Sonnet Care Homes (Essex) Limited

# The New Deanery Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection was unannounced and was carried out on 4 May 2016. We had previously visited on 25 And 26 November 2014 and rated the service as 'requires improvement'. At this inspection we found that the provider and manager had looked at the detail of our report and had indeed responded positively to our findings and addressed those areas for improvement. The previous report did not find breaches in regulation.

The New Deanery provides accommodation and personal care for up to 93 people. Some of whom have a degree of living with dementia and some people who have a physical disability. At the time of our visit 39 people resided at the service. This location is required to have a registered manager and one was in place. They were present through the whole inspection and were enthusiastic to share developments with our team. 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 a care service that was fully compliant with regulations. It was extremely well led. The vision and values were well known by everyone. Staff were enthusiastic about their areas of responsibility and keen to share with the inspector how much they enjoyed their job. The management oversight was thorough and effective so that people were as safe as they could be.

People and their families experienced an inclusive service that was responsive to ideas and dealt with complaints well to peoples satisfaction. Management was open and actively listened to people through their quality assurance processes.

People told us that staff were caring and knew their individual needs. People felt that staff were compassionate and were able to develop meaningful relationships. Relatives told us they were informed and were able to develop trust in the staff. People told us that any concern was readily addressed. People had good interesting opportunities about how they spent their day. The catering was responsive to individual preferences and needs with care and attention paid to presentation of food and peoples individual needs such as a soft diet.

There were sufficient numbers of staff so that people were given the time and attention that they needed. People told us that they were never rushed. Our observations were that staff were responsive to people's needs and readily available at all times.

Staff were well trained and had good support in place. The induction that staff received was thorough and comprehensive and meant that staff at the end of induction were capable of performing their role to a good standard as confirmed in their weekly review and confirmation in post. Staff were provided with sufficient information in care plans to offer a tailor made service for people. Care plans were developed with people,

individualised and easily accessible. Care and risk assessments were regularly reviewed and peoples capacity and ability to make decisions was well managed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

The arrangements in place to manage people's medicines were consistently safe.

Staff had been trained to recognise and respond to any actual or potential abuse.

Where risks to people had been identified through assessments these had been clearly documented and followed by staff to ensure risks were managed.

There were sufficient numbers of skilled staff to meet people's needs. People experienced no delays when calling for staff assistance.

### Is the service effective?

Good

The service was effective.

People received treatment and support from staff who had the specialist skills to meet their needs. Staff were supported to develop their knowledge and skills via regular supervision and appraisal.

Staff understood the need to gain people's consent and worked collaboratively with other health care professionals to ensure people's rights were protected.

People had access to dietary advice if needed. Appealing nourishing food was available for everyone based upon preference and need. People received support to manage their health and were registered with their own GP.

### Is the service caring?

Good

The service was caring.

People's dignity and privacy was respected. Staff were compassionate and caring and people felt staff listened to and

involved them.

People were actively involved in making decisions about their care and treatment. People valued the meaningful relationships that were developed with staff.

## Is the service responsive?

Good

The service was responsive.

People had a personalised plan. The service was flexible and supported people to lead individualised lives. There were many opportunities to socialise and participate in activities.

People received information on how to raise concerns and complaints. The provider saw this as an opportunity to develop and learn how better to support people.

## Is the service well-led?

Outstanding

The service was well-led.

The service promoted a positive and open culture and opportunities for people to comment and influence the quality of the service provided.

There was effective leadership and a clear strategy for the continued development of the service.

The provider worked with other professionals and had effective clinical governance in place, and used current guidance to measure and review the delivery of the service for the benefit of people at the service.

# The New Deanery 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 on 4 May 2016 and was unannounced.

The membership of the inspection team consisted of two inspectors an expert by experience and a Specialist Adviser [SPA]. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our specialist adviser was a professional currently working in dementia care.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned to the Care Quality Commission. We found the information in the PIR was an accurate assessment of how the service operated.

We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with sixteen people who were residing at The New Deanery to ask about their experience. We spoke with eight relatives to gain their views. We spoke with 15 staff of varying designations and roles within the service. We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We viewed six people's records to see how their treatment and support was provided. We looked at the

arrangements for managing people's medicines to check these were managed safely. We also looked at the arrangements in place and records for staff recruitment, training and quality assurance audits. We viewed feedback from people involved with this service.

