

Carebase (Colchester) Limited

Alderwood Care Home

Inspection report

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Date of inspection visit:
22 February 2018

Date of publication:
22 May 2018

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

The inspection took place on 22 February 2018 and was unannounced.

Alderwood is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Alderwood Care Home is registered to provide accommodation and personal care with nursing for up to 65 older people who may also have dementia. Care is provided on three floors, residential, people living with dementia and people who have nursing needs. At the time of our inspection 65 people were living in the service.

At the last inspection in 2016, the service was rated Good. At this inspection, we found the service had continued to develop and was therefore rated outstanding.

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

We found the service was very well managed. The service had a full complement of nurses with the necessary skills to meet the needs of the people using the service. This meant people received continuity of care from highly skilled staff. There was an established management team who regularly supported and audited the service to ensure it provided high quality care.

Staff were extremely motivated in their role and valued their focus was on the people that used the service. The manager was enthusiastic and motivated. They were visible and actively involved in supporting people and staff. Staff morale was extremely high and they felt listened to and that their views were valued.

The provider worked extremely hard with the management team to ensure all staff felt valued and appreciated.

Staff had excellent relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. S

People were encouraged to follow their interests and hobbies and to engage in meaningful person centred activities. People were kept stimulated and engaged and the providers helped ensure that people continued to live a full a life as possible and to have their wishes fulfilled. They were supported to keep in contact with their family and friends. The service worked extremely hard with relatives and friends to ensure everyone was supported at all times. People's care plans were individual and contained information about people's needs, likes and dislikes and their ability to make decisions.

The service was brightly decorated and stimulating for the people living there. The communal areas were decorated to a high standard were clean and furnished giving an overall homely feel. The outside area had accessible gardens with benches and easy access for people with limited mobility.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. Medicines were managed safely by staff that had been trained and assessed as competent to administer medicines and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act.

People had sufficient amounts to eat and drink to ensure their dietary nutritional needs were met. The service worked very well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from healthcare professionals.

People received support that was personalised and tailored to their needs. They were aware of how to complain and there were a number of opportunities available for people to give their feedback about the service.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service took into account people's feedback and was continuously trying to improve the service and provided an inclusive service.

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 ●

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good ●

Staff champions for designated roles had been appointed providing leadership for other staff.

People were supported to have a balanced diet and to make choices about the food and drink on offer.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

People had access to healthcare professionals when they required them.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

Is the service responsive?

Outstanding ☆

The service was extremely responsive

Peoples care was planned in a personalised way.

People and their relatives had continued input into the care they received.

Information recorded within people's care plans was consistent and provided detailed information to enable staff to deliver care that met people's individual needs.

People were provided with a range of meaningful activities that were individual to their hobbies and interests.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

The service supported people and their families during end of life.

Is the service well-led?

The service was extremely well-led

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The leadership and management of the home were outstanding and assured the delivery of high quality person centred care.

The provider worked closely with the management team. Staff felt valued and motivated.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

The service had an effective quality assurance system. The quality of the service provided was regularly monitored and people were asked for their views.□

Outstanding 

Alderwood Care Home

Detailed findings

Background to this inspection

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

This inspection took place 22 February 2018. It was unannounced and was carried out by two inspectors a Specialist Professional Advisor who is a qualified nurse 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 service.

Before the inspection, we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications the provider had sent to us. A notification is information about important events, which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection, we spoke with nine people who used the service, the registered manager, deputy manager and business manager and eleven staff including the qualified nurse. We also spoke with seven visitors that were visiting at the time of our inspection and one visiting health professional. After the inspection, we made further telephone calls to other health professionals involved in the service.

We reviewed five people's care records, six staff recruitment records, medication charts, staffing rotas and records, which related to how the service monitored staffing levels and the quality of the service. We also looked at information, which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

At our last inspection, we rated this key question good. At this inspection, we found that the home had sustained this rating.

