by people and relatives this was a well used space to spend time with their relative. This supported people to maintain relationships that were important to them and reduce social isolation. The provider had created an additional area within the home for people to relax and watch films. This was an area with themed pictures, a large screen television and leather Chesterfield chairs. We were told the lounge area was used by people for films and popcorn and ice-cream were provided. The lounge area was also used by anyone who wanted to relax and watch regular sporting events such as football. One person told us how much they enjoyed the 'pie and pint' evening when they watched sporting events.

In the garden, there was a complete 'Sensory Street' that replicated well known landmarks. For example, a traditional red telephone box, and fully equipped shops (sweet shop, butchers and a coffee shop) where people and their relatives could relax with a coffee, tea and cake. We could see people who walked or were taken around the street were relaxed and happy and engaged with their environment that enhanced their well being. One person told us, "We do use the garden a lot, I think it is wonderful." Another person said, "It's lovely, (the home) where else would you get all this (outside facilities) and we can go out in the mini bus too." A relative said, "At mum's last home she wouldn't go to bed and slept in a chair but when she came here she went straight to the bed, that's how relaxed she felt. She is always out in the garden walking around with staff behind her to keep her safe. She's come on so much since living here, she's a different person."

In addition to the sensory street there were three bird aviaries with parrots that greeted visitors with "hello". A separate, fenced area for ducks and three separate animal enclosures that was home to two small goats and guinea pigs. The smaller animals would be taken into the home and people were given the opportunity to stroke them if they wished and sit with the small animals on their laps. One person told us, "I love stroking the guinea pigs, they make little squeaks (laughing)." A staff member explained this type of 'pet therapy' was very popular with people living at the home and was an effective way of helping people to relax. Another person said, "I look forward to seeing the animals because I don't always get to go out." (Due to being currently nursed in bed). A relative said, "The grandchildren absolutely love it here, they take [person's name] out into the garden to go and look at the animals, I don't know of another home that has all these facilities for people to enjoy. If you were to ask me, I'd say this place is outstanding."

People living at the home, their relatives and health care professionals we spoke with consistently praised the skills of staff working at the home. One person we asked if they felt staff had sufficient training to support them, told us (smiling), "Yes, yes, yes they're [staff] good people you know." Another person said, "I would say staff are well trained, I've not found any who aren't sensible, all are nice and friendly." A relative we spoke with explained, "They [staff] do understand my relative's needs very well and I can't fault them". Another relative commented, "I can honestly say the staff do a truly difficult job, they are all marvellous and look after dad very well."

The Provider's Information Return (PIR) stated that effective training measures were in place to ensure the service was responsive to meet the needs of people living at the home. For example, we saw nurses had been trained in phlebotomy within the last twelve months. This additional training ensured that any required blood samples could be taken by nurses at the home, at the earliest opportunity and this minimised delay in any treatment that may be required. A visiting GP was particularly complimentary about the 'unusual practice' of nurses working at nursing homes, being trained Phlebotomists. Phlebotomists are people trained to draw blood from a person for clinical or medical testing, transfusions, donations, or research. This demonstrated there was proactive support in place for nursing staff to develop their knowledge and skills; and not a practice seen in many nursing home. This practice had benefited people who were living with dementia and found changes in environment distressing. For example, one person could become distressed when it was necessary to check their bloods. Before the nurses had their training, the person would have to endure the disruption of being taken to the doctor's surgery for their bloods to be taken and this caused them distress and upset. Since the nurses had received their training, the person was not put through the ordeal of being removed from their preferred setting to an environment they were unfamiliar with and were supported by nursing and care staff they were familiar with. This had a positive effective on the overall mental health and wellbeing of the person and ensured they were not unduly distressed when their bloods had to be taken.