Good

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe with all the staff who supported them. One person said, "It is safe here and I like it. They [staff] are all lovely." Another told us, "All the staff are good and yes they are all very kind." Two relatives we spoke with were complimentary about the quality and safety of the care service provided. One relative told us, "We are very pleased with the care. [named relative] is so settled, they have done wonders with [relative]." Another told us, "They have some lovely staff here. We can see they are safe and happy and have no concerns."

Staff were aware of how to raise concerns internally and with agencies outside of the organisation to contact if necessary. Staff spoken with were clear about the processes to report and expressed confidence that they would be listened to. Staff were clear about whistleblowing [A whistleblower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct] and described having a phone line they could use to raise concerns. Information sent to us before the inspection by the manager told us. 'We have robust whistleblowing arrangements supported by an external whistleblowing line which is widely publicised around the service. Directors meet new team members on induction to emphasise our open and inclusive culture and reiterate how to raise a concern or make a suggestion. They also outline our culture and values programme.' One staff member we spoke with said. "Oh yes I have had training in safeguarding people from abuse and know the differences. I would speak to my line manager immediately and would not hesitate to report such things." We found that there were appropriate policies, procedures and systems in place for dealing with safeguarding adults from abuse. Staff had received training in recognising and responding to concerns where vulnerable people were suspected of being at risk of abuse. We had been appropriately notified of significant events and feedback from the local authority on this matter was that they had no concerns relating to the protection of people from harm or abuse.

Risks to people's safety and welfare had been assessed and actions taken to reduce these risks whilst supporting people's choice to take informed risks. Staff understood what measures were in place to mitigate any risks to people's health, welfare and safety. We followed up on information we were notified about. We examined a set of care notes relating to a person who had recently fallen and required hospital admission. All the necessary actions were taken and recorded from the initial incident in the person's care notes, through the hospital admission process and subsequent return to the home. District nurse input was seen as was change of equipment required for safe tissue viability care. In this example it was a change of mattress. The risk assessments and recording of the incident to CQC notification was comprehensive and complete. The process was also included in a response to the monthly clinical governance board meeting.

Risk assessments had been produced for a range of situations. For example, moving and handling plans described actions for staff to take to support people to mobilise safely. Equipment such as hoisting equipment and supporting slings were clearly described within people's care plans. People had their own slings that were assessed for their usage. One person told us, "I feel perfectly secure when they're helping me." Another person said that, "When they help me I feel secure and they don't hurt me." A visiting relative, whose mother had been in the care home for some years said, "I feel much more secure about her now than I used to." A relative described to us how they were involved with the review of the risk assessments and how

these were altered to reflect the changes. They went on to tell us that staff did follow them and reminded their relative to use their zimmer frame to walk and ensured a wheelchair was used for longer distances. They felt the balance was right in terms of independence being maintained and keeping their relative safe from falls.

Care plans contained other risk assessments including risks associated with the management of people's medicines and guidance for staff in responding to distressed reactions in response to situations or anxiety relating to other people. Waterlow risk assessments were in place for pressure care prevention. These documented the setting for the mattress and we were informed that these were checked daily by the night staff. Records said that individuals should be repositioned and charts were used to regularly record this. There were risk assessments in place for people at risk of falls. People who were identified as high risk had pressure mats in place to alert staff to people getting up from their bed. Risk assessment took account of peoples understanding, hearing, medicines and stability to assess several factors. People who were in bed or sitting out of bed in chairs had call bells within reach. For those unable to use the call bell staff were checking upon them regularly. A relative told us. "Call bells are answered quicker now than ever before." Each person had a personal emergency evacuation plan (PEEP) in their plan of care. This gave guidance to staff to ensure people's safety was protected during the evacuation of the building in the event of fire or other emergency.

