

Greensleeves Homes Trust

Harleston House

Inspection report

115 Park Road
Lowestoft
Suffolk
NR32 4HX

Tel: 01502574889

Website: www.greensleeves.org.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Harleston House is a residential care home that provides care for up to 39 older people. Some people using the service were living with dementia. At the time of this unannounced inspection of 12 November 2018, there were 38 people who used the service. This service was registered on 7 December 2010.

At our last inspection on 20 April 2016, we rated caring as outstanding and the service overall as good. At this inspection we found that the service had continued to develop and improve, with caring, responsive and well led now rated outstanding. The overall rating for the service is outstanding.

A registered manager was in post at the time of our inspection. 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.

People were at the heart of the service; receiving outstanding care that was personalised to them, taking account of their individual needs and wishes. Without exception people, relatives and professionals were full of praise about Harleston House. They were extremely complimentary about the approach of the staff and the management team, describing them as incredibly kind, compassionate and respectful towards them. People and relatives shared numerous examples of how compassionate and dedicated staff repeatedly went the extra mile to ensure they were extremely satisfied with all aspects of their care. This included taking the time to ensure every small detail of the care provided met the person's individual needs and wishes to provide a positive outcome for the person. Everybody we spoke with said that they would highly recommend the service.

Harleston House was exceptionally well led. There was dynamic and effective leadership within the service. The service was organised and extremely well run, with an open, transparent and empowering culture. Morale in the service was extremely high, at all levels within the service.

Staff were proud to work at Harleston House and were remarkably motivated and enthusiastic about delivering high quality care. The registered manager led by example and was passionate and committed to ensuring people received tailored care to meet their diverse needs. They were visible and hands on in the home, supported by a management team that demonstrated a holistic approach to achieving positive outcomes for people through person centred care. The registered manager had clear oversight of how the home was meeting people's physical, emotional and social needs. They effectively demonstrated how their robust quality assurance systems had sustained continual development and improvement at the home.

All the staff continued to be extremely compassionate, attentive and caring in their interactions with people. They consistently promoted and encouraged people's independence and treated them with the utmost dignity and respect. Staff understood the importance of obtaining consent when providing care. 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.

Ensuring people received care and support tailored to meet their individual needs to enhance their quality of life was integral to the ethos of the home. Staff demonstrated an enhanced understanding about people's choices, views and preferences and acted on what they said. An enabling and supportive culture focused on meeting the diverse needs of people had been established and was clearly documented in people's care records.

The staff and management team were exceptionally responsive to meeting people's needs. People were actively involved in contributing to the planning of their care and support. This was regularly reviewed and adapted to meet changing needs. People were encouraged and supported to pursue their hobbies, participate in a wide range of meaningful activities that they chose, enabling them to live as full a life as possible.

People enjoyed a positive meal time experience and were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

People knew how to complain and share their experiences. Their views and opinions were actively sought, valued and listened to. Concerns and complaints were thoroughly investigated, responded to and used to improve the quality of the service.

The service continued to provide a safe service to people. Effective systems were in place intended to minimise the risks to people, including from abuse, falls and with their medicines.

Staff fully understood their roles and responsibilities in keeping people safe. They were trained and supported to meet people's needs. Staff were available when people needed assistance and had been recruited safely. Where people required assistance to take their medicines there were appropriate arrangements in place to provide this support safely.

The design and layout of the building was hazard free, clean and in a good state of repair with equipment maintained. People's individual needs including those living with dementia were met by the design and decoration of the home. Consideration had been given to providing points of interest and stimulation along with quieter tranquil areas in the building to create a safe, homely and easily understood environment.

The service had a quality assurance system and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

The registered manager demonstrated an open, reflective leadership style working in partnership with other stakeholders to drive continual improvement within the service and local community. Feedback from healthcare professionals cited collaborative and highly effective working relationships.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Established systems protected people from the risk of abuse and harm.

Risks had been assessed and were regularly reviewed with guidance provided to staff on how to manage risks and keep people safe.

There were sufficient numbers of staff who had been recruited safely and who had the skills to meet people's needs.

People's medicines continued to be managed safely.

People were protected from the risk of infection.

Is the service effective?

Good 

The service was effective.

Staff had the skills, knowledge and experience to meet people's needs fully.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

The staff worked well as a team and with other organisations involved in people's care to provide a consistent service.

People were supported to have access to health professionals where needed.

The home had been adapted and designed to meet people's needs.

Staff acted in accordance with the Mental Capacity Act 2005 and ensured people's rights were respected and upheld.

Is the service caring?

Outstanding 

The service continued to be exceptionally caring.

Without exception feedback from people and relatives about the approach of all the staff was extremely complimentary.

Staff were consistently kind, caring and compassionate. They promoted people's independence and treated people with dignity and respect.

People's views on their care was encouraged and they were offered choice and had control over their care.

Staff understood how people wanted to be supported and had a thorough understanding of each person's likes, dislikes and preferences.

People could have friends and family visit without restriction.

Is the service responsive?

The service was exceptionally responsive.

