

Yorkare Homes Limited

Lindsey Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The service provides accommodation and personal care for up to 79 adults of all ages who may be living with dementia and/or physical disability. The home is a conversion of an old school building and has retained the front façade. All accommodation is provided on one floor and there are three units; the main residential unit and two further units (Haven North and South), for people living with dementia. There are 69 single en-suite rooms and five suites which can be used as shared accommodation. The service has an extensive variety of communal areas and facilities. There were 53 people using the service when we visited. This was the first inspection of the service since it was registered and opened in September 2016.

The service was managed by an accomplished, knowledgeable and highly motivated registered manager. 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. They were supported by a home manager who had day to day oversight of the service working closely with the unit managers.

The provider's values for the home were 'freedom of choice, maximum independence, autonomy, privacy and the right to be treated with dignity and respect.' These qualities were clearly demonstrated throughout our visit. People's needs, abilities and aspirations were the focus and shaped their care and the service, this ensured Lindsey Hall was very much 'resident-led.'

The provider and management team demonstrated a very open, reflective leadership style working in partnership with other stakeholders to drive continual improvement within the service and local community. Feedback from healthcare professionals cited collaborative and very effective working relationships.

The service was effectively organised and well-run with a very open and transparent culture. Through a very comprehensive review and audit programme the provider and management team continually assessed and monitored aspects of the service. Strong emphasis was placed on continually developing and improving the service in response to people's feedback. People felt listened to and very assured any complaints they made would be taken seriously and acted upon.

The provider, management and staff teams were dedicated to providing care which met the highest of standards and strived for excellence keeping people at the heart of the service. The service was recognised by schemes which reward quality, for example, achieving a Healthcare Design Award and as a finalist in the upcoming national Caring UK Awards.

There was a truly friendly and open atmosphere on entering the premises; everyone was welcomed warmly and courteously. All areas of Lindsey Hall had been designed for the needs of people who used the service and there were specific areas and facilities to promote the independence and wellbeing of people who lived

with dementia. We observed that this was a safe home with an exceptionally well-designed layout enabling people, visitors and staff to move freely within the environment and its grounds safely. Everyone we spoke with considered the environment was of an exceptional standard.

The service was committed to ensuring strong links with the community and placed a strong emphasis on enhancing people's lives through the provision of meaningful, imaginative activities and opportunities. People's individual lifestyle choices were really embraced and they maintained positive links with their community and those relationships important to them. People told us they felt involved and their participation in the range of activities had a very positive impact on their health and wellbeing.

People received outstanding care and support from a well-trained, well-supported and motivated group of staff. The provider valued training and development of staff and this was evident in the quality of the training programmes provided. We saw emphasis had been given to resourcing training in person-centred care and dementia. Staff were very enthusiastic, enjoyed their jobs and understood their roles and responsibilities. They were proud of where they worked and committed to delivering a high standard of care. They shared positive experiences about the way the service was managed, how they were supported and encouraged to professionally develop.

People were supported with care and compassion and people's preferences and wishes were at the heart of the care and support the service provided. There was a very strong culture within the home of treating people with respect. The staff and managers were always visible and listened to people and their relatives, empathised with them, offered them choice and made them feel that they mattered. The staff worked in partnership with people and their relatives to plan people's care. We found care records were personalised and contained detailed information about what was important to people. People were extremely happy with the care they received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When restrictions on people's liberty were necessary the manager had ensured the correct applications had been made to protect each person's legal rights.

People received on-going healthcare support from a range of external healthcare professionals. People's health and nutrition were effectively monitored and responded to in line with nationally recognised best practice. The service demonstrated creative and person centred ways of meeting people's hydration and nutritional needs and achieved positive outcomes. The provider and management team took a pro-active approach to ensuring people who lived with dementia received care based on best practice.

People felt safe living at the home and procedures were in place to protect them from harm. Staff were knowledgeable about the risks associated with people's care. Risk assessments and management plans contained clear guidance to instruct staff on keeping people safe. We saw people received their medicines as prescribed. Medicines were ordered in a timely way, stored safely and only administered by staff who had completed training.

The provider's recruitment processes ensured suitable staff were employed and we found there were good levels of staff available to provide support to people when needed.

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.

Staff knew how to safeguard people from the risk of harm and abuse. They had completed training and knew how to report concerns.

There was a positive and inclusive practice in managing risk and safety at the service. Robust systems ensured people's risks in relation to the environment were minimised and they were protected. People received their medicines safely.

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

Is the service effective?

Outstanding 

The service was extremely effective.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were clearly understood and applied correctly.