People told us they felt safe living at the service. Comments included, "I feel very safe. I never have to wait long when I need help I press the buzzer and someone comes straight away." A relative told us, "Our [relative] came here on respite when they said they could stay my brother and I burst into tears knowing she would be safe, we were so relieved."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm, or neglect. It was evident from our discussions with them staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

Risks to people were managed well. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified there were measures in place to reduce them where possible. For example, the use of luminous tape to enable people to find their way to the bathroom during the night safely had reduced the number of falls.

The service used a range of risk assessment tools to identify people who may be at risk these included, waterlow scoring system to assess the risk of pressure sores, malnutrition Screen Tool (MUST) and a falls risk assessment tool. We also saw completed assessments for oral health, continent assessments along with the Abbey Pain Scale for dementia care. These were updated regularly and a traffic light system was used to highlight the individual's level of risk.

We saw that there were processes in place to manage risks related to the operation of the service. The home employed a maintenance man who was responsible for carrying out Health and Safety checks these covered all areas of the management of the property, such as gas safety checks and the servicing of lifts and equipment such as hoists used at the home. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

We received positive comments from people and relatives about whether there was enough staff available to help them when they needed assistance. We saw that staff were not rushed and assisted people without the need to hurry them. They took time to talk to them and explained what they were doing, and gave one to one or two to one support when required. For example, when moving a person using a hoist from a wheelchair back into bed, two staff supported this person talking to them and reassuring them throughout the process. Staffing levels had been determined by assessing people's level of dependency and staffing

hours allocated according to the individual needs of people. Throughout the inspection, call bells were responded to in a timely way. We spoke to staff and asked them if the staffing levels were adequate without exception all of the staff told us there were enough staff on shift. Comments included, "Yes, there are enough staff on we all help out where needed", "Everyone mucks in, and we help each other we work as a team." The home also employed housekeeping staff and a chef, this enabled the care staff to focus solely on the care required to meet the needs of people that used the service, without having to carry out any other duties.

People were satisfied with the way their medications were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medications were kept securely and at the right temperatures so that they did not spoil. The room had an air conditioning unit to ensure a stable temperature was maintained. Medications entering the service from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them, to confirm the right people got the right medication. Regular medication audits had been completed by the service. Staff had received training to administer peoples' medication safely and had regular competency assessments which included observations of their practice. The service had an external medication audit carried out in February 2018. An action plan had been implemented following recommendations highlighted, we saw evidence that this this had been communicated to all staff and the actions completed.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

The service had robust infection control systems in place, we observed throughout our visit staff maintaining high levels of cleanliness and infection control. On the day of our inspection throughout the home there were no offensive odours, everywhere looked clean and smelled fresh. Staff were trained and updated in food hygiene and infection control. Cleaning materials were organised and safely stored. Cleaning rotas and audits were available and updated. Communal areas were clean and inviting, the kitchen in which the food was prepared was organised and clean. Staff had access to protective clothing for example gloves and aprons and there were facilities to dispose of these safely. The Care Support Room had hand washing facilities and a clinical waste bin, the room was kept clean, tidy and well organised.

Is the service effective?

Our findings

At the last inspection, we rated this key question good. At this inspection, we found that the home had sustained this rating.

People who lived in the service confirmed they were supported by skilled and experienced staff who understood their needs and knew them well. One person told us, "Yes, the staff are well trained they know what they are doing." A person's relative told us, "I see the staff use the equipment they certainly look like they know what they are doing and look confident." We observed staff using manual handling equipment for transferring people from a chair to a wheelchair on numerous occasions throughout our inspection. The staff carried out these tasks with confidence and put people's safety and dignity first and foremost.

People were cared for by staff that were suitably trained to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities. The training plan showed staff's compulsory training was up to date.

Staff spoke to us with enthusiasm about their responsibilities as 'champions'. Five staff members had been designated as 'champions' these were in key areas including, health and safety, dignity and infection control. The nominated staff were set achievable goals which involved accessing guidance and going on additional training courses then cascading information down to the rest of the staff team to enable everyone to be upskilled. Staff told us they found the 'champions' helpful as they had a person to refer to if they needed to query anything or make any suggestions.