People were at the heart of the service and received exceptional care that was personalised and tailored to meet their individual needs and wishes.

People were actively involved in contributing to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People were encouraged and enabled to pursue their hobbies, individual interests and to participate in activities of their choice and enjoy a quality of life.

People knew how to complain and share their experiences. Their views and opinions were actively sought, valued and listened to. Feedback about the home was extremely complimentary.

Concerns and complaints were thoroughly investigated, responded to and used to improve the quality of the home.

People's preferences about their end of life care were documented.

Outstanding 

Is the service well-led?

The service was outstandingly well-led.

Dynamic leadership was demonstrated at all levels. The registered manager promoted the highest standards of care and support for people; delivered by an extremely passionate and

Outstanding 

highly motivated workforce.

People and relatives expressed confidence in the management team. The registered manager was visible and accessible in the home.

There was an open and transparent culture at the home. All the staff described being well supported by the registered manager and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to continually monitor and improve the quality and safety of the service provided.

The management team worked effectively in partnership with other stake holders to improve the lives of people they cared and supported.

Harleston 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection was carried out on 12 November 2018, by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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.

We reviewed information we had received about Harleston House such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority, commissioners and members of the public.

We met and spoke with 11 people who lived in the home, six relatives and two visiting healthcare professionals. Some people had complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures and used communication aids. We observed the interactions between staff and people. We spoke with the management team which included the registered manager and deputy manager. We spoke with 11 members of staff including care, domestic, activities, catering and maintenance. In addition, we received electronic feedback from eight members of staff, two relatives and three community professionals.

To help us assess how people's care needs were being met, we reviewed five people's care records. We also looked at records relating to the management of the home, recruitment, training, and systems for monitoring the quality of the home.

Is the service safe?

Our findings

At our last inspection safe was rated as good. At this inspection we found that his rating had been sustained and people continued to be provided with a safe service.

People told us they felt safe and protected living in Harleston House. One person commented, "I do feel safe here, there is always someone about to help me when I need it. If I need anything I can just ask or if I press my buzzer [alarm pendant] they [staff] come very quickly. I don't need to do that very often." Another person told us, "I feel secure here and have no concerns. If you need any help at any time there is always someone [staff] about to help you and if you need any help at night I just need to press my buzzer." A third person commented, "I feel very safe here. I had a lot of falls before I moved here. The carers moved my furniture around in my bedroom so I can move around more safely." A relative told us, "[Family member] is very safe here. We have no concerns. There are always plenty of staff that make sure she gets what she needs when she wants it."

Staff and the management team continued to demonstrate understanding of how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. We found that lessons were discussed and disseminated to staff through team meetings and internal communications, so that prevention strategies could be used to prevent others experiencing similar events. All the staff we spoke with told us that they had received training in safeguarding. Training records we looked at confirmed that staff had attended this training.

People and relatives confirmed that appropriate information was provided if they raised any concerns. Information about keeping people safe was promoted, highly visible and provided to people in line with the Accessible Information Standard. This law aims to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need.

We saw that people were safe in the service and comfortable with the staff who supported them. Staff assisted people, where required, to maintain their safety. This included helping them to mobilise safely, using appropriate equipment and ensuring they had access to their walking frames to reduce the risks of falls.

Risks to individuals continued to be effectively managed. People had accurate and up to date risk assessments to guide staff in providing safe care and support. This included nationally recognised tools for assessing any nutritional risks or risks associated with pressure damage to the skin. People who were vulnerable because of specific medical conditions such as diabetes, Parkinson's, types of cancer and dementia had clear plans in place to manage these conditions. This guided staff as to the appropriate actions to take to keep them safe. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. A visiting healthcare

professional told us, "This is one of the best homes we deal with. Staff are fully aware of people's needs and associated risks to their health, safety and wellbeing. They make appropriate referrals and follow instructions. We have no issues."

All known environmental risks had an associated risk assessment in place which informed staff how to mitigate risks within the service. Moving and handling equipment was regularly serviced to make sure it was safe and fit for purpose. Gas, electricity and water supplies were routinely inspected to ensure they were safe. Fire extinguishers and fire alarms were regularly checked and weekly tests of the fire alarms took place. We saw that each person had a personal emergency evacuation plan in place. This plan detailed the support that each person would require to safely evacuate the building in the event of a fire.

People and their relatives told us that there were always sufficient numbers of staff to meet their needs. One person said, "There are plenty of carers here to help you with anything you need. Get you a drink, have a chat, take you to the toilet. Whatever you want... even in the middle of the night. I have never had to wait long and am never rushed." Another person said, "There are more than enough carers that if you need something even in an emergency it doesn't disrupt the routine of the home."

Our observations showed people were supported by sufficient numbers of staff. People's requests for assistance were responded to in a timely manner. Staff told us they had time to meet people's needs and to spend quality time with them. People received continuity of care and support through an established workforce that knew people well and understood their needs.