People were supported by a team of staff who were skilled in meeting people's needs and received a high standard of on-going training and development to enable them to deliver the most effective service.

People received on-going healthcare support from a range of external healthcare professionals and staff used innovative ways of supporting people to eat and drink enough. People's health and nutrition were effectively monitored and responded to in line with nationally recognised practice.

The registered manager took a pro-active approach to ensuring people who lived with a dementia related illness received care based on best practice.

Is the service caring?

Outstanding 

The service was extremely caring.

People who used the service and their relatives consistently said staff supported them with respect, kindness, care and compassion. Very positive relationships were cultivated between people who used the service, their relatives and staff and people valued this friendship.

An ethos of person centred care ensured staff valued people's opinions and experience. People were encouraged and supported to live with meaning and purpose every day. People could express their views and make decisions, which staff acted on and people's rights to independence, privacy and dignity were valued and well supported.

People receiving end of life care were treated with kindness and compassion, as were their relatives and those that mattered to them.

Is the service responsive?

The service was responsive.

People received care and support around their individual needs.

The service was committed to ensuring strong links with the community and placed a strong emphasis on enhancing people's lives through the provision of meaningful, imaginative activities and opportunities. The service took into account people's past experiences and wishes for the future to ensure people retained what was important to them and staff helped them achieve what they still wanted to do.

People felt they could raise concerns and complaints were taken seriously, investigated and lessons learned to develop the service in a positive way.

Good ●

Is the service well-led?

The service was extremely well-led.

There were clear visions and values, known by all the staff. These were around the principles of personalised care based on each person's wishes and needs. Effective quality assurance systems including audits and very regular consultation were used to ensure shortfalls were highlighted, and that an outstanding quality service was provided.

New and innovative ways of further enhancing people's lives were continually being explored and the provider and

Outstanding ☆

management team worked with other organisations to promote and embed best and new practice.

The provider, registered manager and management team were visible and approachable. People and relatives expressed confidence in the management team. The service was effectively organised and well-run with an open and transparent culture. Staff were highly motivated, they worked as a team, were proud to work for the organisation and felt valued.

Lindsey Hall Nursing 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 was 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 12 and 13 September 2017 and was unannounced on the first day. The inspection team consisted of an adult social care inspector, a specialist advisor who was a qualified nurse and specialised in dementia care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience was also in caring for people living with dementia.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked our systems for any notifications that had been sent in as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service. Prior to the inspection, we spoke with the local authority safeguarding and contracts and commissioning teams, about their views of the service.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service. We observed staff interacting with people and the level of support provided to people throughout the day, including activities and meal times.

During the inspection, we spoke with twelve people who used the service and seven people who were visiting their relatives. We spoke with a company director, the registered manager, the home manager and fourteen members of staff including administration, hospitality, lifestyle, maintenance and care staff. We also spoke with one social care professional and received feedback from two health care professionals following the inspection.

We looked at a number of records relating to individual care and the running of the home. These included eight care and support plans, medication administration records for 15 people, three staff recruitment files, training and supervision records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audit and review records, complaints management and maintenance of equipment records. We completed a tour of the building.

Is the service safe?

Our findings

People told us they felt safe and secure living in Lindsey Hall. Their comments included, "Yes, I feel safe with all the care they give", "Plenty of people around day and night, they check on me every two hours" and "They walk with me and I don't worry about falling." Relatives told us they were confident their family member was safe and well looked after. One relative told us, "All the family are very happy with the home and are assured that they [person who used the service] are in a safe environment."

People received the care and support they needed in a timely way. One person we spoke with told us, "Yes, there's enough staff, they sit and talk to us, they play dominoes with us." Another person said, "I don't wait long when I ring the bell, the staff are very prompt and attentive." Comments from relatives about the staffing arrangements included, "Seem to be a lot and she knows their names" and "There has been enough staff on duty so far to meet [relation's] needs and some have been exceptional in their care giving." We observed during our inspection that there were always staff available when people needed assistance or simply a member of staff to chat with.

The company director told us that staffing levels were formally assessed on a regular basis by the home manager. This included speaking with staff and assessing people's health needs, observing care routines and monitoring call bell response times. They also confirmed how they had recently reviewed staffing on night duty, following feedback from a residents meeting and increased the numbers on this shift. Staff we spoke with said they felt there were enough staff to meet people's needs and for them to spend time with people. One member of staff said, "There are always enough staff, and we are recruiting again for the new unit which has just opened."

There were suitable arrangements for the safe management of medicines. People told us staff consulted them about their medicines and they received them on time. One person said, "Very regular, they're [staff] never late." Staff were provided with medicines training followed up by six monthly checks on their practice by one of the management team.