One member of staff told us they were the dementia lead and had been on a three-day dementia course and was now qualified to teach other staff about dementia. They told us they also carried out observations of staffs practices and challenged staff if need be. For example, if someone was showing signs of agitation they would prompt staff to step in and use distraction techniques.

New staff received a comprehensive induction. Records showed that the staff's induction was in line with the 'Care Certificate'. This consists of industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support, this is gained over several weeks.

Staff told us they were supported with regular supervision which included guidance on their development needs and an annual appraisal. Records we looked at confirmed this. Staff also attended staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make a particular decision, any made on their behalf must be in their best interest and the least restrictive

as possible.

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 their liberty were being met. We found people were being supported appropriately, in line with the law and guidance.

People were provided with choices of food and drink. Each person had access to water or juice throughout the day as well as being offered hot drinks. We saw snacks of prepared fresh fruit on the tables and a variety of crisps which were presented on small plates to look appetising during the morning, people were happily snacking on these finger foods. The lounge had a well-stocked ice cream freezer to encourage people to snack. The dietician told us, "I was involved with the setting up the of the ice cream freezer to offer advice regarding high calorie and healthy options." The dining rooms were made to look welcoming with serviettes, tablecloths, flowers, and condiments on each table. There was a dining room on each floor and people could choose where they wanted to eat. If preferred then people could eat their meals in their own rooms.

The dining rooms during the lunchtime period had a relaxed atmosphere and none of the staff rushed or hurried people. Choices were given and staff waited patiently allowing people to take their time as they decided. Alternatives were offered if people did not want what they had chosen previously off the menu. For example, we heard one staff member ask a person. "[Name] do you still want gammon and pineapple or would you prefer a pasty?" We observed people being offered drinks in a variety of glasses including glass tumblers and plastic beakers depending on people's dexterity. This encouraged people to be independent as they were then able to pick up their own drink without relying on staff for support. Some people had plate guards and adapted cutlery to enable them to eat as independently as possible.

All of the meals looked appetising. People's comments about the food were all positive and included, "We have a new chef now the food is much better", "I like most foods there is always a good choice and nothing is too much trouble, never a fuss made if you change your mind." We observed staff supporting people to eat and this was done in a sensitive and dignified manner. For example, staff sat down by the side of the person and gave positive encouragement no one was rushed. One staff member asked someone if they would prefer them to cut their piece of gammon in half and put on a smaller plate as they had been hesitant to start eating their meal. We spoke with staff who told us this person did not like large platefuls of food and sometimes by breaking the food down into smaller portions this encouraged them to eat more. When people had been served with their food, staff sat down and ate their meals with them and chatted to people, there was a lot of laughter and humour to be heard. Staff said they felt that this was important as it made the mealtime a sociable event.

The service had appropriately assessed people's nutritional needs and the Malnutrition Universal Screening Tool (MUST) had been used to identify anyone who needed additional support with their diet. Support from Speech and Language Therapist (SALT) had been sought where a risk of malnutrition had been identified as well as swallowing difficulties. Staff had received detailed guidance within support plans and associated risk assessments in supporting people identified to be at risk.

We spoke with a visiting healthcare professional who told us "This is a lovely environment. They work to Food First Guidelines and use high calorie milk shakes and fortified diets. I cannot fault communication with the care home. They always ask questions and invite me to MDT meetings."

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. The service was visited on a weekly basis by a Nurse Practitioner who was able to prescribe medication for minor concerns for example, earache, colds, sore throats. The manager told us they sent a list of people who they would like her to visit beforehand. The nurse would then refer on to the GP if necessary. People told us that staff took appropriate action to contact health care professionals when it was needed. A relative told us, "Last year they had concerns over the circulation in one of [name of relative] legs and phoned for the doctor and called an ambulance they reacted well, we would not have noticed."

We saw the service also had contact and support from other healthcare professionals in maintaining people's healthcare. These included district nurses, the chiropodist, dietician, and physiotherapist. A health care professional we spoke with told us, "It is a nice home they always want is best for people. The staff are enthused and motivated."