All of the staff and relatives we spoke with told us there was sufficient staff to support people according to their needs. One person said, "Staff are there when you need them but not in the way all the time." People and their relatives commented on the improvements in staff numbers, staff training and care standards. Comments included, "They're an excellent team here now." and "Caring is excellent." We observed there to be sufficient staff available throughout our visit. During the lunch time meal sufficient staff had been deployed to support people who required one to one support with eating their meal in both the dining room and in people's rooms. Staff were observed to support people appropriately, in an un-rushed manner at all times during the day. Staff were visible in all locations of the service and were easily found. People said call bells were responded to "promptly" and this was observed to be the case during the visit. One person said. "There's enough staff at the moment." The manager had an effective system in place for monitoring staffing numbers required based upon the numbers of people resident and their dependency needs. Senior staff were key to providing this information regularly. This was then fed onwards to the provider through a monthly report so they were assured that staffing was assessed and met. We were able to examine the roster in place and found that staffing levels and roles were consistently met in line with what was expected. We saw no agency staff deployed on the five weeks' worth of rosters we examined. Managers told us that the home had adopted a zero agency policy in October 2014 and had successfully sustained that position.

People's medicines were managed safely. A relative told us, "I had to bring my [relative] here because where they lived before they did not receive their pain relieving medicines on time and could not get out of bed. Here, they receive their medicines on time and they are much happier because of it." Residents and relatives spoken with said that the home made sure that residents had the medicines they needed, One person said, "They make sure I take them in the morning and the evening."

All the staff we spoke with told us that they had received training in the safe handling and administration of people's medicines. One staff member went on to tell us that during the medicine round, "I get to speak to each resident and get information regarding their presentation during my interactions." A person using the service told us, "The nurse always talks to me about my tablets and asks if I need any extra for my back pain. If I need any extra I ask and get what I need." This showed us that there was a responsive approach to medicines management as well as being safe.

People's medicines were stored securely. There was a system of regular daily and monthly audit checks which included a review of medication administration records (MAR) and checks that ensured the balance of stock matched with the administration records. As well as internal audits the providing pharmacy also carried out monthly audits to check that the provider was operating safe and effective systems in managing people's medicines. We carried out an audit of stock and checked against the MAR records. We found that on every check these balanced. This assured us that people had received their medicines as prescribed. We found that there were no gaps in staff signatures when they evidenced administration of people's medicines. Where people were prescribed medicines on a 'when required' basis, for example pain relief, or when they were prescribed variable doses, for example 'one or two tablets', we found that staff recorded the number of tablets administered. This meant that it was possible to conduct accurate stock checks.

Where charts were in place to record the application and removal of prescribed transdermal pain relieving skin patches, there were no gaps in the records. This meant that we able to determine if staff had administered patches in accordance with the prescriber's instructions to ensure people's safety and effectiveness of the medicine. Staff who handled medicines had been provided with training and their competency to administer people's medicines safely assessed. People were satisfied with staff handling their medicines. This assured us that systems were in place and steps had been taken to identify and respond to medicines administration errors should they occur.

Good

# Is the service effective?

## Our findings

Staff and relatives told us that each person had an assigned keyworker. People were clear that the keyworker role was a designated staff member with whom they could liaise about care and welfare matters in more detail, but staff on duty were approachable at that given time. One relative told us, "The Senior carer that I speak with has been here some time and they are quite experienced." The same relative told us that they had attended a dementia awareness course run at the service. "I attended the virtual dementia course along with some senior staff. It was extremely interesting." They confirmed there were other relatives on the course with them and this had increased their knowledge and understanding of dementia.

Staff spoken with said that they felt they were well trained for their roles and well supported by their manager who was well regarded by those spoken with. Our observation of practice was that staff were knowledgeable about the needs of older people and people living with dementia. We found that staff were taken through a clear process from their initial induction training on to performance reviews, supervision and continuous professional development. Each staff member had a folder that set out what was understood by mandatory training. This training was also tested and evaluated by their line manager. Expectations of what training should be on offer and to what level of competence was clear for all. There were fifteen elements to people's induction training and that covered all the areas relating to health and safety that we would expect – such as moving and handling, fire safety, infection control, first aid and food hygiene. The aims and objectives of the service were also conveyed in training such as equality and diversity, The values of Kindness, Comfort and Respect [KCR] and handling information. The mandatory training also covered more complex training such as The Mental Capacity Act, Dementia Awareness, Nutrition and Hydration and Pressure Ulcer prevention. This showed us that the baseline level of training all care staff was of a good quality and corresponded to what people and staff told us. A person who was in the service for respite said, "This is the second time I've been here. I like it and feel safe; the staff are very friendly and caring."