Where possible, people who used the service were encouraged and supported to administer their own medicines. The risk assessments and care plans had sufficient detail to ensure people received the safe support they needed and this was reviewed regularly. Two people we spoke with confirmed they managed their own medicines. One person told us, "I manage my medicines, my every day ones are in my handbag (shown in a pillbox), weekly ones and monthly ones are in different drawers." They told us that staff regularly checked if they were happy to continue with this arrangement.

We saw medicines were ordered, administered, recorded, stored and disposed of in line with best practice guidance. This included medicines which required special control measures for storage and recording. Medication administration records we reviewed were complete and contained no gaps in signatures. All 'as required' medicines were supported by written instructions which described the situations and presentations when these medicines could be given.

There had been three medicine errors since the service opened and the staff involved had received one to one supervision, additional training and also supervised practice for competency. The registered manager had revised medicine protocols in line with the National Institute for health and Clinical Excellence (NICE) guidelines. Robust audits were carried out by the home manager to ensure medicines systems were safe. Medicine management was also discussed in monthly senior staff meetings. This demonstrated that the organisation learnt from adverse events in order to try and prevent recurrence.

Staff had received training in how to safeguard people from the risk of abuse or harm. In discussions, they were clear about the different types of abuse, the signs that would alert them and what action to take if they suspected abuse had occurred. The managers and care staff understood the correct reporting procedures and we saw these had been followed when necessary using the local authority safeguarding process. One member of staff told us, "I wouldn't hesitate in reporting any concerns."

We found staff were recruited safely and full employment checks were carried out prior to new staff starting work in the service. These included an application form to assess gaps in employment history, obtaining references, a disclosure and barring service (DBS) check, which would highlight any criminal record, and an interview. The interview process was robust and included some competency assessments of recording skills. These all helped the provider to make safer and positive recruitment decisions.

People were living in a very safe, well maintained environment. There were systems in place to ensure any maintenance needed was responded to promptly and to ensure routine checks were made to confirm the environment and equipment used was safe. We found risks in relation to the building were managed, with contingency plans in place for emergencies. We saw people had personal emergency evacuation plans, which provided staff with guidance in how to support people to safety quickly and efficiently when required.

Accident and incident reports were fully completed and detailed the nature of the incident and the actions taken. We saw people's care plans had been updated with relevant information following an accident. For example, one person had fallen and measures were put into place to make their room safer. People had risk assessments completed for specific areas which included falls, moving and handling, nutrition, behaviour, choking, skin damage, and for use of specific equipment such as bedrails. There were plans in place to manage these risks in the least restrictive way possible, supporting people to retain their independence and highlighting a safe system of working for staff when mobilising or transferring people with equipment such as walking frames, wheelchairs, stand aids or hoists.

We found bedrooms and communal areas were clean and tidy. Comments from people and their relatives included, "The home is immaculate with no odour" and "Exceptionally clean and tidy everywhere, never any smells." The company director gave us examples of the innovative ways the management team had engaged staff and relatives in the safety programmes. They had invited a family member, who was a health inspector, to come and audit the premises and meet with the staff. They had also invited the contractors who provide the cleaning materials to complete a swab test of key areas of the home and hold a discussion with cleaning staff.

The management team held '6C' reviews and discussions derived from the Department of Health Compassionate Care (2012) document. These were introduced after a director of the organisation witnessed 'Toolbox talks' on a building site in which health and safety issues were talked about and addressed. People, their relatives and staff were encouraged to raise any concerns they had about safety at Lindsey Hall. The fire safety trainer had held discussions with people who used the service and relatives about what they would be required to do in the event of a fire. A relative shared their positive experience of the safety

measures in place telling us, "Safety is high on the agenda here; the fire safety training for residents and relatives is excellent." This showed the provider actively encouraged people, their relatives and staff to raise their concerns about risk at the service and recognised the importance of continually ensuring people were safe.

Is the service effective?

Our findings

People and relatives we spoke with told us the service was extremely effective at meeting their needs. They consistently praised the competence and the attitude of the staff and were very happy with the quality of care. One person's relative said, "The quality of facilities and care here is extremely good." Other comments from relatives included, "Staff are very good at supporting people with dementia. I've watched how they talk to people and how skilled they are in distracting them when they get upset", "The staff really know my [relation], their condition and how this affects them", "They all know what they are doing, first class care here", "Some carer's give 110%" and "They employ good staff who want to provide a high standard of care and this shows."