A dependency tool was used by the registered manager to calculate the number of staff required based on people's individual needs. They told us that this was reviewed regularly with systems in place to cover any unplanned staff absence such as sickness. They shared with us recent examples of how they had increased the levels of staff to support people when needed, for example following a discharge from hospital, attend healthcare appointments, activities within the home and accessing the community. Conversations with staff, information received from health and social care professionals plus records seen confirmed this. This showed that effective measures were in place to ensure that there were sufficient staff consistently available to meet people's assessed needs.

Safe recruitment procedures were in place. The staff personnel files we looked at confirmed that appropriate references had been sought and that satisfactory checks from the Disclosure and Barring Service had been obtained. This meant the service had checked that prospective staff members were of good character and suitable to work with the people who used the service. Staff told us and records showed they had not started working in the service until all the checks had been completed.

People's medicines continued to be safely managed. One person shared with us, "I take a lot of tablets each day and they [staff] always make sure that I take them and get them on time." A relative said, "[Family member] gets their tablets on time and they [staff] always wait until she has taken them." Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. We observed two members of staff at different times of the day administering medicines appropriately. One member of staff described to us how they organised their medicine administration round to ensure time sensitive medicines, such as those for Parkinson's' disease were given on time to maximise the benefit to people. People's preferences about how they liked to take their medicines were documented in the medicines folder.

People continued to be protected from the prevention and control of infection. The home was clean and hygienic throughout. Staff had received the training they required and knew what they should be doing and

who to inform if there was a notifiable outbreak of any description. There were systems in place to reduce the risks of cross infection.

Incidents had been recognised and action was taken to make improvements. The registered manager was open and transparent in communication. Although no recent concerns had been reported, the registered manager said if any occurred they would review the actions they had taken to improve the quality and safety of the service provided to reduce the likelihood of them happening again. Staff demonstrated an understanding of accident and incident reporting procedures.

Is the service effective?

Our findings

At our last inspection effective was rated good. At this inspection we found that the service had sustained this rating and continued to provide people with effective care that met their needs.

People's care needs continued to be assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This considered their physical, mental and social needs and records seen were regularly reviewed and updated.

People told us the staff were competent and well trained to meet their needs. One person said about the staff approach, "I do feel they know what they are doing, certainly when they do things for me." A relative commented, "The staff certainly know what they are doing and they know how to interact with my [family member] which can be difficult." Another relative told us, "The training the staff have received is very good. They are all trained to a high standard and it shows when they do things for our [family member] such as helping her move from one place to another."

A culture of developing staff to reach their potential had been established. Effective systems ensured that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Discussions with staff and records showed that staff were provided with the provider's mandatory training to effectively meet people's requirements and preferences, including regular updates. Training was linked to the specific needs of people. For example, diabetes, falls awareness, stroke awareness, Parkinson's, pressure care, end of life and an accredited course recognising the importance of providing older people with a quality of life through a person-centred approach. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

People continued to be supported to maintain good health. Conversations with people, staff and records demonstrated that the staff sought advice or support from health professionals when they had concerns about a person's wellbeing. One person said, "If I need to see the doctor then I can ask. If the staff think I need to see the doctor then they will have a chat with me." Another person said, "I can see the nurse or doctor whenever I need to see them. They visit here regularly." A weekly in-house clinic was in place where the staff provided support for minor ailments and flagged up to the visiting nurse practitioner more concerning issues. A GP visited the service later that day for people that needed the attention of a doctor. The weekly clinic had resulted in positive impacts and interventions for people, such as effectively managing their weight loss, nutrition, falls, pain and skin conditions.

People enjoyed a positive meal time experience and were supported to maintain a balanced diet. They told us they were satisfied with the food they were served. One person said, "I really enjoyed the lunch, it's a real social event which is a very special part of the day." Another person told us, "The food is very good here and I get a good choice and three courses for lunch." A relative commented, "The food always looks nice and staff help her with the food. It needs to be pureed, but they [kitchen staff] present the food really beautifully so that it looks like a proper meal." Another relative said, "The food is brilliant here. They go the extra mile in preparing her soft diet." Where people required assistance with their meal this was provided sensitively and

without interruption. During the lunch time meal, we saw that three people used adapted plates and cutlery so they could eat independently. Following the meal, the chef came out to obtain people's feedback and to check what people wanted to eat later that day. They told us that they were kept informed of people's dietary requirements and preferences and kept records including known allergies and how people's food should be prepared to meet their needs. Our observations and records showed that appropriate action had been taken by the service in response to specialist feedback given to them regarding people's dietary needs.

The design and layout of the home and garden was appropriate to meet people's needs. There were peaceful areas in the home for people to relax and enjoy the quiet. Equally, consideration had been given to providing points of interest and sensory stimulation for the people who lived there. For example, a corridor near the main entrance was decorated to resemble a woodland scene, complete with a bench for people to sit and to enjoy the sounds of birds. At the bottom of one of the staircases a Hollywood 1950's era had been created, complete with props from films, a red carpet and photographs of actors and actresses. One person said, "I like to sit here, I feel glamorous, brings back memories of bygone days." There were areas for people to meet with their family and friends other than their bedroom. This included a room decorated as a vintage tea room located on the first floor. This was where some people chose to have their meals rather than the main dining room downstairs. One person said, "I like to eat my meals here. It is so cheerful and not so lively as downstairs. I bring my family here sometimes when they come to visit me."