Staff received support through one to one supervision support meetings and regular staff meetings. There was evidence seen of regular staff supervision and support structures, from induction to annual appraisals. These provided opportunities to monitor staff performance, identify training needs and support planning for staff development. New staff received supervision on a weekly basis for the first 12 weeks of employment. The thorough staff meeting minutes demonstrated from the layout of the minutes that previous issues were followed through.

We checked the manager and staff understanding of the Mental Capacity Act 2005 (MCA) and found that they were knowledgeable and correctly applied this in practice. The MCA sets out what action providers must take to protect people's human rights where they may lack capacity to make decision about their everyday lives. Staff and the manager understood their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Care records showed us that people's capacity to make decisions regarding their health and welfare had been assessed. Where people lacked capacity to make informed choices about their health and welfare and where their freedom of movement had been restricted in their best interests. The provider had submitted urgent authorisations to the local

safeguarding authority as is required by law. We saw a comprehensive consent document with reference to personal choice and how relatives were consulted. A good example of how decisions were made was in the completion of Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR]. The paperwork seen was well written and demonstrated choice of the individual, professional consultation as well as relative's wishes. This assured us that people's best interests had been assessed and care and treatment was planned appropriately by those qualified to do so. People were able to tell us that they were asked about their consent and we observed that staff asked for consent before they supported people with their care. We were sufficiently assured that consent was always sought in line with legislation and guidance.

People had regular health checks and staff quickly acted on any health issue and monitored these. Staff told us, "We always observe the residents and if there is a change we report it to a senior or the manager." And, "Any signs or changes in walking or eating could be telling me that they are becoming ill". This showed us that staff recognised that people's healthcare needs could change and demonstrated awareness of how these were reported and effectively acted upon. People were supported with their healthcare needs. People were registered with a GP, mostly a local GP but some people retained their GP from prior to staying within the home. Regular GP visits were well recorded by staff. There was also access to other specialist healthcare professionals such as dentists and opticians.

People said that the service staff would arrange a GP for them whenever they asked. "They call a GP whenever you want one, but you see a different one every time." One person said that the Senior Carer had heard her coughing overnight and had arranged for a doctor to visit her next day to check that she had not contracted a chest infection. That had since taken place. Care and support plans included details of planning to support people to maintain their health and wellbeing. One relative told us, "The staff are on the ball when it comes to making sure the doctor is called without delay when needed. They always keep me informed of what is happening, always updated if things change." Another relative said, "We work together as a team in planning my [relative's] needs are met. I am contacted and kept very well informed of any changes."

People at risk of acquiring pressure ulcers had been assessed and where the risk had been assessed as high, action had been taken to access specialist advice and pressure relieving equipment was in place. This showed action had been taken to keep people as well as they could be. There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included staff supervisions, daily handover and regular staff meetings. Discussions with staff and the deputy manager demonstrated that staff had been supported with guidance and the focus was on meeting the needs of people and providing them with personalised care to maintain good health and well-being.

People were supported to have sufficient to eat and drink through a very individualised responsive service. There was choice of meals beyond the published menu with acknowledgement of cultural needs as well as personal preferences. The Chef, when interviewed, demonstrated that he and his team had a very high awareness of the people's needs and preferences. The catering team were enthusiastic and proud of their achievements in providing suitable food for people. There were options for people to have individual preferences met. For example one person preferred ready prepared food from a high end department store. This was facilitated. Another person preferred smoked salmon and sometimes skate wing, this was purchased and provided. One person told us they had said to the chef that they wanted cranberry sauce because they found the chicken tasteless and the next time she was served chicken it came with cranberry sauce – just as requested.