The provider recognised the highly important skills of its workforce and encouraged staff to progress. This was supported through the provider's re-accreditation of its 'Investors in People' status since the last inspection. The Investors in People Standard is underpinned by a rigorous assessment methodology and a framework which reflects the very latest workplace trends, essential skills and effective structures required to outperform in any industry. We found people living at the home were supported by suitably trained care and nursing staff because the provider ensured training, specialist skills, knowledge and support were available to ensure staff could support people effectively. For example, we saw staff paid close attention to ensuring the home environment was right for people. They ensured the atmosphere at lunchtime was calm and relaxed to encourage people to eat. When people showed signs of distress staff ensured they received support to help them be become calmer. Staff understood the most effective ways of working with individuals, and how each person communicated, to achieve good outcomes. When new staff started working in the home they commenced a detailed induction programme where they worked alongside experienced staff to ensure they developed the skills and knowledge needed to support people. The induction, although not directly linked to the care certificate, was geared towards supporting people to live their lives in the way they chose, with the emphasis not just on safety but on person centred individualised support. The provider's training programme did combine the standards set out in the care certificate into their own corporate training programme. The care certificate is an identified set of standards that aims to equip health and social care support workers with the knowledge and skills they need to provide safe and compassionate care.

We saw there was a comprehensive training programme available to staff using external and internal resources and on line learning modules. We saw there was an on-going training programme of development to make sure that all staff training was up to date. These included health and safety, fire

awareness, moving and handling, emergency first aid, infection control and safeguarding. One staff member told us, "The training we get is very good, we have it all the time, there is always something new to learn." Another staff member said, "We get a lot of training, it's informative and you learn new things and if you have up to date training you can work better." A relative told us, "The care here is outstanding and provides me with the reassurance that [person's name] is supported and assisted by staff who are very well trained." It was evident the provider placed great emphasis upon staff training and in return this meant people benefitted from receiving an effective service.

In addition to the training and support offered to staff members, the registered and care managers explained how the service had also become involved in providing work placements for student nurses in partnership with a local university. The care manager and nursing staff had completed additional mentor courses to enable them to support students during the 10 week placements. One student nurse we spoke with told us she had 'thoroughly enjoyed' her time at Robert Harvey and said, "I had no idea nursing homes could be like this you hear so many horror stories but this place is amazing. I love it and when I've qualified I will definitely consider a career working in a nursing home."

Staff we spoke with told us there was a consistent approach to staff supervision. We found staff received regular one to one supervision from their senior member of staff and on-going support was available from the registered and care managers.

The PIR stated that people were supported to make decisions and choose what they did on a day to day basis. Staff understood the importance of seeking people's consent and offering them choice about the care they received. People we spoke with confirmed they got to make choices about aspects of their care and support, for example when and where they ate, how they spent their time and what social activities they did. People's choices were respected and we saw staff gave people information to enable them to make an informed choice. For example, we saw one person was unsure about taking part in an activity and the staff member politely explained what the activity involved and how much the person enjoyed it the last time they had participated. One person told us, "I really get to do what I like. (Pointing to a member of staff and smiling) is always around when I'm out here (in the garden) keeping an eye on me so I don't get into trouble (laughing)."

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 people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible. We checked the provider was working within the principles of the MCA. Staff we spoke with gave us examples of how they would obtain people's consent before supporting them. One staff member said, "You talk to people, ask them what they want or show them different choices so they can pick what they want." We saw where people lacked mental capacity to make certain decisions for themselves mental capacity assessments had been completed. This ensured that people were supported in the least restrictive way and their rights were being protected. 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw applications had been made to authorise restrictions on people's liberty in their best interests in order to keep them safe. This ensured the provider complied with the law and protected the rights of people living at the home.

Everyone we spoke with was complimentary about the quality of the food and people said, they were able to choose their meals and were supported to maintain a healthy diet. One person said, "If I don't like what

I'm given they [staff] will bring me something else." Another person told us, "The food is very very good much better than the place I was at before." A relative explained, "The food has always been to a very high standard." At lunch time we saw staff sat at tables with people in the dining areas, engaged in meaningful conversation whilst respectfully supporting those that required assistance. We saw staff reminded people of the choices of lunch available after each course. Food that was pureed or soft was presented in an appetising display of textures and colour. We saw staff were patient, for example one person had become upset and could not recall where they were. We heard the staff member explain quietly and calmly to the person they were at Robert Harvey House, that everything was alright and the person had their own room. The staff member continued to explain the person did not have to pay for their lunch and this reassurance helped the person to become relaxed and calm. We found the dining experience for people was positive and the atmosphere in all areas was calm and relaxed. There were menus and condiments on all the tables along with napkins that gave a restaurant feel to the mealtime experience. People could choose to eat in their rooms or in the dining rooms and drinks and snacks were made available throughout the day. In addition to staff offering people and their visitors fluids, we saw drinking facilities were also made available through a 'hydration station.' This facility provided hot and cold refreshments and was situated in the main lounge/dining area for the unlimited use of residents and visitors to the home. We saw this provided additional refreshments to people and their visitors without the need to keep asking staff which helped to promote people's independence.