Throughout the home appropriate signage was in place to enable people to move safely around the service. Activities boards were displayed which showed people the range of activities available. All bedrooms had clear numbers and coloured doors to assist people to find their room. Some had been personalised to aid orientation. Corridors were well lit and had hand rails to assist people to move about safely. The design and layout of the building was hazard free, clean and in a good state of repair with equipment maintained and fit for purpose. People's individual needs including those living with dementia were met by the design and decoration of the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's care records identified their capacity to make decisions. Staff had been trained in the MCA and DoLS and demonstrated they understood the MCA and how this applied to the people they supported. Throughout the inspection visit staff consistently sought people's consent before providing them with care or support, for example, with personal care or assisting them with their meal or medicines. A relative told us, "The staff always ask [family member] before they do anything for her and make sure that she is happy with it."

Is the service caring?

Our findings

At our last inspection caring was rated as outstanding. During this inspection we found that people continued to receive excellent care by kind and compassionate staff and were supported to have a meaningful and enjoyable life. The rating remains outstanding.

Without exception people, relatives and professionals spoke of the exceptional high standard of care provided by the service. The registered manager shared with us the philosophy of the service, "Harleston House is a home that prides itself on outstanding care and how we embrace who our residents are and what they want now as much as what they did and who they were."

A strong ethos of developing positive caring and enabling relationships with people and the staff had been fully established in the home. The registered manager supported by their management team and staff, promoted a sense of compassion and care for everyone who lived in the home. Emphasis was placed on building relationships of trust and friendships with people to keep them safe and to fully support them in line with their wishes, whilst promoting dignity and respect throughout.

People received excellent care in line with their preferences by thoughtful and compassionate staff. People described how they felt comfortable and at ease in their company and were full of praise about their conscientious attitude and approach. One person said about the staff, "The staff here are very kind-hearted, ever such a caring nature, I can't fault it." Another person told us, "They are all polite and nothing is too much trouble." A third person commented, "The staff are amazing, they bring joy to my life. They give me a reason to get up. They are fun and caring. They know us residents really well and they brighten my day." A fourth person described the positive impact the staff had made on their wellbeing, "I was lonely and depressed when I first came here. I had given up. I was painfully shy and scared. I had forgotten how to mix with people. They [staff] brought me out of my shell, spending time with me helping me to settle in and to make friends. My life is so much better. I look forward to each day and what it brings. My only regret is I should have moved here sooner."

Feedback from relatives about the approach of the staff was equally favourable. One relative commented, "The care my [family member] gets is excellent and we cannot fault it. They [staff] make sure that she gets the best care possible." Another relative shared with us, "The staff are very caring here. They set a fine example to other homes. The staff are very respectful and are always polite and courteous to residents and visitors." A third relative told us, "Nothing has been too much to ask of the staff. They have always gone the extra mile to accommodate both [family member's] and my needs. The staff are incredibly tolerant, compassionate and very understanding of the complexities dementia brings and have shown empathy even in very trying circumstances." A fourth relative commented, "This is a special place, truly nurturing and caring staff who are fantastic in everything they do for the people that live here. The home is full of kindness, laughter and love."

A relative shared with us their positive experience of the staff and registered manager's approach, "I have a lovely warm and friendly relationship with [registered manager] and all of her staff. [Registered manager]

has on many occasions comforted and reassured me when I've had a good cry when I've found [family member's] illness sometimes very hard to cope with."

There was a vibrant and friendly atmosphere in the home. Throughout our inspection we saw staff and management consistently engage with people in a kind and compassionate way, adapting their approach to meet people's individual needs. Interactions were extremely positive, consistently demonstrating dignity and respect and an enhanced understanding of people's individual needs. People living with dementia were spoken to in an appropriate way with staff taking time to pay attention, listen and understand what the person had said or communicated either verbally or through their body language, facial expression and gestures.

Throughout the inspection we saw that people were comfortable and relaxed in the presence of the staff and management team. They were seen smiling, chatting and laughing together. Staff understood people's individual communication needs and provided the necessary response and reassurance, when they needed it. For example, when one person became visibly upset when they could not find their baby [dementia therapy doll] worrying that something bad had happened. A member of staff provided immediate comfort and support, offering to walk with the person to their bedroom where they were sure the baby was sleeping. The person smiled and accepted the member of staff's arm and they walked towards the person's bedroom. Later we saw the person return to the lounge with their baby. We saw another member of staff reassure a person who had woken up and become distressed that they had missed their relative's visit to the home by falling asleep. The member of staff explained that the relative had not yet visited. They asked the person if they would like to speak to their relative on the phone and if they did they would help them to make the phone call. This reassured the person who said they were looking forward to their relative's visit. They told the member of staff they would wait until after lunch and then ring their relative if they hadn't arrived.

