

Beechcare (Thornbury) Limited

Beech House - Bristol

Inspection report

Beech House
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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

This inspection took place on 23 and 24 August 2016 and was unannounced. There were no concerns at the last inspection of December 2013. Beech House provides accommodation and nursing care for up to 55 people. A unit in the home called the Poplars provides care for those people who have a diagnosis of dementia. At the time of our visit there were 55 people living at the service.

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

We were introduced to people throughout our visits and they welcomed us. People were relaxed, comfortable and confident in their home. We received positive comments about people's views and experiences throughout our visits. People and relatives recently wrote in the homes survey, "Please continue to maintain your impressive standards", "This is my home and I love it", "Keep up the good work", and "I consider myself very fortunate to be here". One relative wrote to the registered manager, "We would like to express our thanks and appreciation to all staff involved in the care of our mother, for their kindness, understanding and support; it was a great comfort to us both".

Staff involved in this inspection demonstrated a genuine passion for the roles they performed and their individual responsibilities. Visions and plans for the future were understood and shared across the staff team. They embraced new initiatives with the support of the registered manager and colleagues. They continued to look at the needs of people who used the service and ways to improve these so people felt able to make positive changes.

People experienced a lifestyle that met their individual expectations, capacity and preferences. There was a strong sense of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated. People's health, well-being and safety were paramount.

The registered manager listened to people and staff to ensure there were enough staff on duty to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service and used a risk based approach to help ensure the staffing levels and skill mix was effective. One relative told us, "I like how there is always a staff member in sight and someone on reception, it's reassuring".

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt with colleagues. There was an emphasis on teamwork and unison amongst the staff at all levels. Following a recent review carried out in the Poplars unit by Staffordshire university, they wrote, "There was a range of training opportunities available to staff and a core of highly- committed staff members who had been with the organisation for a number of years. All of these

features contribute to the sense of a robust and dynamic organisation that reliably protects the interest of the people for whom it cares".

People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice. The 'residents' annual surveys consistently reflected how much they enjoyed the quality of food, the variety and the constant access to beverages and snacks through the day.

Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful. People were supported to maintain their personal interests and hobbies.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having capacity, records showed that their advocates or families and healthcare professionals were involved in making decisions.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised. One person wrote in a recent survey, "All staff are kind and caring, nothing seems to be a chore or too much trouble for them".

Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support had been changed to accurately reflect people's needs.

People lived meaningful lives and that suited personal interests and hobbies. The service had developed a creative and active community life at the home.

People and relative feedback was a vital part of the quality assurance system either through annual surveys, 'residents' meetings, complaints or reviews. People, relatives and staff were listened to and action was taken to make improvements where required. The registered manager monitored and audited the quality of care provided striving to meet the ever changing needs of people living in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

There were enough skilled, experienced staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Good 

Is the service effective?

The service was effective.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Good 

Is the service caring?

The service was caring.

The provider, registered manager and staff were fully committed to providing people with the best possible care.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

Outstanding 

Is the service responsive?

The service was responsive.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

Outstanding 

Is the service well-led?

The service was well-led.

The vision and values of the home were embedded in the way care and support was provided to people. Feedback was encouraged and improvements made to the service when needed.

People benefitted from staff who felt supported and were motivated to learn and develop, embracing the culture of the home to "be the best" they could.

The managers strove to maintain, sustain and further improve the experiences of people living in the home through quality assurance processes.

Outstanding 

Beech House - Bristol

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in December 2013. At that time we found there were no breaches in regulations. This inspection took place on 23 and 24 August 2016 and was unannounced. One adult social care inspector carried out this inspection. An inspection manager supported the inspection on day two.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit we were introduced to people living at the home and spoke with 11 individually. We spoke with two relatives. We joined in an activity, observed lunchtime and had a tour of the home and grounds. We spent time with the registered manager, deputy, head of quality and care and spoke with 10 staff. We looked at people's care records, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, surveys, minutes of meetings, audits and quality assurance reports.

Is the service safe?

Our findings

The service was safe. People's safety was paramount to the service provision. People we spoke with felt safe living in the home. Comments included, "I feel very safe here I only have to press my bell and staff come straight away, it's very reassuring" and "I felt very unsteady when I first came here. I saw the home's physiotherapist and they assessed me for a walking aid. Now I feel much safer when walking". Two relatives who spoke with us said, "Everyone is in very safe hands, the staff are marvellous" and "We go home and know that mum is safe".