The People and their relatives described Alderwood as a "lovely home." The design and decoration of the premises promoted people's wellbeing and their wishes were taken into account. The communal areas had been decorated involving the people that lived in the service asking them what colours they would like and wallpaper samples had been shown to people for their input and comments. Seating in communal areas had been placed in small groups to encourage conversation and interactions. Staff told us plans were being discussed to add 'mood lighting' to the bathrooms to make them more homely and inviting.

The whole service was easy to access and move around safely. Without exception, each area felt warm, inviting, and homely. There was a secure garden area with raised flowerbeds and grassed areas. Seating had been placed so that people sit and chat in private if they so wished.

The registered manager told us that one communal room at present was a library but this was not being utilised. Discussions were taking place to gather people's thoughts about changing this into a music room. Staff spoken to told us they felt this would meet the needs of the current people living in the home.

Is the service caring?

Our findings

At our last inspection, we rated this key question good. At this inspection we found that the service had made further improvements and were now exceeding this rating. We have rated this key question outstanding.

People told us without exception that the staff were caring and treated them with respect. People told us consistently they valued their relationships with the staff team and felt that they often went the 'extra mile' for them. Comments included, "The staff are all lovely, very nice and caring never a cross word they have so much patience", "We are treated like extensions of their family it is truly wonderful, a lovely home to live in." Relatives comments included, "Excellent, only word for it, the quality of life my [name of relative] has here is brilliant the carers are all so professional and they really do care they love them and know them so well. If a hug is needed that is given without hesitation and even a kiss, lovely to see."

When a family member moved into Alderwood if their relative was living with dementia they were given a helpful booklet 'understanding dementia' this gave a lot of information including describing what dementia is, how it affects people differently, the different types of dementia and also some useful contact details of organisations who could offer support to family members. There is also a useful 'meet the expert' which gave answers to commonly asked questions about the condition.

The registered manager told us that before a person first moved into the home they had found out what were their favourite flowers were and what their favourite drink was. For example, if they had a preferred bottle of wine. These items would then be purchased and placed in their room along with any other items they wished to come from home for example, a favourite throw or cushions. One person had bought their curtains from home they had for a number of years and these had been hung in their bedroom prior to them moving in to enable them to feel comfortable and at home. People told us, "When I moved in I was told I could bring in anything to make my room feel more homely. All the staff introduced themselves and come and said hello."

Family members told us without exception that they had been fully supported by the management and staff and any questions they had asked had been answered. One relative told us, "I am always made to feel so welcome and offered a cup of tea. This home is wonderful they care about everyone family members as well. You are always made to feel like you matter and you are always listened to by all of the staff."

Staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed, and calm. Staff demonstrated affection, warmth, and compassion for the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question. We heard staff talking to people with compassion for example, one person was showing some agitation and a staff member distracted them by talking to them in a calm manner and putting their arm around them led them to get a cup of tea. The staff member then knelt down beside the person and encouraged them to hold the cup and the staff member supported it and let them drink at their own pace.

This showed us that people were encouraged to be as independent as possible.

We observed people being spoken to in a gentle, reassuring manner; staff showed genuine interest in what people spoke about. The philosophy of the service was 'every connection counts' and we saw this had been firmly embedded into service by staff. During the inspection, the whole inspection team observed that not at any time did a staff member walk past someone without stopping to acknowledge them and to have a chat. People were given a smile, hug, or reassuring physical touch of their arm or hands.

Staff were passionate about their job roles and told us, "I would definitely place my mum here because I know they would be loved and well looked after."

Staff knew people well including their preferences for care and their personal histories. People were supported to spend their time as they wished. Staff knew people's preferences for carrying out everyday activities, for example when they liked to go to bed and when they liked to get up. Staff knew how to support people when distressed. One staff member told us, "It is important to look at the people before you look at the dementia." She then gave an example of how to support one person who can become agitated. "One person hums and sings, if you didn't know her well she would appear happy but when this happens it can be signs that they are becoming anxious." The staff member told us they help them by giving them a doll to hold and then hum with them. They also have strategies in for people wanting to return to their former homes. For example, for one person when they are asking to go home they distract them by suggesting they go out for a walk around the garden then ask if they would like to go in and have a cup of tea. This form of distraction works very well for this person.