People were supported to eat and drink according to their dietary needs. One person told us, "The food is

lovely here, always well presented.  If you don't like something they find you something else." Care records evidenced people's weights had been monitored. Where people required specialist support care records evidenced where staff had supported people to access professionals. For example, referrals to dietician's where there was a risk of receiving inadequate nutrition and speech and language therapists where people experienced difficulties with swallowing. We tasted a variety of soft moulded food. This was visually pleasing as it was presented with care. The tastes were exceptional. People, who needed a soft diet because of their condition, were able to choose from the daily menu – the same as others. These foods were appropriately prepared and readily available daily.

Our observations of the day were all positive. People were seen to be offered choices. Most people chose to eat in the dining room. Eight staff were seen to support people. This was sufficient to support those people who needed one to one attention to eat their meal with dignity. Staff were seen to offer encouragement and chatted throughout. Some people chose to eat in their room. One person had a ploughmen's lunch with a pint in the courtyard. Staff were observed to record the intake of food and fluids throughout the day for those people who were assessed as at risk.

The Bistro area which also served drinks and snacks to people and their visitors throughout the day was popular and well used. One person told us, "They make their own cakes and everyone loves them". People at The New Deanery were facilitated to eat well and enjoyed the food that met their individualised needs and preferences.

Good

# Is the service caring?

## Our findings

There were positive, caring relationships developed within the service. Throughout the visit staff were observed talking and laughing with people, checking on what they needed and addressing those needs. Staff gave regular attention to people who were unable to mobilise independently. People and relatives said that the staff were caring, friendly and kind and that there was, "A nice cheerful atmosphere here," at the service. Staff were observed taking time to reassure one person in distress because they thought we were someone else and were removing them from the service. We overheard them say, "I don't want to leave here." Staff acted with kindness and compassion and explained carefully what was happening.

One person told us, "I like the girls; they'll do anything for me." Another said that, "The young ladies are very kind to me." A visitor whose relative had been in the home for more than three years said that, "The carers are more friendly and less stressed than before; before it was all panic, but now it's relaxed and friendly." The person themselves added, "The caring is excellent; they're an excellent team now."

Where people required support with their eating and drinking this was provided at a pace that suited the individual. Staff were attentive and care was provided with dignity. Staff respected people's decisions regarding how they wished to spend their time. Where people had chosen to spend time in their rooms this was supported and staff checked on people regularly.

People were cared for and supported by staff who knew them well and understood their likes, dislikes, wishes and preferences. People told us that staff knew their needs and described how staff cared for them in a personalised way. People's personal histories and life stories were well known by staff and some documented in their care plans. One staff member said, "Peoples likes and dislikes are important and they are written down for us." Another said, "I like getting involved with the history of residents, it helps me with looking after them and gives me a chance to talk to them about their past."

We saw evidence in people's care records that they and their relatives had been involved in the care planning process wherever possible. Relatives told us they had been consulted and involved in the planning and review of their relative's care when this was the wish of their relative who used the service. People told us they were regularly consulted about how they lived their daily lives. One person said, "The staff always have time for you, they never rush." We observed several instances of individualisation, from choice of daily newspapers to different settings for socialisation. One person stated. "I have my breakfast on my own every day in my room and I am very happy with my routine." Relative's told us they were regularly consulted and updated with any changes in their relative's care and support needs. One relative said, "I have access to the care plan". Then joked – "They drag me in every three months to look at it. But it is up to date and we get more info. They are a professional lot here." Staff told us that information they obtained to plan people's care had helped them to provide care and support in a way that was preferred by the person. The manager was clear and said, "'We record the likes and dislikes of each individual resident and get to know them well. "We saw that one person had access to external advocacy support from Voiceability when this was required. This provided additional support in the planning their care and treatment, where they lacked capacity to make safe choices about how their personal care and support was provided.

The staff were observed to respect the individual need of privacy and dignity, any private room entered was observed to require a knock on the door and staff awaited a response. On one occasion a staff member did this, then entered a room to administer medicines  but the person was receiving care from another staff member. The staff member withdrew and explained that she would return later when it was more appropriate. A person told us, "The staff always have time to talk and listen."

Staff told us of people who when their room had been decorated, they had been provided with paint charts to choose their preferred paint colour for painting their room. One person said, "I never worry when I need anything, my room has everything I need and I love my own pictures and bits and bobs." This showed us that people were given choices and this was respected. The communal areas were well decorated and though large were compartmentalised in a way that made the areas more welcoming, Peoples rooms observed were personalised. Several of the rooms seen had TV and radio and were clean and tidy with beds made. Relatives said that they were able to visit without restriction.