People's nutritional needs were assessed regularly and there was information in people's care plans that detailed their nutritional preferences and needs. The care plans we looked at showed some people were at risk of losing weight and we found plans had been put in place to guide staff in how to support people to gain weight and prevent further weight loss. We found the chef had maintained the kitchen to a high standard and had all required documentation in place and it was up-to-date. We found advice was sought from dieticians and catering staff would add additional calories to people's food. One staff member told us who was at risk of weight loss and how they added additional calories to people's food. For example, the use of cream instead of milk. Additional support was also sought from speech and language therapists (SALT) where people had difficulty swallowing their food.

People we spoke with told us they were regularly seen by the doctor and health care professionals. One person said, "I've not seen the chiropodist yet and I am due an appointment now. The doctor comes in every Wednesday and I have my own hairdresser." Relatives we spoke with had no concerns about their family member's health care needs. A relative said, "The staff are on the ball, as soon as there is a change in [person's name] health, they're on it and will call the doctor." Health care professionals had told us staff identified quickly when people's health had deteriorated and staff would contact them quickly. This supported people to maintain their health and wellbeing. A visiting GP explained to us how 'exceptional' the care was in meeting people's individual needs.

Good

Is the service caring?

Our findings

People and relatives told us the staff were very caring, friendly and kind. One person told us, "There is nothing they [staff] wouldn't do for you," another person said, "Staff are very caring, very good." A relative told us, "I'd give this place 110%, it's excellent, they [staff] make you feel welcome, everyone knows who you are and related to, staff are always accommodating, I can't praise this place enough." We saw people were relaxed in the company of all the staff and engaged in friendly conversation. We saw that staff treated people with kindness and empathy; they spoke to people in a sensitive, respectful and caring manner. Staff understood people's communication needs and gave people time to express their views, listening to what people said. Staff were able to demonstrate in their responses to us that they knew people's individual needs, their likes and dislikes and this ensured people received individualised support and care.

People we spoke with told us they felt involved in decisions about their care and support needs. One person said, "They [staff] will get my things out and say would you want this or that on." Another person said, "I'm independent, if I don't want something, they [staff] know that." Staff explained how they encouraged people's independence and supported people who could not always express their wishes. Care plans we looked at included information about people's previous lives, their likes and dislikes and their individual preferences. This ensured staff were kept informed of any changes and people were supported to make their own decisions about their care and staff respected people's individual choices. The rooms we were invited into were bright, spacious and very personalised. A relative told us, "The bedrooms are clean and spacious, we have personalised dad's with mum and dad's own furniture."

Information was available in the home about independent advocacy services, although the registered manager confirmed no one was currently being supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes known.

People we spoke with told us staff respected their privacy and dignity. One person said, "Yes, staff do respect my privacy," another person said, "We are able to choose if you want a male or female carer, but it doesn't bother me, they're [staff] all very nice" We saw that staff took opportunities to engage with people. For example, by bending down to a person's eye level and ask them if they would like a drink, by touching a person's hand or arm to ask if they were ok and by popping in and out of bedrooms to check on people. Staff addressed people by their preferred names. Staff knocked on people's bedroom doors and announced themselves before entering. People chose to have their door open or closed and their privacy was respected. We saw staff used a privacy screen when assisting a person to ensure their dignity and privacy was respected. People were supported to make sure they were appropriately dressed and that their clothing was arranged to maintain their dignity.

The PIR stated the provider supported people living at the home to maintain relationships with family and friends and offered a subsidised meal for those who wished to come and share a meal with their relative. There was no charge for a spouse as the provider wanted to encourage husbands and wives to remain together as much as possible. Relatives we spoke with confirmed there were no restrictions on visiting. A relative told us "I am able to visit any time but I choose to come twice a day at lunchtime and tea time."

There were separate rooms and areas for people to meet with their relatives in private. We found people living at the home were supported to maintain contact with family and friends close to them.

Good

Is the service responsive?