People were cared for and supported by accomplished, well- trained, motivated and highly skilled staff. Effective systems ensured that staff achieved qualifications in care and were supported to develop and improve their practice. An operational trainer covered the provider's three services and provided a comprehensive induction programme and on-going training for established staff. Most staff had or were progressing through the qualifications and credit framework (QCF) or the care certificate with support from the home staff and visits from external assessors. These are a set of recognised standards that health workers stick to in their daily working life to provide safe, compassionate care. All the staff we spoke with told us both the access to and the quality of the training courses provided was excellent. One member of staff said, "I'm an experienced carer and have completed a lot of training. I went through everything again when I started here and the quality of the training is extremely good, they cover things in a lot more depth." Another care worker said, "The training and all the support you get is excellent. I felt confident when I started that I had all the knowledge I needed."

Records showed staff had been given training in various aspects of care delivery and also in relation to the individual needs of people. Staff received training in how to support people living with dementia. Throughout the inspection we saw the training had equipped staff to support people's needs very positively and they were able to communicate with people effectively using good eye contact, providing reassurance and using familiar words that people understood.

The provider, registered manager and home manager embraced a culture of developing staff to reach their full potential and provide high quality care. The company director explained about the staff champion roles they had established. They told us, "We have numerous champions in different areas. These are staff from all roles and we look at the staff member's knowledge and passion when deciding who is a champion in which area. The areas include end of life, relationships, moving and handling, dementia, infection control, nutrition and hydration, health and safety and safeguarding. The champions look at poor and good practice, highlighting any ideas they would wish to trial or propose a change to in the home. Our training manager has given time to each champion in order to increase their knowledge and to help them in knowing what to report. We also support our champions with other external training where possible." We saw monthly reports were created by each champion, which included how they had promoted the importance of the subject when working with people who used the service, their relatives and staff.

Staff had regular supervision sessions and records seen evidenced their frequency and contained feedback about any areas of improvement, support needed and discussion around the values of the service. The meetings were also used as a tool to check and confirm staff's on-going competency in various subjects, for example, medicines, consent and safeguarding. In addition to this staff completed regular '6C' workshop reviews and these were used to increase staff knowledge about different conditions of people who used the service. Areas of staff practice covered in recent reviews included, staff roles, medicine systems, care reviews and records.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People were supported by staff who had a good knowledge and understanding of the MCA and how to apply the principles of the act to people's care and support. People's support plans contained clear information about the level of capacity people had to make their own decisions and where they may need support.

We saw staff consistently sought people's consent before they provided any support or care and people were supported to make decisions and choose what they did on a day to day basis. We observed people's choices were respected. One person told us, "The staff never do anything without asking, always knock on doors, staff are my friends."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had assessed people who used the service that lacked the capacity to make certain decisions to identify if a DoLS application needed to be made and they had made these when required. We saw there was an up to date DoLS authorisation in place for one person and they were being supported in line with the directives in the authorisation. Feedback from a visiting social care professional was very positive and they praised the staff for their knowledge and understanding of MCA. They considered the staff had managed a complex situation very well and had protected the person's rights ensuring the person's needs and wishes remained the focus and priority.

The provider and registered manager recognised the value of implementing pilots and projects in relation to nutrition and hydration and introducing creative methods to encourage people to eat and drink well. A 'hydration project' to increase people's fluid intake had been introduced and staff recorded people's individual optimum fluid targets each day, which were based on guidelines produced by NICE. The nutrition and hydration champions directed staff to encourage people to take more fluids in the first three hours of getting up and to help facilitate this, the staff hosted group coffee mornings every day in each unit, where everyone drank together. The focus was on social drinking and staff explained how they regularly had drinks with people throughout the day to encourage an increased fluid intake. During the inspection we saw this project had been expanded and staff had created more innovative ways to encourage people to drink more such as providing 'Mocktails.' These included fruit drinks and fruit skewers which contained fruits that were high in water content. The company director explained how successful the hydration project had been in their care homes group with 67% reduction of falls for 2016/17 and an overall increase in people's wellbeing. The findings from the project had been published in a national care journal.

We observed the lunch time meal in the dining room on each unit. This was seen to be a very enjoyable, relaxed social occasion. There was a lot of interaction between people on each table and with the staff. People were provided with the support they needed to eat and drink well. They were very complimentary

about the variety of meal options provided and that their requests were accommodated if they did not want what was on the menu that day. Comments included, "All meals are good", "You always have a choice", "The puddings are my downfall, I can't say no" and "The meals are excellent and very enjoyable. We often have a meal here with [name of relation]. They offer a very good choice of meals, it's like a hotel." We also saw there was a creative approach to food from different cultures, and this was made available through the activity programme and festive celebrations.