Good

# Is the service responsive?

## Our findings

People who used the service and, where appropriate, their relatives had been involved in the development and review of their care plans. Care plans were detailed, informative and regularly reviewed and updated to reflect people's changing needs. These provided staff with the guidance they needed setting out people's choices and preferences, providing a clear picture of how each person wished to receive their care and support. One staff member said care plans, "Take into account the needs of each individual resident." Another said, "We use the care plans to make sure we are all singing from the same song sheet." There was evidence that the daily notes correlated with the care planning.

In all files seen the care needs and preference were well described and in the first person. They were comprehensive and contemporaneous. All notes seen had a life history documented. Care was well evidenced and tracked from admission to present day, with issues highlighted and prioritised as needed. E.g. any dietary or tissue viability issues were well documented and tracked regularly. Care plans were well written and easy to follow.

People spoken with were clear with regard to their views of the home and the quality of its provision. One person said, "Staff are very good and aware of what I need".

Care and support plans were comprehensive in detail, personalised and documented the support people required and how they wished it to be provided. This included how they wished to be supported with their personal care and how people liked to take their medicines. Care plans included information to enable staff to provide care effectively and encourage people to be as independent as possible. This provided staff with the guidance they needed to support people in accordance with their wishes, autonomy and choice. We observed where people had limited capacity to communicate staff supported people to express their wishes in line with what had been recorded within their plan of care. There was evidence that the registered manager had audited the care files and notes.

There was seen a full and comprehensive assessment and actions regarding social, spiritual and recreational needs. This reflected the persons and relatives wishes and needs. There was a range of activities provided including opportunities to regularly access the local community. The weekly plan of activities provided on notice boards reflected the actual activities provided to people. One relative told us, "One of the beauties of this home is the quality of the activities provided. My [relative] loves them because at home they were lonely but here they have lots of stimulation and opportunities to socialise with others."

We found activities coordinators were proactive in addressing people's needs. There was evidence of links between the daily activities team and the overall multidisciplinary team within the service. There were three activities coordinators and a range of activities/ facilities available for people, including a cinema room with films being shown throughout the day, a snooker/pool table, a library/ quiet room and lounge areas as well as an activities area and grounds, (with chickens). The scheduled weekly activities included music, singing, and word and card games and there were also scheduled monthly events and trips for people to access their community in the minibus. Webcam with spoken word was available in the home for contact with

family and friends who lived abroad. One person was receiving piano lessons. Programmes seen were shared with people, carers and relatives.

Two people said they preferred only to join in the trips and liked their own company the rest of the time. One person however said, "I enjoy the activities; if there's anything going I get in on it." Another person said, "It was fun playing cards this morning; it woke a few of us up." One person thought, "The regular outings go down well with people." And another person concluded, "The activities ladies are very helpful." During the visit the activities coordinators were observed working one to one with people with less capacity that were not able to participate fully in group activities. We also found that were people could take more control of their lives that this was encouraged too. One person was encouraged to take responsibility for cleaning their room. Another person had been involved in the selection of housekeeping staff and another in the type of toilet rolls purchased.

None of the people we spoke with had any complaints about the service and the care they were provided with. Information was available on notice boards to inform people of how to make complaints should they wish to do so. People and their relatives told us they would not hesitate to speak with any of the staff and the management of the service should they have any concerns or complaints. Both people and relatives said that they felt free to raise issues at residents and relatives meetings and that the service was responsive to comments and suggestions. One person told us, "I would know who to talk to if I needed to report anything that I did not like." One person told us that, "Most residents don't say anything at these meetings, but if you say you want something they'll try and get it for you." Another said that, "They are very receptive to your suggestions." A relative spoken with who lived abroad said that if they had any queries, worries or requests they would email the manager who would respond straight away; "I'll email [The manager] who says I'll check that out and come back to you straight away and she does."

We found that the service was keen to resolve any concerns that arose and went back to people to ensure they were happy with the response and outcome of their concerns raised. We were able to track a matter through and found an audit trail was identified linking outcomes to change of practice.