Staff helped people to safely mobilise around the home; holding people's hands to gently and patiently guide people to where they wanted to be. Staff used effective communication skills to offer people choices and to interact with them. This included consideration to the language used and the amount of information given to enable people to understand and process information. One person told us, "I adore all the staff and the manager. This is a wonderful place and I feel so lucky and proud to call it home. They [staff] appreciate us all. They don't treat us the same but recognise the differences that make us the human beings we are."

Staff were highly skilled at making incidental conversation to engage with people. They consistently treated people with compassion and took opportunities to interact with them and ask if they needed anything. Throughout the inspection we saw members of staff discreetly checking on people's wellbeing, as well as asking if they wanted a drink or a snack and when one person said they were cold, a member of staff went and got their favourite jumper for them. When the staff member returned with the jumper the person said thank you to them, smiled and winked at us and said, "They know me so well, see they got the right jumper for me."

People continued to be encouraged to be involved in the recruitment of new staff in a variety of ways that they felt comfortable with. This included preparing interview questions and being a part of the process. The registered manager explained how valuable the insight of the people who used the service had been in ensuring prospective staff were suitable.

We observed that people expressed their wants and needs and staff acted accordingly. Within people's care records we saw that they had been involved in their ongoing development. One person said, "I speak with the manager or my key worker from time to time and we go through the details of my care. If changes are needed we talk about it and it gets done. I am not a silent partner in all this." Respectful and dignified

language which valued people was consistently reflected in people's care records. Information was available to people in formats they understood to assist them in making decisions about their care. Where required this included access to independent advocacy services and healthcare services.

Feedback about people's experiences of living in Harleston House and that of their friends and relatives was not only used to continually develop the service and enhance people's experiences but also featured on an independent care home review website. At the time of the inspection Harleston House had been rated 9.8 out of a possible score of 10. Complimentary feedback included, "My [family member] has been in this home for over two years. I can say that they have improved by the care and attention the first-class staff have given, nothing is too much trouble for them. I would pick out for special praise the manager and the activities coordinator who keeps them all entertained. A first-class home. I wish all care homes were up to this standard."

People told us that staff consistently respected their privacy, dignity and independence. One person said, "I can wash most of myself but need help with certain areas. They [staff] help me to do what I can." The registered manager shared with us examples of how people's independence was maintained in line with their wishes this included being supported with daily tasks such as washing their own clothes should they want to. They explained how one person who had been washing their clothes in their bedroom before it came to their attention now had designated days to do their laundry and were supported to this by the laundry team. We saw that plans were being developed to enable a person who had a special diet to make their own meals in the home's kitchen. The person had told the registered manager that they missed cooking and preparing meals the way they liked. The registered manager had suggested that they work with the catering team to show them how they liked their meals made and to provide the kitchen with a list of foods and snacks they enjoyed. This way on the days when the person did not feel like cooking the catering team would be able to provide them with food to their liking. The person had agreed to this.

The registered manager shared several examples with us of where the service had worked closely with people, their relatives and other health and social care professionals, to ensure the person received compassionate care tailored to their individual needs. This included attending meetings to discuss strategies where concerns had arisen about a person's health and wellbeing. This had resulted in positive outcomes for the people concerned.

Feedback from community professionals about the care provided at the service was complimentary. One stated, "Harleston House is exceptional in providing quality care to their residents. The staff are diligent, thoughtful and caring in their practice." Another professional commented, "The feedback we get about Harleston House is always positive. I would happily place my relatives here as the quality of care is outstanding. Staff led by the manager are attentive and understand the needs of each person. I could ask any member of care staff here about a patient and they could give me a detailed update. They are that on the ball."

We saw visitors arrive throughout our inspection. They were welcomed by staff who recognised them and knew who they had come to visit. There were areas available for people to sit with their visitors without going to their bedrooms. One person's relative told us, "There are no visiting restrictions; we can come whenever we want. We have family who live all over the UK, it has never been a problem for them to come late at night or first thing to see [family member]. Door is always open, made very welcome it's very friendly and accommodating here. The staff are delightful, if they know family are travelling a long distance to see [family member] they will make sure there is a cup of tea and a snack when they arrive. Very considerate and thoughtful." Another relative commented, "We are able to visit whenever we want which gives us great flexibility."

Is the service responsive?

Our findings

At our last inspection the key question responsive was rated good. At this inspection, we found the service was highly responsive to people's individual needs and concerns resulting in positive outcomes. Therefore, the rating has improved to outstanding.

Staff and the management team were exceptionally responsive to meeting people's needs. Staff spoke with pride and passion about the people they cared for. People were consistently at the heart of the service and encouraged and supported to live active and fulfilling lives. They received outstanding care and support that was tailored and personalised to them. This considered their individual needs, wishes and aspirations. One person shared with us, "This place has showed me that you're never too old. You can do anything you want to, you just might need a little bit more help."

The registered manager continuously sought to improve and develop the home to ensure people were provided with personalised care of a high standard which enhanced their wellbeing. They shared with us how they had empowered their activities team to embark on a 'dreams come true' project. This provided people with an opportunity to do something important for that person to improve their wellbeing. Examples included, one person returning to the chip shop they once owned and serving customers, facilitating people who wanted to drive again in an indoor arena for learner drivers and enabling another person who was dying to be able to walk their dog.