People's nutritional needs were assessed and reviewed regularly and there was detailed information in care records about their nutritional preferences and needs. One person's care plan showed they were nutritionally at risk and we saw detailed plans had been put in place to guide staff in how to support them to gain weight and to prevent further weight loss. This included advice sought from a dietician, increased frequency of weight assessment and adding extra calories to food. Staff told us that people who were at risk of poor fluid and food intake were closely monitored and provided with fortified meals and drinks.

We saw people's health care needs were met. They were supported to maintain good health and had access to a range of healthcare services as necessary. People were referred in a timely way and saw healthcare professionals when they needed to. People could choose their own GP and the home worked with various surgeries and had established positive and collaborative working relationships with community health and social care professionals. A relative described how the staff kept them up to date and well informed about their family member's long term health condition. They said, "The staff are very on the ball about calling the GP if needed. I trust them completely." Another relative explained their family member saw the community nurse regularly and staff were very good at monitoring the fluid charts and looking after the person's catheter. A health care professional told us staff were organised, had a very good knowledge of their patients and worked with them to ensure people's health care needs were well met. They said the admission and transition arrangements were very positive.

The physical environment demonstrated the registered provider's commitment to providing an environment that enabled people to be as independent as possible whilst living with dementia. The service had won a Healthcare Design Award, for best New Build Care Home in the UK for 2017 with an emphasis on the design and facilities for people living with dementia. In the centre of the service was a square with a band stand and an artificial bowls green, surrounded by faux shop fronts creating a street scene with a range of stores, Co-operative and guest house. Leading from this was an arcade of functional facilities which included a licensed pub, The Old School Inn, hairdressing salon, shop, charity rummage store and a cinema. During our inspection we saw people accessing these areas of the service and on both days we saw communal activities held in the square.

The décor, furnishings and fittings were of high quality. We saw contrasting colours for hand rails and between walls, flooring and doors to provide clear lines of sight for people and to help them judge distances. Bedroom doors were different colours on the Haven Units and there were photographs on some people's doors to support orientation. The décor in each bedroom co-ordinated with the colour of the door. Lighting had been well considered to support people's wellbeing and orientation. Signage around the home was word/symbol so it was more easily visible to people with cognitive difficulties. The design of the premises was completed in ways that kept people with dementia orientated, stimulated and provided them with choice and space. We saw the service was equipped with reminiscence and sensory stimulation materials in order to help create a calm and relaxing environment for people.

There were four separate garden areas including two secure sensory gardens for the Haven units with model animals and allotments. Feedback from a community mental health professional included, "I'm impressed with the environment. The facilities provide a very positive, practical and suitable setting for people living

with dementia." The effect of all of this was that people had plenty of stimulation, were calm and relaxed and found their way around the service easily and independently, which showed in their positive demeanour and interest in life.

Is the service caring?

Our findings

The philosophy of care at Lindsey Hall was based upon freedom of choice, maximum independence, autonomy, privacy and the right to be treated with dignity and respect. Throughout the inspection we observed these values were promoted by staff and people received outstanding levels of care. The culture at the home placed people at the heart of everything. During conversations with staff and the management team, they demonstrated they cared very much for all the people they supported. They were all highly motivated to provide people with the best care they could. One person's relative told us, "Everything is driven by the resident. They are all looked after here and looked after very well. They [staff and management] consult people about everything and want to get everything so right. They ask us 'How can we make it better?' They care about the people here so much. We couldn't wish for better care." Another relative said, "Perfect care for [name of family member.]"

People and their relatives consistently praised the atmosphere of the home; they described it as "happy and friendly" and "warm and welcoming." Some people had visited or lived at other homes and they told us the feel of Lindsey Hall was very different. A visitor told us, "We looked round some other places, but this one shone out in every way. We have not been disappointed. The care is excellent. It really is a super home." A person who used the service told us, "The home is fabulous; the whole atmosphere is full of warmth and kindness." People were surrounded by items within their rooms that were important and meaningful to them. We saw books, pictures and photographs and items of furniture were present. Enabling people to personalise their rooms created a comfortable and homely feel.

We saw staff cared for people in a relaxed, warm and friendly way and people responded positively. All the staff were motivated and enthusiastic to ensure everyone in the home felt valued and appreciated and this was extended to people's families. Comments from people and their relatives included, "All the staff are lovely, they are my family now. The manager told me that it's my home and to treat it as such" and "It's family orientated here." People and their relatives spoke of the very caring nature of the staff and management team. Their comments included, "The Director called me a week after admission to see how mum was", "My carers are gentle and kind" and "The staff are caring, kind, knowledgeable and respectful. It's a lovely culture here. Mum is treated very much as a person and not a commodity."