Our findings

People were supported to live their lives in the way they chose, and in a way that helped them to feel valued. We saw that staff actively sought ways to tailor activities to people's interests and hobbies. Staff we spoke with told us how people's interests enabled staff to provide a personalised activities programme. They told us, "We have moved away from getting everyone in the main lounge to do the same activity, the information we have now helps us to ensure people's individual needs are met, it's far more personalised and much better for the person." For example, some people enjoyed gardening and the activities team had organised a regular activity of planting seeds in the raised flowerbeds and we saw vegetable food stuffs had been grown by people living at the home and this helped to feed the animals. Other activities people told us they enjoyed included a cinema afternoon/evening, quizzes, mini bus outings and music. Staff demonstrated innovative thinking when planning events for people to take part and enjoy. For example, on the first day of our inspection visit, the home was celebrating the Ascot races and the activities team were engaged with some people making hats for Ascot. One person told us, "Isn't this wonderful, do you like my hat?" A relative said, "There is always something going on somewhere, there's no time for people to be bored." We saw people were engaged in individual hobbies for example, reading the newspaper, a book and knitting. One person told us (smiling), "I've got my tablet that I play on, I have my books and I play scrabble."

Records were kept by the activities team of all activities and who attended them. Information was used to arrange room visits for those people who chose not to participate or were unable to leave their bedrooms due to their health needs so that people had the opportunity to engage in one to one activities to keep them stimulated and interested . It also helped staff to monitor people who may be unwell because they were not taking part in their usual routines and this information was passed to nursing staff. All of the activities team members were passionate about their roles and told us they had fun with people and they loved their jobs. They said the things they enjoyed most were seeing people participate in activities that were important to them and how this increased people's well-being. For example, one person, who was extremely independent, had been unable to weight bear when they first arrived at the home. We saw that through the person's own determination and exercise, with the support of staff, the person could now stand with the use of a stand aid. This enhanced the person's physical and mental health because they were actively involved in maintaining their individual support needs whilst regaining some of their independence.

We also saw there were IT tablets available for people to use and communicate with their loved ones who were not always able to visit due to living considerable distance from the home. One staff member explained how they also used their IT equipment to support the book club and how they would read to people.

We found the home had developed relationships with local organisations and community groups. Volunteers from the local community visited the home and spent time with people providing valuable social interaction for those people who did not have many visitors. This helped to reduce social isolation for people. The provider and registered manager also recognised the importance that community links would have on the well-being of people who lived at the home by offering them a wider group of people to engage and share experiences with. The registered manager told us they were also supporting a new venture in

partnership with the local GP which aimed to increase awareness of dementia through local information events.

People and relatives told us they were able to visit the home before they moved in. This gave them the opportunity to view the home in its entirety and experience the dementia friendly environment. One relative told us, "We came with mum and she loved it from the start, the wide corridors, the cleanliness of the place, the garden everything about it she loved. We were so pleased she was able to move in and she's never been happier." Another relative explained "Dad didn't want to go into a home but when we bought him here to visit, he said you can leave me I'll be fine and we haven't looked back since, he's so happy here." People and their relatives spoken with confirmed they were involved in the assessment and planning of their care and support and told us they were happy with how care needs were being met. One person said, "They [staff] do talk to me about my care." The registered manager told us that following the initial assessment a care plan was developed detailing the care, treatment and support the person required. This ensured staff understood the personalised support needs people required.

Care plans we looked at were person centred and included details of people's preferences and choices. For example, in one person's care plan they had chosen where they wanted to be cared for in relation to their end of life care and had chosen, 'not to go to hospital' and their wishes were respected. On speaking with staff, their answers demonstrated to us they had a good insight into people's personal routines and preferences. For example, we were told about one person who was withdrawn and lacked confidence. It was found the person enjoyed gardening. The person, with the support of staff, agreed to accept some of the responsibility to maintain the flowers/vegetables in the garden. Staff explained how the person was encouraged each day to water the plants. The person now actively waters the plants each day and leads a gardening committee to establish what should be planted throughout the different seasons. Through identifying the person's individual and specific interests, activities and exercise, staff encouraged them to become more involved in developing their own support needs that helped to maintain some of their independence and enhance their well being.