Health professionals we spoke with about the home told us, "The staff in Alderwood are exceptional, they are all kind and caring they definitely put people first", "This home is very good at enabling people to be independent it treats everyone as an individual."

We looked at five people's care plans and saw that they contained some comprehensive information about people's likes and their personal history this gave staff the tools to open up a discussion with people. Staff understood people's care needs and the things that were important to them in their lives, for example members of their family, key events, and their individual preferences. People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed this and told us they were able to visit their relative whenever they wanted and at a time of their choosing.

Care plans were detailed and gave step-by-step instruction how someone liked to be supported with their personal care including their preferred toiletries. The language used in the care plans was person centred, using phrases such as 'gentle reminder' and 'be sensitive to feelings'.

People's records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as when they moved around the service using walking aids staff offered verbal support and encouragement. At meal times people had the use of adapted cutlery and plates to encourage independence.

People told us that they felt that their choices, independence, privacy, and dignity was promoted and respected. One person said, "They give my wife and me privacy if we want it." We observed staff knocking on people's doors and waiting for a reply before entering and when talking to people about their personal needs such as using the toilet this was done in a discreet way.

Is the service responsive?

Our findings

At our last inspection, we rated this key question as outstanding. We found the service had sustained this rating.

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their interests and well-being. People's spiritual and cultural needs were met details were documented clearly within their care plan.

Before people came to live at the service, their needs were assessed to see if they could be met by the service and care plans developed detailing the care, treatment and support needed to ensure personalised care was provided to people. One relative told us, "We discussed [relative] needs and I was fully involved in compiling [name of relative] care plan I was asked for as much information as possible. I felt that a really good assessment was asked for." Each care plan was personalised and reflected in comprehensive detail people's personal choices and preferences regarding how they wished to live their daily lives. People's mobility needs, falls, moving and repositioning and dietary requirements were detailed in order that staff could respond to their needs appropriately. Care plans were reviewed and updated regularly to reflect people's changing needs any changes had been identified promptly. People and their relatives were involved in the review process.

The environment of the home was well laid out with sufficient communal space to meet the needs of people living at the service. There were lounges on each floor and smaller 'quiet lounges' where people could entertain visitors. One small lounge contained a jukebox with music to suit the age group of the people living at the service. This was purchased with money the staff had raised taking part in a 24hr darts marathon. In addition to communal lounges and dining rooms, there was a cinema room and a bar where people could meet or functions could be held. There was a private lounge/dining room that could be booked for families to have private celebrations or meals. The private lounge was also available for family members to meet following the funeral of their loved one. The manager told us they were happy to arrange people's funerals and have the family back to the home; she told us people had fed back that it was important to them to share this time with the staff that had looked after their relative. Families were sent a 'memory' rose to plant in the garden a couple of weeks after their bereavement.

People told us of other celebrations that had been held in the private dining room, which included a small dinner party for the couples within the home on Valentine's Day with waitress service. The room had been decorated for the occasion. The other people in the home told us how they had celebrated valentine's day with a party in the 'bistro' everyone had dressed up for the occasion and visitors had been invited. This event was well attended and the bistro was decorated with elaborate homemade decorations as well as vases of fresh flowers. One relative told us, "The valentine's party was a wonderful evening it was great to be invited to celebrate with my sister." The registered manager told us how they used social media to advertise events and to share feedback and photographs of events and activities.

Without exception, people told us they had enough to do to occupy their time in a meaningful way. Comments included, "We have evening parties, social evenings and everyone is invited it is a real party we all dress up including the staff", "I am a bit of a loner but moving in here has changed me they put on a good party. I even have a dance, my family couldn't believe it", "We have lots of social evenings it is great fun always something going on I have more social events now than I have done in my whole life."

One person had recently had a special birthday and the staff helped them celebrate by booking their favourite restaurant and accompanying them for an evening meal. Another person told us how the staff had decorated their room and arranged a party for their grandchildren and helped them buy some new clothes to wear for the occasion.