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Staff understood risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with detailed information about these risks and the action staff should take to reduce these.

People who had physical disabilities required specialist equipment to help keep them safe. The service had a physiotherapist who assessed individuals who were at risk so that appropriate expert advice could be implemented. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. One person who had a diagnosis of Parkinson's had become increasingly unsteady on their feet in recent months and had fallen. The registered manager purchased a specialised sensor pad to ensure staff would be alerted when the person got up out of their chair. These sensor mats were linked to the 'nurse call' system so that staff would be alerted wherever staff were in the home. Other specialist equipment used included, pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented and these were shared with other homes within the group to promote best practice.

During the inspection the atmosphere was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. Call bells were answered promptly. The call bell system in place

enabled the registered manager to conduct regular checks to see how long it had taken for staff to respond. People, relatives and staff confirmed there were sufficient numbers of staff on duty. One relative told us, "The staffing levels are great; I can't bear it when a call bell goes off in other homes and there isn't any staff in sight, that doesn't happen here".

The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. The registered manager ensured there was a suitable mix of skills and experience during each shift. Staff escorts were also provided for people when attending appointments for health check-ups and treatments if required. The registered manager was always supernumerary and the deputy was supernumerary 12 hours per week. They were readily available to offer support, guidance and hands on help should carers need assistance.

The service made every effort to ensure staff employed had suitable skills, experience and competence to fulfil their roles. In addition the registered manager considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well. One person who had recently stayed at the home for a respite break wrote, "What a wonderful bunch of staff you have. Very carefully chosen and appointed each with their own gifts.

Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines were managed safely and competently. Safe procedures were followed during the administration of medicines. Staff wore tabards highlighting to anyone in the home they should not be interrupted during medicine rounds unless there was an emergency. This helped the nurses and senior care staff to concentrate and reduced the risk of errors. Comprehensive records were maintained for medicines which needed additional security and robust checks were carried out to check on the levels of stock. If people wished to manage their own medicines they were supported to do this and risk assessments were in place. They had secure facilities in their rooms and staff monitored stock levels to make sure medicines were being taken as prescribed.

Policy and procedures to be followed in the event of an emergency were known and understood by people and staff. Care staff told us they had training in fire safety and knew what to do in the event of an emergency. The registered manager had prepared personal emergency evacuation plans (PEEP) for each person who lived at the home. A quick reference colour code key had been developed where staff could see at a glance the level of support someone would need in an emergency evacuation. For example green signifies a person is independently mobile and able to follow instructions and blue would alert staff that the person will require three or more persons to assist.

Is the service effective?

Our findings

The service was effective. People received care from staff who had the skills and knowledge to meet their needs effectively. Comments from people included, "They are all very lovely and they know just what to do", "I feel I am in confident hands" and "I cannot fault the care, the nurses are very good when tending to my legs and dressings".

Staff had an induction programme to complete when they started working for the service. Those staff who were new to the care sector received an induction that consisted of 15 modules to be completed within three months and was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. The organisation also had an induction specific to the home, which ran over three days. A mentor system was also in place where all new staff were linked with and shadowed by a senior staff member during shifts. This was to assist with continued training throughout the induction process.

The registered manager supported staff with training in order to keep them up to date with best practice, extend their skills and knowledge and in some cases their roles. In addition to mandatory courses, staff accessed additional topics to help them understand the conditions and illnesses of the people they cared for people. Staff told us they enjoyed attending training sessions and sharing what they had learnt with colleagues. Care staff had completed nationally recognised qualifications in health and social care and others were in the process of completing this.

Nurses were supported to update their skills and knowledge for the roles they performed. This included wound care management, diabetes and syringe driver updates. Syringe drivers were used to administer medicines continuously through a needle just under the skin. The registered manager and nurses were mindful to keep up to date with current best practice and guidance. They made provision to support each other with their duties and responsibilities to the Nursing and Midwifery Council (NMC) and revalidation. Revalidation exists to improve public protection by ensuring nurses continued to remain fit to practice in line with the requirements of professional registration, throughout their career.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it was in their best interests to do so. Not all staff fully understood its principles when we asked them questions. Shortly after the inspection the head of quality and care contacted us to say the training for MCA and DoLS had been extended to a two day course with a revised content.