The PIR stated the home was a multi faith community that encouraged different religious ministers into the home to support people to maintain their faith and beliefs. We saw that people were supported to follow their faith and this was respected by staff who supported them with visits from representatives from their preferred places of worship according to their individual beliefs. Staff told us they referred to people's care plans, which were written to reflect people's individual care preferences, as well as providing staff with information about each person. There was guidance available that enabled staff to support people in their preferred way, which meant people received the care they requested. We saw the provider had a booklet available in the main reception that contained information to support people from minority groups, for example, lesbian, gay, bisexual and transgender (LGBT) community. The registered manager explained how the home had provided support to a same sex couple to ensure they maintained their relationship and quality of life that had enhanced their well-being.

People and relatives told us they were confident to raise any concerns or complaints and knew who to speak with if they were unhappy. One person told us, "Everyone would know if I'm not happy, they [the provider] have this open door policy and I can just go and talk to them." Another person said, "I am very happy here and have no complaints." We reviewed the complaints file which contained an up to date policy and found complaints were acknowledged, investigated and resolved to the satisfaction of the complainant. The registered manager told us complaints and concerns were taken seriously and used as an opportunity to learn and improve the service. Feedback was actively sought from people living at the home and their representatives. A 'suggestion box' was positioned in the main entrance to the home for the use of visitors and staff if they wanted to make a suggestion about how the service could be improved, but no

improvements had been suggested. The registered manager said this was due to them being able to respond quickly to any concerns. This showed that by having a daily presence in the home, the registered manager was proactive in dealing with any concerns and this helped to avoid anxiety for people living at the home as well as visiting relatives.

Good

Is the service well-led?

Our findings

Everyone was very complimentary about the service describing it as, 'excellent,' 'brilliant,' and 'outstanding.' One person said, "I think this home is outstanding." A relative told us, "I don't have enough verbs to describe how brilliant this home is, dad's not asked to go home in fact he tells me 'what would I want to go home for, I've everything I need here', I mean, that says it all doesn't it." We saw that people approached the registered manager and other staff freely. We saw the registered manager had a presence around the home, supporting people and speaking with people and visitors. A staff member told us, "[Registered manager's name] always helps out, they're pretty hands on." A relative told us, "I sit and chat with [registered manager's name] they're always about, everyone smiles and says hello to you, they make you feel so welcomed."

Staff told us they felt like a team and were motivated and committed to providing a personalised service to the people living in the home. Staff said the management team were knowledgeable and led by example. One staff member told us, "I love it here, there is plenty of support and we run a smooth service." Another staff member said, "We have fun, we have our team meeting every month it's good."

People told us they attended meetings at the home and records we looked at confirmed this. Relatives said they attended events that took place at the home and they were encouraged to participate through emails and face to face discussions. People were encouraged to give feedback on the quality of the service and this feedback was made available for visitors to read as it was clearly displayed in the main reception area. The provider also encouraged visitors to use the public review website www.healthwatchbirmingham.co.uk which gave the service a rating of five stars. Comments included, 'The facilities for residents are fantastic. A small zoo and street scene give normality to this care home. Staff are all helpful and make visitors welcome.' 'My Mum has been living at Robert Harvey for over five years, it's so comforting to know that she is well looked after and all of her needs met.' 'A wonderful kind and caring place. All staff are a credit to the home.'

There was a registered manager in place and the conditions of registration were met. It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. We had been notified about significant events by the provider and we saw where accidents and injuries had occurred appropriate treatment and observations had been put in place to ensure the person's safety and no long term injuries had been sustained. We found there had been some inconsistencies in notifying us when applications had been agreed by the Supervisory Body to lawfully restrict a person, in their best interests to keep them safe. The registered manager explained there had been significant delays in some applications being approved and this had impacted on the provider notifying us. On the day of our visit, the care manager introduced a new monitoring sheet to identify the outstanding applications more clearly and tracked their progress with the Supervisory Body. Further discussions with the registered manager demonstrated to us that they were aware of their legal responsibilities and what these meant for the service.

Staff members we spoke with told us the management team were approachable and if they had concerns

regarding the service, they could speak with them. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, CQC. Staff told us they were aware of the provider's policy and would have no concerns about raising issues with the provider or registered and care managers and if it became necessary, external agencies. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

The PIR explained how the provider had quality monitoring and audit processes in place to ensure the service was well-led. We saw, for example, that regular audits of care plans, people's medication, health and safety checks around the home were completed by the management team. Following the audit, an action plan, where appropriate, was developed that detailed how they would address any identified shortfalls. This demonstrated the provider had procedures in place to monitor the service to check the safety and wellbeing of people living at the home.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found the provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.