Activities during the day were varied and person centred. The day before the inspection the service had been visited by some pygmy goats; pictures were already on social media showing people enjoying the visit. On the day of the inspection an exercise class was taking place these happen twice a week this class was a progressive exercise class with people using 'Thera bands' 1:1 demonstrations were given to people on how to use the bands for leg, arm, shoulder and hand exercises this enabled people of all abilities to take part. Some people were happy watching and gradually joined in. Other people just did the arm exercises lots of praise and encouragement was given. People were asked to sit on the edge of their chair then hold the arms of the chair and stand up at first seven people were able to, with lots of encouragement a further four people stood up and were really pleased with themselves. One person told us, "I enjoy the exercise classes this one using the bands is about strengthening and the Tuesday class is more about mobility." One relative told us, "My [name of relative] couldn't get out of their chair on their own but they can now having done the exercise class we are really pleased as it means they are keeping their independence."

People told us, "There is always something going we have a two week lifestyle diary informing us of events and activities you can choose to take part or not some people prefer not to staff don't mind what you do." A relative told us, "There are always lots of activities going on, they email the activities diary out and put pictures on the internet so I can see [relative] taking part and enjoying herself." We were shown a copy of the activity diary this was varied and included evening activities. The registered manager told us that on a Saturday they have an afternoon tea in the brasserie, which was very popular. Relatives we spoke with told us, "It is a lovely afternoon all set up with pretty cups and saucers and a lovely selection of homemade cakes made by the chef. It is like going out to a café with [name of relative]."

On mother's day, a 'high tea' had been organised and people's families and friends were invited to come along and celebrate mother's day. A harpist had been invited to attend to provide the entertainment. The staff told us they had organised a photographer to come to take photos of people with their families if they wished as they thought this would make a lovely gift.

During our inspection we observed people being engaged in meaningful activities for example, helping staff to clear away the breakfast things and then being supported to fold up napkins. Staff then placed books and games onto the tables. Staff interacted with people and engaged them in conversation talking about the books or the game they were playing. We heard someone tell a member of care staff they wanted to watch a weepy film. The staff member got a selection of films out and laid them on the table several people then joined in a conversation about the films as a decision was made on what film would be played.

Staff gave us examples of bringing activities on special occasions to people so that they did not miss experiences or special events. For example, during a Christmas fete staff took the visiting donkey up in the lift so people who were being nursed in bed could see them. The staff did a similar thing when a petting zoo visited they took the pony upstairs so that people could pet it. The member of staff was enthusiastic about

the benefits on people's mood and wellbeing of petting animals. A cat lived at the home along with various types of caged birds, which stimulated people and gave topics of conversation. The staff told us how all the staff thought it was important to ensure that everyone was able to take part in activities and events if they wanted to. One staff member told us "If they are unable to come to us we will go to them we took the pygmy goats to people who wanted to cuddle them."

The registered manager told us how they had arranged for people to go swimming to a pool that was equipped to enable people in wheelchairs to enter the water. They told us they knew that one person used to be a synchronised swimmer when they were younger as they family had informed them of this when asked for the persons history. The manager spoke of enthusiasm when they explained how as soon as the person entered the water they swam away remembering the strokes. Another person was 95years old and had never been swimming they had expressed an interest in wanting to go therefore manager arranged to take this person to swimming for the first time.

The facilities on the dementia floor included a sensory room where people could relax if they became anxious this had subdued lighting and comfortable seats. Staff who worked on this floor did not wear uniforms as they felt that this is confusing for people living with dementia. One person would not go outside and staff had therefore brought the garden into them. They had decorated an alcove to resemble the outdoors. There was a mural on the wall with flowers and trees and artificial grass had been laid on the floor so that the area resembled a garden. We observed the person sitting quietly on a comfortable seat in the area appearing calm and relaxed.