The registered manager was able to provide us with examples how they had taken the right action when someone did not have capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals. This included one example where a person who had dementia and reduced cognitive ability had requested to live independently at home. Several best interest meetings took place and

the person and staff received support from a psychologist, a best interest assessor and GP. There were three authorised DoLS at the time of our inspection.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and with staff and visitors. They chose to spend time in the lounge, conservatory, the dining room, their own rooms and gardens. People also went out independently or with staff and family members.

Staff felt they were supported on a daily basis by the registered manager, deputy and other colleagues. Additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed the people they cared for, any professional development and set themselves objectives.

The head of care and quality had recently conducted a quality assurance audit on food, menus and the mealtime experience provided across all four homes in the organisation and this included taste sessions. Beech House received positive feedback from the audit and their menus were shared with the other homes in the group to adopt. People consistently reported they enjoyed the food, happy with the options available and quality. People received a healthy nutritious diet that supported personal preferences. In addition to morning coffee and afternoon tea and cakes, beverages and snacks were available to people throughout the day in designated kitchenettes. Mealtimes were flexible wherever possible and people were supported if they wished to receive meals in their rooms. The dining room was popular with people and they enjoyed the social atmosphere of dining together. Staff and visitors also joined people at mealtimes. Menus reflected seasonal trends and meals that people had chosen were traditional favourites. People were asked if they enjoyed their food each mealtime. One person told us, "The chef is very good and always pops in to see if everything is to my liking".

If people were at risk of weight loss staff had management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and body weights.

The registered manager and staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People were supported to register with GP's and dentists of their own choice.

Is the service caring?

Our findings

The service was caring. Throughout this inspection it was evident that people were cared for with compassion and kindness. All staff at every level wanted people to be happy, feel important and live a life that was meaningful and fulfilling. We saw warm and friendly interactions between people and staff. The atmosphere of the home was one of calm only to be interrupted with laughter. One person wrote in a recent survey, "There is always a lot of laughter". Staff morale was cheerful and buoyant and they enjoyed their roles and responsibilities. They were committed to the people they supported. Another person wrote in a recent survey, "I have made some new friends here and that includes the staff".

In light of current public concerns around care provision in homes for the elderly, one relative recently wrote to a local newspaper about their mothers experience living at Beech House. They wanted to express their 'admiration and gratitude for the care their mother had received'. They wrote, "She was treated with care, compassion and an awareness of her as a person, not just seen as an old lady. Staff were unfailingly friendly, cheerful and efficient. They were quite simply brilliant".

The service constantly received written compliments, thanks and acknowledgements for all their efforts. We read some of the most recent ones. Comments included, "What a wonderful bunch of staff you have, each one brings something different", "I would like to thank all the staff for their care, it was a great relief that my relative was cared for with dignity" and "Heartfelt thanks for everything you did for my dear dad. We saw with great relief, dad emerging again with his lovely smile, bright eyes and sense of humour". One relative told us, "What you see today is nothing unusual. I visit often and I observe and listen. I have never heard a sharp or impatient word from any member of staff; they are caring, loving and kind".

Throughout the inspection we saw various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. The registered manager and staff demonstrated a determined, positive commitment to people and would always go that extra mile in order to ensure they felt valued. Staff had fostered positive relationships with people that were based on trust and individuality. They provided us with a good level of detail about people's lives prior to moving in and how they had supported people to 'keep this alive'. One person living in the home had been a well-known, long standing headmistress at a local school. The registered manager contacted the school and they invited the ex-headmistress to the school for a cream tea afternoon. Staff took them out to purchase a new outfit for the occasion and three staff accompanied them at the event. Lots of photographs were taken during the visit which the home later had framed. The registered manager attended and told us the person had felt they were 'treated like royalty'; it was a very special day. The photographs were now hung in the person's bedroom and provided an instant conversation starter. The family were over the moon and thanked the home for their kindness and efforts.

The registered manager told us about another person who had recently celebrated their 100th birthday and had also been a headmaster at a local school. This year the school was celebrating their 50th anniversary and the ex-headmaster had actually opened the school fifty years ago. An invitation was sent from the school inviting the ex-headmaster to attend the celebration at the school and to meet with old colleagues and former pupils. Staff took the person out to buy new clothes for the occasion and supported him at the

event. The registered manager spoke with us about this gentleman who was often very quiet, reserved and not one for conversing. Following the party we were told he was engaging a lot more and particularly enjoyed one to one sessions where he had been sharing his past stories about when he was a teacher.

Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important. Those relationships were sustained and encouraged in various ways. People were supported to attend weddings, funerals and other important events. One married couple lived in the home together and had recently celebrated 75 years of married life. A party gathering was arranged for family and friends and, as the couple had been lived in the area since 1976 the local gazette, covered their story.

Staff supported people as equals and promoted fostering of relationships within the home. The 'gentleman's club' was very much enjoyed. They socialised together and talked about things that interested them; they enjoyed a beer and played games. Quite a few people enjoyed drinking and the social aspects associated with coming together and making friends. One small group would take it in turns to go to each other's rooms in the evening. They had small fridges and entertained people with beverages. Having a nightcap was very popular.

People became good friends, which meant in the sad event that one of them passed away it affected them as well as the staff. Staff supported people through their loss of a friend, remembering happy times and memories whilst living in the home. They also supported people if they wanted to attend the funeral ceremony. People had supported each other through end of life. The registered manager told us about one person who often sat with a person who had become their friend and held their hand as a way of comforting them when they were dying. One daughter recently wrote to the registered manager following the death of her mother. They had given the home a beautiful garden ornament to thank staff for the care their mother had received and the happy times she had whilst living there. In order to pay tribute to the ornament the home designed a new garden feature in a small courtyard area. The daughter wrote, "Thank you for making such a pleasing arrangement around the tribute to mum".

Staff were proud of their approach towards people; they always made time for people and had good listening skills. We saw various examples where dignity and respect was promoted. When offering support staff spoke politely and made efforts to ensure they were at the person's eye level. They discreetly offered to help people with sensitive needs for example assistance at mealtimes and when using toilet and bathroom facilities. The relative who recently wrote to the local newspaper said, "They took time to get to know my mother and always ensured her dignity and individuality even when nursing care was needed".

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, and helping people to fasten their jewellery and weekly visits to the home's hair salon. Another 'nice touch' was the fun array of sunhats that one could chose on the way out into the garden and a little note to remind people to wear sun protection.

During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example where staff promoted an atmosphere that was calm and conducive to dining. We observed staff speak sensitively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory. People who required help with eating and drinking were supported with dignity and respect. Staff were supporting people respectfully and at their own pace, sitting at the same level, with clothes protected where requested. Staff were attentive throughout lunch, gently encouraging and cutting

up food if required.

People we spoke with had different interpretations about receiving a service that was caring. One person told us that 'it wasn't just about having kind considerate staff' and that it was about the 'whole package'. They felt the home and gardens were 'beautiful' and had been created to enhance a lifestyle that was a sanctuary. The home constantly received positive comments about the gardens and it was evident a lot of thought and consideration had been given to the design and its continued growth and development. The gardens did bring a lot of joy and fun in addition to offering peace and solace to people and their visitors.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to small quiet lounges throughout the home used for family gatherings. Relatives were supported to enjoy meals with their loved ones; recently seven family members came for lunch. People and their guests had access to kitchenette facilities to prepare drinks and snacks. One relative told us, "I enjoy coming here; I am always made to feel welcome and the atmosphere cheers me up".

Staff kept families and friends connected and involved by producing a quarterly newsletter. This was especially helpful for those who were unable to visit regularly. The newsletter provided information about significant events, future plans for the coming months, arranged trips and activities and welcome wishes for new "residents" and staff.

Is the service responsive?

Our findings

The service was responsive. The registered manager or deputy completed a thorough assessment of those people who were considering moving into the service. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and prospective "resident" to make a decision as to whether the service was suitable and their needs could be met.

The homes approach to care was person centred and holistic. The care plans were informative and interesting. They reflected that people had been fully involved in developing their plans and people confirmed this. The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes. One lady who was aged 100 told us, "Staff know that I like a lie in in the morning and to come round slowly in my own time". They said staff were 'lovely' and they were 'always asking if there was anything they wanted'.