We observed staff interacting with people throughout the day in a happy and cheerful manner. We saw people had built trusting relationships with the staff who supported them. Staff from all roles understood how they all contributed to people's care and wellbeing. We saw staff took time to interact with people as they went about their tasks, for example we heard housekeeping staff chatting and joking with people as they cleaned their rooms. We saw a member of the kitchen support staff welcome a person who had recently moved to the service. The person's face lit up and they smiled when they recognised the member of staff who sat with the person, holding their hand and chatted with them. The member of staff explained that they had cared for the person when they worked at another service and really valued their relationship with them. It was clear this was mutual.

People were comfortable and attention had been paid to ensuring they were wearing the clothes they liked,

that were suitable for the weather and relatives told us their family member always looked well cared for with jewellery, painted nails and hair styled as they preferred. Some individuals required staff to support them to apply their make-up, and we read feedback from one person's relative about their pleasure in seeing how well the staff provided this support and how much it meant to their family member. A member of staff told us, "There is a genuinely caring ethos here. It's all about the residents, we take time to get to know people and support them in the ways they prefer."

The provider told us in the PIR that throughout all training given dignity, empathy and respect was reiterated to ensure all staff gave individual, person-centred care which reassured the person that their needs mattered. In discussions they described how the trainer used a sensory impairment kit in a lot of the sessions to support staff to role play the different scenarios people experienced. The kit included different sunglasses, which blocked vision to mirror people's varying ability to see, ear defenders and a sling to imitate people's disability who have suffered a stroke. These were used especially in dementia awareness and moving and handling training. Staff confirmed the positive values and person centred approaches were covered in the induction training they received. One member of staff told us, "It really makes you think and appreciate how vulnerable people are and why they can feel so anxious at times. It does make you think about your approach."

Each person had a key worker who had oversight of that person and ensured that their needs were being met and liaised as much as possible with their families and friends. People had the opportunity to choose their key worker and they told us they were very satisfied with their support. The home manager confirmed how they tried to ensure the staff were matched with people's interests and personalities.

People and their relatives were involved in the care planning and review meetings where possible and this influenced how the service was provided and reflected in the care, support and activities people participated in. One person who used the service was very enthusiastic about supporting the exercise sessions held in the central area. They told us how they facilitated the sessions now and how much enjoyment they got from this. They said, "The exercise sessions are very popular with everyone. It's great to be so involved. I absolutely love it." We observed the session during the inspection and saw how much people enjoyed the activity and how enthusiastically they participated in it. A relative observing the activity said, "It is remarkable how much [family member] likes the exercise classes, they never miss one and it has helped their mobility so much. We are so impressed."

Staff we spoke with felt they went the extra mile to enhance the lives of people who used the service by ensuring people had everything they needed to continue enjoying their lives and fulfilling their wishes. The activity co-ordinators had introduced a 'make a wish' scheme and examples where activity staff had supported the residents' wishes recently included the following. One person experienced a mock trip to the sea-side as they were too ill to go. A member of staff described how disappointed the person had been so the staff had brought the sea side to them. They decorated their room with items such as buckets and spades, they spent time with the person talking about their visits to the sea side as a child and the donkey and fairground rides they enjoyed. They had an ice cream and sang sea-side themed songs. Another person had expressed a wish to visit their spouse's grave and staff had accompanied the person to purchase flowers and spend time at the grave with them. A special pub lunch was arranged for another person to share with their family.

The relative of one person who had recently moved to the service told us how well the staff were working with the family to provide their relation with their own allotment area and poly tunnel. They told us, "[Name's] gardening interests are being met beyond our expectations." A mental health care professional we spoke with told us they observed people living with dementia were provided with positive support with

varied activities and meaningful occupation.

People living with dementia were spoken with in a very positive way. Staff took time to pay attention, listen and understand what the person had said or communicated either verbally or through their body language and facial expressions. We saw staff used good eye contact and if the person was sitting down they knelt down to speak with them at their level. Staff recognised when people would benefit from physical contact and we observed many interactions where staff held people's hands, stroked their arm, put their arms around a person's shoulders and one person hugged a member of staff when they saw them. We witnessed several occasions where members of staff greeted people with genuine pleasure and the person responded positively with a big smile, enjoying the interaction.

People were calm and relaxed throughout the inspection because staff understood their communication methods and provided the reassurance they needed, when they needed it. When people became disorientated we saw staff gently approached and reassured them. Staff spent time talking with the person, encouraging them to sit in the lounge or their room and have a drink with them or participate in an activity. One person wanted to go for a walk outside and staff accompanied them. Another person preferred to spend time with the staff, chatting to them and walking around the premises and in the garden. We saw staff accommodated this well and the person was happily engaged, calm and relaxed. People looked comfortable in their surroundings and with the staff who cared for them.