Outstanding ☆

# Is the service well-led?

## Our findings

It was apparent from our observation of interactions between the management and people who used the service that there was a homely atmosphere, genuine warmth expressed, lots of laughter and openness to people's request for support. People were supported to express their needs, wishes and preferences in how they lived their daily lives. The manager and staff worked well as a team in promoting the rights and wellbeing of people who used the service. People and their relatives spoke of the improvements in staffing numbers, staff training, care standards and culture which had been brought about by the changes in the management of the service. People spoken with were very complimentary about the management of the service and their day to day experiences of staff and management.

We observed and people told us staff morale was high and the atmosphere was positive, warm and supportive of people and of each other as a team. We were impressed that staff were keen to interact with the inspection team. Walking down corridors staff looked us in the eye and smiled warmly. Everyone we spoke with was keen to tell us about their role within The New Deanery and what made it such a positive place to work. The culture of the service was centred on the needs of people who used the service and care was planned and reviewed in a personalised way. Staff told us issues were openly discussed and the focus was always on meeting the needs of people. One staff member told us, "We are very well supported. I enjoy coming to work, this is a good place. The manager supports us and encourages us to always put people's needs first." One relative told us when asked to describe the culture of the service, "I love the fact that I can go to them with anything at anytime. No longer have I the worries and concerns I used to have. The manager has eyes and ears everywhere and if something needs sorting, she gets it sorted." Another told us, "The door is always open. This is a lovely place where I know people are well care for." When staff were asked what had changed the culture of the service they all said, "The manager". They also said she had brought the focus back onto the care of people and taught staff again the basics of positive, supportive, individualised care delivered with dignity and respect for the individual. We agreed based upon our findings that the culture and values within the care homes had developed for the positive gain of people living there.

The manager told us that they had an open door policy. We were told that staff could come and talk to them any time. During our inspection this was exactly what we observed. The door was always open and staff from every designation entered without knocking and did not feel the need to excuse themselves or apologise for being present. They politely joined in the conversations and were eager to demonstrate in a positive and confident way their contribution in the running of the service. This showed us that each and every staff member was equally valued and was able to approach management on equitable terms. Staff reported that they have opportunities and systems in place for raising concerns and were knowledgeable regarding the routes available to do this. There was a pervading impression from the staff that they felt well regarded and valued. One staff member stated, "I always feel as though I am listened to." The manager told us that she believed staff were now confident because of the good communication. She described a non-blame culture and that if a mistake occurred, it belonged to everyone. The manager gave a recent example where a person had sustained a bruise and how everyone had effectively communicated to look into the matter, prevent a reoccurrence and liaised with the family to resolve any concerns. This showed us there was an open culture in operation.

Everyone we spoke with was aware of the core values of the organisation: Kindness, Comfort and Respect [KCR] and we found that that everyone believed in these values and behaved in a way that demonstrated these. These were set out clearly in the Statement of Purpose and other information given to people. One staff member said, "[Named the manager] changed things from the bottom up to change the culture and to focus on people." Another said, "There are more staff now and there's an excellent team here now; their care is excellent." The KCR stars was a scheme run by the service for staff to be nominated and publically and financially recognised when demonstrating the values of the organisation. Staff appreciated this acknowledgement of their contribution. We also found that a person using the service had been nominated and had won an award. We found the values to be inclusive of all.

The service was being developed with feedback from people. As well as resident meetings and relative meetings there was an annual survey completed. The vast majority of this was positive with 100% of people at The New Deanery saying that they believed they had safe care in a safe environment and that the service was caring, responsive and well led. Also 100% of relatives said that their relative had their needs effectively met. One aspect that did not score so well was that 30% of people said they had not been given information about how to complain. Actions had been taken as a result of the feedback. The complaints procedure was sent out to everyone attached to the results of the survey and details of actions the service and manager intended to take to develop the service further. We were informed the 2016 survey was about to commence. This along with a regular newsletter that we saw showed us that everyone was kept up to date on developments and plans.