The home collaborated with an early year's practitioner to provide fortnightly music therapy sessions. This involved a group of parents, toddlers and some of the people who lived in the home participating in meaningful music activities. One person said, "It is so lovely when the children come and see us, noisy but joyful." The activities leader explained, "It's been a working relationship and process since the summer and it's not something any of us has rushed into as there is much to consider when providing these sessions in a dementia care home." The registered manager advised that they were looking to increase the sessions as they had proved to be very popular with everyone involved. The success of the initiative has resulted in a positive feature in the local newspaper.

Within the home a strong ethos of ensuring people were actively encouraged and enabled to pursue their hobbies and participate in meaningful activities to support them living as full a life as possible had been established. People had contributed towards the excellent range of individual and group activities and events provided in the home. Their suggestions had been facilitated and included but were not limited to, a pet open day, tea dance, learning Spanish, fete with bouncy castle and trips out in the community and surrounding areas. People told us they enjoyed the variety of things to do particularly the exercise programme. This included different games such as super market sweep, mini Olympics, balloon tennis and bean bag challenge which encouraged physical participation and having fun. One person said, "We have a laugh as well keeping fit." In the afternoon of the inspection we saw people enjoying a new activity at the home, indoor curling. One person said, "They [staff] are always trying new things. It's good, keeps you on your toes. Seen curling on the TV but never had a go before. I was on the blue team, we won."

People were extremely complimentary about the activity provision and shared with us how they were supported to live the lifestyle they chose, which was based on their individual and unique needs and preferences. One person said, "Lots to do. Never bored." Highly motivated staff ensured the activities were purposeful and relevant and could be adapted to suit people's requests and changing needs. The activities were a shared responsibility amongst the staff team coordinated by the activities lead. This ensured that people could participate in a range of group and individual activities that they were interested in and at a time of their choosing. For example, in the morning we saw a group of people and staff enjoying a sing a long session with musical instruments. At the same time in other areas of the home staff facilitated arts and crafts and an impromptu quiz at the request of three people.

The registered manager shared numerous examples of their staff's exceptional ability to support and care for people, taking their individual interests, personal histories and choices into account. For example, one person shared with a member of staff in a reminiscence activity a keen interest in swimming. The member of staff is now supporting that person to attend a swimming class. For another person, staff had introduced doll therapy to help reduce the person's anxiety. This had led to positive results with the person becoming calmer and having less periods of distress when holding the doll.

Staff were aware of the risk of social isolation and loneliness amongst older people but also that people could choose to not participate and get involved as was their right. A member of staff said, "There is so much variety of things to do, seven days a week. People can opt in and out. Do as little or as much as they like. It's up to them. It is their choice. Most of the suggestions come from the residents with the types of things they want to do or try." One person told us, "I generally stay in my bedroom. I come out for my meals and sometimes will go outside if it is a nice day but on the whole I like the quiet and my own routine."

An inclusive culture had been established in the home, as well as providing people with a wide range of stimulating activities, consideration was given to how to engage with people identified at risk of becoming withdrawn and who could not always communicate their wishes. For example, for one person who spent most of their days walking with purpose about the home and at times could become agitated and anxious and would not interact with staff. Knowing the person had once enjoyed a love of music and dancing they worked with a musical therapist to devise bespoke musical sessions to try and connect with the person. Whilst this was still in its early stages staff shared with us the positive impact they had seen after one session with the person remaining calm and relaxed for the rest of the day. One member of staff said, "[Person] was smiling and talking to staff, it was such a difference."

We saw a co-ordinated approach by staff to engage with individuals that had been identified as at risk of social isolation. Members of staff made suggestions as to how they could engage with them during the shift. This was noted in people's individual records and in the handover notes. Where people had chosen not to engage or there had been a change in a person's mood and well-being this was passed onto the next shift so they could follow up if required.

Relatives were complimentary about the range of activities on offer at the service and shared with us examples of the positive impact it had on the people who lived there. One relative was full of praise about the activities team stating, "Entertainment is to a very high standard." Another relative emailed us, "Everyone at the home has been marvellous in settling her in. [Family member] never joined in anything at home, but when we visit she is in groups playing bingo or curling. She joins in discussions on remembering her youth and where she used to live. She loves all the singers that visit the home and is always up dancing and singing with one of the carers and other residents. I love visiting her there as she is happy to see us but also not distressed when we say goodbye. She thanks us for coming and I know she feels happy and safe or she would ask to go home. I cannot praise the staff enough as they show all the residents kindness, love and

dignity."