People who used the service were encouraged and supported to develop and maintain relationships with people that mattered to them. Friends and relatives were able to visit at any time. Relatives said they felt welcome and had a good relationship with care workers and management. One person said, "My visitors have come a long way to see me and have brought their dog. It's lovely to see them all." Other comments included, "My son visits regularly and I'm very happy here" and "My visitors come and they have a meal with us either in the dining room or in the onsite pub." One person said the reason they moved to the home was because of the kindness and friendliness of everyone; they really appreciated the friends they had made.

People told us their wishes for privacy were always upheld by staff and they were treated with dignity. The service had a dignity champion and each month they compiled a report of any good or poor practice observed and recommendations and action taken. In their conversations with us, staff spoke respectfully about people showing appreciation of their character and personality. They knew people's background history and the events and people in their lives that were important to them, and we saw how this informed their engagement with them. One member of staff told us, "I treat people how I would like to be treated. They are real people who have lived full lives and should have respect." One person's relative told us, "Staff are very respectful towards [family member] which is highly valued."

Feedback from healthcare professionals was very positive with one stating, "The staff are very caring and treat people living with dementia with a lot of respect. They have a good knowledge of people's backgrounds which helps them communicate effectively. I have observed only positive interactions." Another professional commented, "I am impressed with the quality of the dementia care, it is tailored to the individual and people's outcomes are positive."

Following discussions with some people and their relatives about dementia, the provider took the decision to arrange dementia sessions and workshops for everyone, to provide information and advice to support a better understanding of the condition and how it affected people in different ways. So far, the training manager has provided one session with further sessions planned. We spoke with a relative who had attended the workshop and considered the session was very informative. They also appreciated the information about local 'dementia friendly' cafes and told us they had taken their spouse to one recently

and had a really positive experience.

People told us they were encouraged by staff to maintain as much independence as they could. One person said, "I need some assistance with washing and bathing and the staff offer support, but definitely don't take over." No one was accessing any formal advocacy service at the time of our inspection but staff knew how to arrange this if necessary. An advocate acts on behalf of a person to impartially represent their views.

The company director told us a 'relationship champion' was created to encourage positive relationships for people if they were lonely or new to the home, by introducing them to other residents or staff who had similar interests. Their role was also to look at any relationships or circumstances, for example where an unsafe relationship might develop. Positive feedback from a review meeting we viewed showed a person's relatives were very happy with the admission process and care their family member was receiving. They praised a member of staff for going over and above in their job and making the transition for their family member coming in from home much easier.

Staff were aware of the individual wishes of each person, relating to how they expressed their culture, faith and sexuality. We observed people were supported to live a life that was reflective of their individual wishes and values. The provider had ensured that all staff had been trained in equality and diversity.

The service worked proactively in partnership with other services to ensure people's end of life care needs were met. Staff considered with the person how they wished to be supported in their final days and helped them to develop an advanced care plan. Staff had completed courses in palliative care and were experienced in this. A staff champion had been appointed taking a lead on promoting positive care for people nearing the end of their life. They attended end of life care link meetings arranged by the local authority and provided feedback to staff on good practice. The end of life care champion told us they were attending new link meetings about bereavement support, making contacts and bringing new ideas back. They had allocated a room for bereaved families to use and offered the training room at the service as a new venue for the group.

There was a clear ethos at the service about continued improvement and getting things right with all aspects of care for the person and their family. The company director told us about an idea they had implemented using butterfly symbols after a member of the housekeeping staff had mistakenly entered the room whilst a family were grieving. They decided to use a discreet way of reminding staff which room not to enter and used butterflies to inform staff of a death in the home. One was placed at the signing in centre and one on the door of the person's room, this helped maintain privacy for the family within the room.

We received feedback from a family about their positive experience of the way the service had looked after their relative during the final stages of their life. The relative said, "Lindsey Hall was very much their home and they loved living here. They wanted the funeral cortege to leave from the home and for us to have the wake here, celebrating their life with their family and all the friends they had made here. Fantastic and amazing staff. Their genuine kindness made a real difference to the last few months of their life. The care was incredible. The staff want to get everything right here and they did."

Is the service responsive?

Our findings

People told us their needs were well responded to. One person told us, "They [staff] come and talk to you about everything and find out what your likes and dislikes are. They really get to know you." Another person told us, "I am definitely in control but I do need help." A third person told us, "My care plan has been reviewed and we checked if everything is how I like it."