The registered manager and staff were committed to ensure that's people's night-time experiences were as enjoyed as much as during the day. Preferred night time routines were always considered and records reflected that people had thought about what would make them feel content and safe. This covered aspects such as providing supper snacks, hot drinks and favourite night cap, closing bedroom doors, whether people preferred a light on and how many times they wanted to be checked by staff during the night.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to the nurse in charge. We saw examples where continuous daily evaluation helped identify deterioration in people's health, or where needs had changed and intervention was required. One relative gave us two examples where their father had received prompt medical attention and required a visit to the hospital. They told us it was 'such a relief that staff escorts were provided'. The staff kept the family informed throughout the hospital appointment and updates on treatments when they were discharged back home.

Through continual assessment and monitoring staff were able to identify if people's conditions had deteriorated and take appropriate action. An employed physiotherapist meant people had on hand expertise and continual assessment. One relative told us about their father who had a diagnosis of Lewy Body dementia and how this had affected their mobility. Previously they had been a sequence dancer and very active so this had been particularly difficult for him to come to terms with. Following a referral and assessment with the physiotherapist the home trialled a new piece of equipment. The mobility walker had sound and laser features. The ticker sound and laser light assisted people to improve stride and rhythm. The relative told us how pleased they were with their fathers progress and how it had improved his confidence and independence.

Through continual assessment and review staff were able to identify any new problems people may be experiencing. This year staff had identified a change in mood for one person living in the home. They found the person had an increase in low mood and lethargy and that this was possibly heightened at different times of the year. Following referral and consultation with the GP, the person was provisionally diagnosed with Seasonal Affective Disorder (SAD). People with this condition find a reduced contact with daylight and sunlight at the correct times and insufficient quantity, the symptoms of SAD will ensue. We read a detailed care plan for staff to follow which provided them with details about SAD, how it can affect people and what the treatment plan should be. The home purchased the equipment necessary to help treat SAD and light therapy had commenced.

The registered manager and staff recognised that people needed a purpose and would want to continue with things that were important to them so that their lives remained meaningful. There was a dedicated activities team consisting of employed staff, bank staff and volunteers. The service developed a creative and active community life at the home. They had sought input, ideas and training through Alive. Alive is a charity dedicated to improving the quality of life for older people in care through meaningful activities. The ethos is that activity sessions are proven to impact positively on older people in the expression of personal identity, enabling of personal choice, interaction with others and general well-being. People and relatives told us there was always 'plenty going on'. One relative told us, "Sometimes when I come in my father is so busy with activities he doesn't have time for me!"

The service protected people from social isolation and recognised the importance of social contact. The service supported and promoted raising the profile of the home and being part of the local community. Local school children, brownies and church members visited the home either to perform or to spend time with people individually. Some preferred to visit church and attend services. People had been invited to Christmas shows and parties at two local schools.

The service organised events to raise money for national and local causes. People were asked for recommendations about which charity they would like to sponsor and donate money raised. This year they hosted a coffee and cake morning to raise funds for Macmillan Cancer Support. Cake donations and raffle prizes were gratefully received and contributed to the fund. Some ladies in the home had formed a knitting/crochet group and made blankets which they donated to a local charity.

The service had recently updated their transport and purchased a fully equipped customised minibus. Trips were always enjoyed and were arranged in large groups, smaller groups for more frequent local trips and on a one to one. Organised trips this year had included, Willow Trust canal boat, Newark Park Ozzleworth and Tredegar House. Photographs in the newsletter indicated people had enjoyed the outings and had a lot of fun. Events were celebrated throughout the year from Valentine's Day through to Christmas day. Parties were organised to celebrate national events such as the Queens 90th birthday, Ascot and Wimbledon. Entertainment was also available throughout the year from visiting groups, for example, musical entertainment, pet therapy, fashions shows, musical theatre and Punch and Judy.

The ethos of the service was that people should be afforded every opportunity to live a normal life and enjoy those things that everyone has a right to do and enjoy. In addition to the homes 'resident' gardening club there were twice monthly visits from Growing Support. They provided social and therapeutic horticulture activities for older people. The garden activities provided sensory stimulation, exercise, increased social interaction and promoted a sense of purpose and achievement. We joined a session on the first day of our inspection. It was very popular and attendance was good, people were thoroughly enjoying the activity and were proud of their efforts. For this session people were planting bedding flowers and lettuce.

Art therapy was proving to be a popular activity for people and enabled individuality and expression. An artist from the Jamaica Art Centre in Bristol visited the home on a regular basis and people took part in art classes. The service had also set up Primary Paint Pal's. Paint Pals is an intergenerational art project that builds links in the local community between older people living in Care Homes and children in local schools. The project enables older people to build a connection with children to give back to their community and everyone involved to have fun creating art. It works by pairing older people with school children and they paint for each other. Children are then invited to the home for Paint Pal parties where they can get to know each other better and work on art together.