People's care plans had been planned, developed and agreed proactively in partnership with them. These were regularly reviewed and amended to meet changing needs. People's care records were highly personalised focussing on positive and enabling language, with outcomes for people that valued them. The records provided detailed guidance to staff on people's preferences regarding how their care was delivered. This included information about their preferred form of address and the people that were important to them. The records covered all aspects of an individual's health, personal care needs and risks to their health and safety. There were clear instructions of where the person needed assistance and when to encourage their independence. There were also prompts throughout for staff to promote and respect people's dignity. In conversations with staff they demonstrated an in-depth knowledge and understanding of what was important to people and their preferences for how they liked things done. This information was reflected in the care records we looked at which demonstrated they were accurate and relevant.

Where people needed support with behaviours that may be challenging to others, their care records guided staff in the triggers to these behaviours and to the level of support they required to minimise the risk of their distress to themselves and others. This included prompts for staff to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them. Records seen showed that this had led to a reduction in incidents related to people's behaviours.

Relatives shared several examples where staff intuitively responded to people's needs to ensure they continued to receive safe personalised care. One relative said, "The staff are very good at turning up if [family member] needs help. In fact, they often spot that she needs something before she has thought of it." They added how the registered manager had responded to a request for a change in bedroom for their family member due to changing mobility needs. They said, "They [staff] have moved [family member] to the ground floor at our request so that she did not put herself at risk. We were fully supported by the manager."

We observed numerous interactions throughout our inspection which showed that responding to people's individual needs was a shared responsibility amongst the staff team. This included the catering staff accommodating changes to the planned evening meal following feedback from two people after lunch. One person told us, "I ate that much at lunch time I asked for a light snack for dinner. The food here is so good sometimes you can indulge too much. I like that the chef asks us if we enjoyed our food and checks what we want to eat later as often I change my mind." We saw a person sharing a laugh and a joke with the maintenance person thanking them for taking them out in the community to go shopping. They were full of praise for this member of staff saying, "[Maintenance person] is lovely. Can't do enough for you. They took me to the dentist when I said I had toothache and I didn't want to go in the transport vehicle. They sorted it with the manager and they took me in a wheelchair which I was very happy about." The person shared with us how the registered manager had responded to their request to be able to lock their bedroom door when they were not there. They said, "I didn't like leaving my bedroom unattended. All my personal and sentimental things are there. I like to join my friends for lunch or go downstairs if there is something interesting on but I worried my things were not secure. [Maintenance person] put a hook outside my [bedroom] door. Now I can lock my door and know it's all safe. When I am back I open the door, and leave my key on the hook outside."

The registered manager was an active champion for people, for example, applying a sensitive approach when supporting people to maintain complex family relationships that were important to them and their well-being. Where required they worked with an independent advocacy group to facilitate meetings with people and their families.

People's views and opinions were actively sought and listened to. One person said, "Some us wanted to go to the Ely flower show. We asked in the resident meeting and they [registered manager] arranged it." Conversations with people, staff and records seen confirmed that people's feedback was welcomed and acted on.

There were numerous compliments received about the home within the last 12 months. Comments included 'caring staff who go repeatedly go above and beyond' and 'families feeling supported during a crisis' by the staff and registered manager.

We looked at how the provider complied 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 sensory loss can access and understand information they are given. Staff practice showed they were able to communicate with, and understand each person's requests and changing moods. Care records contained clear communication plans explaining how each person communicated and ensured staff knew what aids people needed to help them engage and feel included.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. A complaints policy and procedure was in place, this information was on display in the service and could be made available in different formats to support people with communication needs such as large print or in easy read or other languages where required. People told us they felt confident to raise any issues or concerns. Comments included, "Not a problem to say what's on your mind. The staff are lovely and would want to know straight away so they could sort it out for you." Relatives we spoke with also said they could speak with the management team at any time. One relative said, "Informally I feel comfortable to raise minor issues when I visit. Or I would pick up the phone and speak to [registered manager] or email them. I haven't had to do that though as never got that far." Members of staff we spoke to told us they were confident of reporting concerns to the current management and they would be acted on.

The service had maintained their Gold Standard Framework (GSF) Care Homes Accreditation award for providing high quality end of life care. The GSF is a programme to improve end of life care for people by providing staff with training and a framework to help identify, assess and deliver appropriate care. No one at the time of our visit was receiving end of life care. However, care records showed us that staff had sought the wishes and preferences of people, including if they wanted to be resuscitated and these were kept under review. Staff were able to tell us how they would ensure that a person had a comfortable and pain free death. The registered manager explained how people nearing the end of their life would have a specific care plan in place. They showed us the detailed template they used and which reflected the decisions between people, their families and those looking after them about their future wishes and priorities for care.

Feedback from a relative on an independent care home review website reflected their families experience of being supported by the service, "During the time of my [family member's] stay, I can honestly say that she was accorded great compassion and care. When we attended her funeral, which left the home we were offered all the help imaginable, tea, and biscuits on arrival, sandwiches and drinks after the funeral. This is to me what a caring home is all about. The management and staff have, and still are, brilliant."

Is the service well-led?

Our findings

At our last inspection the key question well led was rated as good. At this inspection we found there was dynamic leadership in the service. Morale in the service was extremely high. All of the staff told us they were proud to work in the service and felt valued and respected by the registered manager. The registered manager was proactive and took decisive action when errors or improvements were identified. They confidently demonstrated how lessons were learned and how they helped to ensure that the service continually improved to provide people with individualised personalised care. Therefore, the rating has improved to outstanding.