The floor, which was specifically designed for people living with dementia, was bright and airy with lots of sensory items placed around such as toys, dolls, hats and, sensory pictures which were made up of different fabrics to stimulate conversation and arouse memories. People had memory boxes outside of their rooms these were personalised each person having different items in them for example, one person had a family photo another person had a picture of themselves at work and little ornaments had been placed in them.

The registered manager told us how they had recently purchased some smart speakers. A smart speaker is a voice controlled intelligent personal assistant. This enabled people to talk to this device and ask specific information as well as to ask for certain types of music. We observed someone on the dementia floor asking for Tom Jones music they were very happy when the device promptly played their favourite music. Staff told us these had been extremely successful and people were enjoying using them.

The downstairs bedrooms had individual fenced patio areas outside that gave people private outside space. These were all personalised one had a bird table; another had a small table and chairs along with containers of flowers. In the communal garden, seating was placed in private areas and there was a large summerhouse, which had been decorated beautifully with memorabilia, which was appropriate for the people living in the service. The manager told us that she felt it was important to have many different areas that people could sit and chat and relax, this would then enable people to feel they had privacy as if they were in their own garden of their former homes.

The upstairs communal lounges had balconies, which had glass balustrades with seating and artificial grass and planters of fresh flowers. One balcony had a cover over it, which enabled people to sit outside even in bad weather. One person told us "We sometimes sit outside and watch the world go by."

The entrance area of the home was welcoming and there was a lot of visible information on forthcoming activities and collages of photographs of events that had taken place recently. There was a TV screen, which had photos of people that lived in the home taking part in activities, and the manager told us people

enjoyed seeing themselves on TV and this helped people who were living with dementia to remember. There was a leaflet detailing when residents and relatives meetings would be taking place. In addition, in the entrance hall was a small shop, which sold toiletries and birthday cards, sweets and snacks, this was non-profit making, and residents were able to request items they would like to be on offer in the future.

The home also had a minibus, which took people out on day trips, shopping or out to lunch. One relative told us their family member had recently been to the park, Brightlingsea, Mersea and to a couple of garden centres as well as out for lunch and coffee. We saw that people had been out in Chelmsford on a 'dementia' walk designed to stimulate people living with dementia. The service had a 'bus stop' outside which people used to 'catch' the bus when going out on outings. Volunteers drove the mini bus. Their shifts included evenings and weekends, which enable people to access the community whenever they wished to.

People were supported to go to church if they wished and the service held religious services a couple of times a month. People who had different spiritual needs were supported to practice their faith.

The home has its own hair and beauty salon and the hairdresser comes on a regular basis. People proudly showed us their painted nails and said they enjoyed these pampering sessions. If people wanted their hair, done by their own hairdresser that was not a problem and they could still access the salon. This showed us that people's preferences were taken into consideration and that people could still maintain links with the outside community

We saw that the service routinely listened to people through care reviews and organised meetings. People told us they had no complaints but would talk to the manager if they needed to. One relative told us, "I [manager] is always around I would talk to her straight away if I wasn't happy." People told us that if they raised a minor issue it was always dealt with straight away.

Care plans described how people wanted to be supported during the end stages of their life and their wishes were recorded. Where people had made a decision not to be resuscitated in the event of a cardiac arrest a completed 'Do Not Attempt Resuscitation' (DNAR) directive was in place. The DNAR clearly stated who had been involved in making the decision, on what basis the decision had been made and they were signed by a medical professional. Where possible people had been involved in their care plan and when this had not been possible a family member had been consulted about the care their relative needed.

The service was working toward the Gold Standard Framework for end of life care and had submitted their evidence. The nursing staff explained to us that when someone was requiring end of life care their paperwork was placed into a different colour folder and consolidated to give staff only any relevant documentation needed to provide the necessary care and support the person required. The nursing staff had been approved to undertake verification of death. This enables the process of supporting people's dignity in death, as it is therefore unnecessary to wait for the GP to attend.

The service had provided a one page sheet 'after a loved one passes' this gave all the relevant information to enable relatives to know what was going to happen to their loved one along with information of people they needed to contact and useful websites.