People who lived in Poplars were encouraged and supported to join in activities across the home, watch and listen to visiting entertainment and join in the local trips and outings. In addition to this they had exclusive activities and stimulation that supported those people with a diagnosis of dementia and this was tailored to individual need and preference. Stimulation aids were on hand throughout the unit and included twiddle muffs, rummage boxes and interactive music equipment.

There was a new designated reminiscence room. Large murals had been purchased that represented different themes for example, a retro kitchen, potting shed and a traditional lounge. Each was interchangeable and memorabilia objects were added to suit the theme of the month. These were perfect for creating conversations, sharing experiences and memories and people enjoyed sitting quietly passing the time of day and reflecting. In the poplars unit there was a tranquil beach mural and suited memorabilia such as straw hats. This area could be screened off and was often used as a sanctuary to provide relaxation for people when they became anxious or distressed. Staff had received training in hand massage by the local hospice and this area was used for hand massage and mindfulness sessions. Relaxing music sounds of the sea were also played.

One to one meetings with people were a big feature of how people were supported socially and promoted their emotional well-being. This was a time to catch up on news, talk about the past, to reflect about what went well and not so well and assess how people were feeling. Records of the meetings reflected that inclusive, productive conversations took place. The person writing them had been descriptive about what was discussed and how this had left the person feeling. For example one written record described how a person had been 'quite quiet' at the beginning of a one to one and after wrote, "They soon came out of their shell and we were laughing and joking, they became a little downbeat when we spoke about family, but a friend visited who brought a bouquet of flowers which made her smile, she remained happy thereafter and seemed to really appreciate the time we spent together". The meeting also helped identify possible new hobbies and interests, the staff member had written that the person had a 'love of flowers' and suggested they might like to join the gardening club and the flower arranging group.

The service had a complaints and comments policy in place. People and their families were given a copy of the procedure and policy on admission and it was always discussed at meetings to remind people what to do. People who required assistance to make a comment or complaint were supported by staff. People said they were able to raise any concerns and were confident their concerns would be acted on.

Is the service well-led?

Our findings

The service was well led. The registered manager demonstrated effective leadership skills within their role. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was evident. The registered manager spoke with praise for her staff and told us she felt 'blessed'. Staff spoke highly of the registered manager. Comments included, "The management are very supportive both professionally and personally", "I don't know what we would do without the manager" and "We feel valued by the manager and that is appreciated, it makes us feel good". One relative told us, "I often pop in to see the manager who is always available and she is never far away walking around the home regularly".

There was an emphasis on teamwork amongst all staff at all levels. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained. Comments from staff included, "The girls here are wonderful, very supportive and a really good team" and "We all get on well and we are like a family". People recently wrote in the homes survey, "All the teams work well together and are very sensitive to our needs. It's good to see teams overlapping and sharing duties", "There can't be many places with such a dedicated team.

The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities in order to further enhance the service they provided. Staff members had taken individual lead roles and become champions (experts) in health and safety, infection control, mental capacity, dignity and dementia. These roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events, training and networked with other agencies to increase their knowledge and understanding. This helped them to develop improved systems in the home and further enhance person centred care. They also delivered learning sets for staff about these particular subjects and improved auditing to ensure better quality and safety. The dementia lead promoted effective communication amongst staff and encouraged them to share ideas and new initiatives. Successes had included looking at the diverse age group of people living in the home and how to recognise this when planning activities and trips so that it was relevant to each individual. Staff had also identified that some people with dementia became more anxious and worried later in the day and were unable to cognitively process what time of day it was. A suggestion had been made that perhaps if the staff wore Pyjama bottoms it would help people differentiate between night and day. To date this had proved successful and had helped two people in particular with regards to orientation, in addition to adding a bit of fun to the Poplars unit.

Staff were constantly encouraged and supported to progress within the organisation and develop new skills. They were proud of their achievements and wanted to be excellent role models. One nurse had recently been awarded second place in the Nursing Standard, Nurse of the Year Awards in addition to being awarded an MBE for her services to nursing. Senior care staff were looking at being 'upskilled' where they would have training to perform extended roles. This included things like taking blood pressure readings, temperature, pulse, and blood glucose levels.