There was good visible leadership at all levels. The provider representative who we have registered as the nominated individual was regularly at the service, approximately three days a week. There were systems in place to monitor the service at all levels and feed up to the clinical governance board so that the provider was truly aware of the events and day to day happenings at the service. Seniors collected information which fed into a report presented monthly by the registered manager to the board. We saw information collected by seniors such as falls, infections, weight monitoring and any pressure sores. These are all key indicators of health and wellbeing in older people. Actions were taken to improve the service based upon this information. The manager was able to tell us about action taken when they had seen an increase in urine infections found by the continuous monitoring that looked at data over time. Both the chef and activities staff had created events such as 'Cocktail afternoons' and 'Smoothie of the day'. Both were to entice people to drink more frequently and prevent infection.

The manager collated the above health findings along with information on complaints, safeguarding's and staffing matters and presented as a report at the monthly clinical governance board meeting. We had previously attended part of this meeting as it coincided with our visit to the sister service next door. We found that this was chaired by an independent person who reported their findings to the board. As part of reporting to the provider this independent chair also received reports from Human Resources [HR] on all staffing matters including levels of supervision given to all staff but importantly took time to speak with people who used the service, interviewed relatives, staff and walked around the premises. Therefore they truly could evaluate and understand on behalf of the provider [from floor to board] the service that was being delivered and experienced by people.

The manager demonstrated the development within the staff group and striving to ensure that the correct numbers of suitable staff were in place. We saw that there were robust recruitment processes in place, including the testing of values and decision making as part of the recruitment process to understand peoples motivation for employment in this service. There was an overall recruitment tracker accessible to appropriate levels of staff within the organisation so managers could see at a glance the progress of staff recruitment. Information such as staff lists of employment where readily available and this listed hours

worked and usual floor of work. This was able to be monitored for sickness, leave and vacancies. This then linked to the staffing tool [that calculated the numbers and dependency of people at the service] that was kept under regular review. We saw the training tracker system that was colour coded for ease of use that showed what skills and updates were required. All these well maintained systems enabled the manager to have knowledge about her staff group to ensure they were 'fit for purpose'. The bonus of this close monitoring showed a reduction in use of agency staff. No agency staff had been used for several months this was for the benefit of people at the service.

The head housekeeper and the head chef gave us updates on progress in their specific departments' and explained how they ran in line with the KCR values. The housekeeper told us that cleaning staff were designated a specific area so that they could get to know people that they supported. Each cleaner was then able to select times that were suited to individuals. One person had decided to have their 'high dusting' on a set day – just like they had at home. The housekeeper was proud of her staff and told us. "We work together. We do as you would at home." We saw that this approach to each person was truly individualised and echoed the values of the service. The house keeper showed us the audit tool with which they checked the frequency and quality of cleaning undertaken by her staff. This was systematic and showed that actions were noted and followed up on to ensure the environment was kept fresh and clean at all times.

The provider had also brought in another layer of quality assurance with consultation from a professional with experience and knowledge of regulating registered services through an independent consultant. They had listened and acted upon the advice given to drive improvement of the service for the benefit of people living there. A key action was to prepare for a CQC inspection and be able to present information quickly and appropriately for the inspection team. This was well executed on the day of our visit.

The provider felt they had improved and sustained development and wanted the service and staff recognised and therefore had entered a number of schemes and award ceremonies to evaluate their care services against others both locally and nationally. This had proved to be fruitful as they had received positive feedback. They were nominated for national finalists for Management and Leadership at Skills for Care Accolades. They were successful and won this national award. The Skills For Care CEO had stated, 'Sonnets success has been driven by an un-relenting focus on developing effective leadership values, behaviours and attitudes.' This they linked to the values model base of KCR. They were nominated national finalist at The National Care Awards. They went on to win Great British Care Awards for the Eastern Region in the category of Team Approach to Nutrition and Hydration. We had the pleasure of tasting several of the soft moulded foods that were regularly on offer each day. We found these to be visually pleasing as they were moulded to look like the food they were e.g. fillet of chicken or carrot. All tasted good, but were of the correct consistency for people who had a swallowing difficulty. In addition the service was asked to speak to the project team at The Fremantle Trust. The Fremantle Trust is a registered charity and not-for-profit provider of care and support services. This demonstrated to us that this service had not only improved but was able to sustain high quality as systems were embedded.