Staff were asked to think about human kindness and a one page sheet had been provided for staff to read and put into practice this included a breakdown of what was expected of them during this time which was also to remind them to support each other and relatives. Staff we spoke with told us they felt fully supported by the management team whilst providing palliative care to someone. One person told us, "We work as a team and all have a cry together, you never feel isolated or alone."

The service had a 'hospital avoidance procedure' in place the aim of this was to assess and review changes

in a person condition to avoid hospital admissions if this was the wishes of the person and their family.

Is the service well-led?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found that the service had made further improvements and were now exceeding this rating. We have rated this key question outstanding.

People and their relatives were full of praise about the management team and the family culture they had developed that ensured people were at the heart of everything.

The registered manager was motivated, enthusiastic, and committed to ensuring that people were put first and foremost. They were without question knowledgeable and skilful in their job role. A deputy manager supported the manager in the day- to- day running of the service. They were both a visible presence in the home and were knowledgeable about each person and their family and spoke about them with great compassion. A relative told us, "This home is exceptional I am impressed with the manager they are fully committed to staff and supporting them."

Healthcare professionals we spoke with told us, "The manager is always here and available they make a point of finding out what is going on after a visit you don't see that in many homes", "The manager knows everything about everyone the staff have so much respect for her."

We observed the manager and the deputy manager interacting with people in a positive caring way. They told us they worked on shift when the need arose to support the staff and that their priority was caring for the people that lived in the home. Staff confirmed this and comments included, "The manager and deputy manager are always there to support us if we need them to", "The manager is extremely supportive and always up to listening to suggestions. We have a lot of support; the manager has an open door policy."

Staff said they enjoyed working at the home and that they felt the strengths of the home were, "Very good teamwork, an open culture and a bright, cheerful working environment." Staff told us they felt valued and appreciated. They told us that communication was always inclusive and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and daily handover logs. The provider operated a staff recognition awards scheme called 'heart of gold' that involved staff being nominated by people who used the service, colleagues, and relatives. Staff were presented with their awards at an awards ceremony and received a gift from the provider. The manager also nominated staff for 'going the extra mile' and staff received a gift voucher and some flowers.

The provider also held interactive days called 'carebase day school' that involved inviting several staff from each of their homes to gain insight into their person centred ethos. These days are held to demonstrate an understanding of the company approach, in particular best practice in caring for people living with dementia. This was available to all staff not just care staff, which gave all staff awareness of supporting people living with dementia.

The manager carried out a range of audits to monitor quality within the service. These included health and safety checks, monitoring the management of medication, support plans and infection control monitoring.

Action plans had been implemented with given timescales of when actions needed to be completed.

The manager told us they held regular meetings for residents and their relatives but these were poorly attended by the relatives, she thought this could be because she was available to them when they visited they didn't feel the need to attend a formal meeting. When asked, people told her they would like a social evening to get together with other relatives therefore a regular quiz night had been arranged this was well attended and gave people the opportunity to talk to each other and staff.

There was effective leadership at all levels within the service. The operations manager was present on the day of inspection and was committed to supporting the management team within the home. The registered manager and their staff team told us the directors were passionate about putting people first and ensured staff felt valued and appreciated.

The service provided work placements to students from the local area. On the day of our inspection, college students were at the home on work experience along with their support staff helping with a variety of activities, which included making tea and coffee, gardening, cleaning and socialising with people. The college tutor had expressed their gratitude and excitement in the service offering work placements to their students.

The management team encouraged volunteers these included family members to drive the mini bus and also to hold exercise and dance classes.

People we spoke to during the inspection all told us the manager was available to speak to whenever they visited the service. We saw that the manager had sent out quality assurance questionnaires to people that lived in the service their relatives and healthcare professionals in order for them to share their views. We saw they feedback from the most recent survey and comments received were all positive and included, "All I can say is thank you for making such a difference to my mother's life", "My mother is happy and contented because of the care and support given. I can sleep at night knowing she is safe and cared for."

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns, which could be addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what the impact would be to people. Healthcare professionals told us that they had a good relationship with the manager and that communication between themselves and the home was very good.