The registered manager promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings were effective, meaningful and enjoyed.

We saw various examples whereby requests from people and relatives had been listened to and actioned in addition to empowering people to effect positive changes within the service. We looked at comments made by people in the homes recent survey, their requests and what the registered manager had done to address them. One person had said they would like more activities that involved animals. As a result of this the service arranged for visits by Zoo Lab and Birds of Prey, trips were also arranged to Bristol Zoo and Longleat. Two relatives asked if they could have an update on their loved ones health specifically every six weeks and a plan was put in place to ensure this request was respected.

The registered manager was knowledgeable about the people in their care and the policies and procedures of the service. They were keen to share with us the achievements over the last year and their views, aims and objectives for the coming year and how this will impact on people who use the service. In addition to the achievements we have referred to throughout this report the service had developed a new dependency tool to identify people's needs and help consider staffing levels. Over the last five months the group head of quality and care worked alongside the registered manager to review the existing model because they were not satisfied the current one was effective. Over the last five months the head of quality and care worked alongside the registered manager to review the existing model because they were not satisfied the current one was effective. It was not looking at the key areas of 'resident' need and gave inequitable ratings for various needs and related aspects of care. A new dependency tool had been developed based on a number of nationally recognised models, primarily NHS services Scotland Care Home staffing model. This was used to assess eleven areas of potential need and essential areas of care delivery especially relevant in the care home environment. The new tool had contributed to the identification of additional 'resident' need and subsequently an agreement to increase staffing to meet this need with a particular focus on activities and care combined.

The provider strived for excellence through consultation, research and reflective practice. Their visions and values were imaginative and person centred. The provider and registered manager had a clear vision about how they would continue to improve the service for people and staff. The service was important to them and they wanted the best for people. The detail provided in the PIR was good and demonstrated a strong emphasis on the values for continual improvement. People benefited from receiving a service that was continually seeking to provide a service that they were at the centre of. The approach to care and support was promoted and developed through research based, best practice. One example included a piece of equipment purchased this year in particular for people living in the Poplars unit. Through research the registered manager had explored the concept of music therapy. Beamz is an 'innovative tool to use music making for client engagement and to accelerate therapeutic outcomes'. Research had proven that listening to music provided most people with benefits for brain fitness, memory recall and improving communication. Interacting with music, adding movement and engaging in the activity of making music enabled even greater benefits for cognition, socialization and motivation. We saw people using Beamz during our visit and it was evident they were having fun and benefited from its use. Other interactive initiatives this year included assistive use of computer tablets, smart TV and internet access for the activities team.

The service worked in partnership with other organisations to make sure they were following current best practice, promoted joined up working and shared new initiatives and ideas. My Home Life, South

Gloucestershire Local Authority and South Gloucestershire Clinical Commissioning Group had set up a partnership to bring together different organisations to work with the community to identify and tackle key issues in a more co-ordinated way. My Home Life is a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people. The registered manager spoke with us about a project that had been set up by the partnership with regards to improving hospital discharges into the care home setting. The registered manager had been involved with evaluating and reporting on good and poor discharges. The reports were then given to the hospital discharge team who would then discuss what went well and what didn't go well with the ward staff in the hospitals. This was so that good practice could be promoted and lessons could be learnt from poor discharges. The project was ongoing at the time of the inspection and was proving a successful initiative. The registered manager also attended conferences as a guest speaker to share the reports and findings of the project to help support integrated care and working in partnership across South Gloucestershire.

The service welcomed reviews by professional external bodies. This year they had received positive results from the Staffordshire University who reviewed the home's dementia care provision. The report contained good stories throughout and clearly evidenced the positive impact for people living in the Poplars unit. One example was about people's experience at meal times, which said, "We were privileged to have observed some outstanding care when staff ensured resident's fluid and dietary requirements were met. There was clear evidence of attention to detail in person centred care that we found particularly encouraging as observers. The general feel of the environment around lunchtime in The Poplars was one of focus but also relaxation. All the staff remained diligent in ensuring that the residents who were not able to feed themselves received their lunch. There was no sense of pressure of time demands during lunchtime and staff appeared very much aware of residents needing their own time to eat and drink".

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. We looked at the quality monitoring reports conducted by the head of quality and care. The audits lent themselves to a thorough quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the registered manager and deputy.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.