Without exception feedback from people, relatives, staff and professional stakeholders was extremely positive about the leadership arrangements in the service. People told us the registered manager actively engaged with them and knew them well. They described how the registered manager was always available and approachable. One person said, "The manager is brilliant and is always there to help you and nothing is too much trouble for the staff." Another person commented, "The manager is very approachable and gets things done." A relative shared with us, "The manager is superb. They are very supportive." Another relative said, "The home is very well managed and I can't fault it." A community professional commented, "[Registered manager] is a truly inspiring person and leads her team with pure dedication, drive and passion. Harleston House is just one big happy family led by a very inspiring and outstanding manager."

The registered manager had established an open and inclusive culture within the service. Staff turnover was low and morale was high. Staff understood their roles and responsibilities and how they contributed towards the running of the service. This was in line with the provider's vision and values of ensuring people consistently received high quality personalised care. People and relatives described being comfortable sharing ideas or issues they wanted addressing with staff and the management team and were confident they would be acted on appropriately. One person said, "I get asked all the time if I am happy with how things are. If I wasn't I would say but everything is ticking along nicely. I can't fault it. It's all perfect." Another person said, "We get asked about what we want in our home, if we like how things are done. Is there anymore they can do. Honestly, I don't know what more they can do. I love it here." A relative shared with us their feelings about Harleston House, "We could sum it up with the phrase; loved as well as looked after."

Without exception, all the staff we spoke with were proud to work at Harleston House and told us they felt the service was well-led and that the registered manager was accessible and supportive. In addition, several staff took the time to email us about their positive views of working at the service. One member of staff commented, "I feel very valued. I can approach the management on any subject or issue I may encounter within the work place. I am listened to and my opinions are taken into consideration at all times." Another member of staff told us, "[Registered manager] leads the team by example, her enthusiasm and empathy, resident focus is contagious. As manager she always has time for her residents and her staff. In my experience [registered manager] is in the home in a flash if required to be and also supports staff with their needs where possible." An experienced third member of staff shared their positive experience stating, "I have to say Harleston is the most amazing, loving home I have ever worked in."

People received individualised personalised care and support from a competent and committed work force because the registered manager encouraged and enabled them to learn and develop new skills and ideas. Staff told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They told us their feedback was encouraged and acted on. One member of staff shared with us, "I have found this an extremely happy and supportive environment with opportunities for both personal and skill related development." Another member of staff said, "I have regular supervision, but you don't have to wait for supervision to speak to management, they have an open door. The team meetings are good as we share practical tips and this develops your knowledge and understanding of people's needs." Records seen confirmed that staff feedback was encouraged, acted on and used to improve the home.

People and their relatives were given numerous opportunities to voice their views of the service provided and to make suggestions on how the home could improve. There was an annual quality survey. Responses for this were positive. Where improvements had been suggested, we saw that there was a plan in place to address any issues. Regular 'resident and relatives' meetings were held. These were well attended and had detailed minutes that showed the people who lived there truly influenced what happened at the home. Information included updates on agreed actions, staff changes, training and any planned improvements. It also set out the menus, activities and future events and encouraged people to be involved in the home.

In addition to the survey and meetings people, relatives and visitors to the home were encouraged to leave feedback on an independent care home review website. At the time of the inspection Harleston House had been rated 9.8 out of a possible score of 10. Complimentary feedback included, "Friendly, clean, respectful, safe environment. Simply all required from a care home. We visited many others and Harleston House stands head and shoulders above. All the staff are so caring and attentive."

In celebration and recognition of best practice Harleston House had been shortlisted for three awards at the provider's internal annual care awards. The awards nominated by people, relatives and staff include 'eating experience', 'excellence in dementia care' and 'manager of the year.'

Robust governance systems to monitor performance were in place. The registered manager assessed the quality and safety of the home through a regular programme of audits. This included health and safety checks, safe management of medicines and auditing people's care records. We saw that these independently identified shortfalls which needed to be addressed to ensure the home continued to advance. Reviews of care were undertaken and included feedback from people who lived in the home, their representatives where appropriate, staff and relevant professionals. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

Information relating to the running of the home was shared with the provider through regular reporting by the registered manager. This covered everything from admissions, safeguarding, maintenance of the building, to falls, care reviews and staff training and ongoing development. This information provided effective governance, accountability and oversight of what was happening within the home and contributed towards plans for the continual improvement of the service. Where outcomes and actions were identified, this fed into a development plan for the service providing the senior management team with the governance and oversight to take appropriate action. This included ongoing training and recruitment, installing a medicines room and workforce development.

The service was an active and visible presence within the local community with a proven track record of working collaboratively with other services to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care.

Feedback from a healthcare professional said, "Harleston House is one of the best homes and provides people with compassionate care."

In 2018, the registered manager became a finalist at an external management of excellence award ceremony. They were put forward by the provider in recognition of their personal achievements in Harleston House.