Relatives told us the care was personalised. One person told us, "I am very involved in all aspects of my [family member's] care and staff are always very approachable if I have any queries." Another relative told us, "We can discuss things with the care staff and the manager. They always listen to us and make any changes needed."

Care workers were responsive to people's needs and requests throughout our visit and we found people who used the service received personalised care and support. The relatives of two people commented on how much their family member's overall health including mental health had improved since they had been at the service.

Staff confirmed that communication was good within the service. We saw a comprehensive handover record was maintained during each shift. The contents of this were shared with the staff team during each shift change. From this, staff could see how each person who used the service had been throughout the day and night.

All of the people who used the service had a plan of care and associated care records which were held electronically. The assessment process was thorough and centred on the person's individual needs and wishes. The majority of care records clearly outlined the care and support the person needed, along with information about how staff could minimise any identified risks. We found some minor inconsistencies with the recording of care support in relation to one person's catheter care and another person's risk of developing pressure damage. The home manager took action during the inspection to confirm each person's current care needs and their care records were updated.

There was also information in the care records about each person's preferences and their abilities, so staff knew the level of support needed and could therefore enable the person to maintain their independence. Care plans and risk assessments had been evaluated and updated on a regular basis in consultation with people and their relatives.

Daily notes outlined how each person had spent their day, what care had been provided and any changes in their condition. Supplementary records were maintained of people's food and fluid intake and repositioning. During this inspection, we checked a range of monitoring records which showed overall they had been well completed. Although, we found two people's fluid and diet records were not completed consistently. The registered manager acknowledged further improvements were needed. They confirmed they had completed a comprehensive audit on people's care records in August 2017 and an action plan was in place to address the consistency of recording in the care records. Checks on the action plan identified

that improvement work had been completed in line with the timescales set.

A health care professional told us staff responded well to people's behavioural changes and they had involved their team to help them to understand the reasons for the behaviours when necessary. They said staff followed their advice and worked proactively in monitoring and reviewing people's care and treatment. The standard of recording was good and the unit managers provided positive input in multi-disciplinary team meetings. Another care professional praised the standards of care at the service.

People were consistently provided with a range of creative activities to provide meaningful occupation, promote healthy living, stimulate interest and to help them feel part of the local community. People were supported to continue to pursue hobbies and interests that they enjoyed prior to moving to the service and to also try new and different things should they choose to. Each person had their own social profile record which included information about favourite pastimes, clubs, their level of ability and support required.

Two activity co-ordinators were employed and the home manager confirmed they were in the process of recruiting a third. The activity co-ordinators developed activity programmes that provided people with one to one support and a varied range of group activities, trips and entertainment. These included in-house activities such as visiting singers and entertainers, birthday celebrations, movement to music, quizzes, bingo, film nights, table games, activity games such as bowls, reminiscence, sing along, craft work and nail care. People could access religious services, although the service was experiencing difficulties arranging regular support from the local churches, which they were continuing to address.

During the inspection, we saw people enjoying coffee mornings and exercise sessions in the central area, a visit from the pets as therapy (PAT) dog and a trip out for lunch. On the Haven unit on the first day we saw people engaged in the coffee morning and many were supported to join in with the exercises in the central area and use other facilities there. Although we found there was little activity taking place on the unit, the home manager gave us assurances that people on the unit usually participated in regular activities on the unit each day. Feedback from relatives we spoke with also confirmed this. On the second day we observed people were supported to participate in more activities and games such as skittles, dominoes, colouring and puzzles.

The service had an inclusive approach to meeting people's social needs and had developed close links with the local community. Volunteers supported the activity programme and students from the local college visited to support people with manicures. A local drama club now rehearsed in the home and a local choir would also be using the home for their practice in the near future, and people who used the service would be invited to participate. One person now held their bridge group at the home and told us how a new card table had been provided for their group in the library. The provider had arranged an inter-home bowls and games competition to be held at Lindsey Hall the following week with the two other services in the group. Some people described how much they were looking forward to the event; they had been practising hard and uniforms and trophies had been provided.

We received consistent praise from relatives about the activity programme, and these included, "Keep fit everyday which has made a fantastic difference, also plays bowls and dominoes. There is so much going on" and "It is great to be able to take [family member] to the onsite pub. It is more like home from home."

The provider had a complaints policy and procedure, which was on display and included in the information available to people who used the service. Staff were familiar with the actions to take if they received a complaint or concern. The complaints file showed the registered manager had investigated complaints, responded in writing and met with people to resolve issues.

People and relatives told us they knew how to raise concerns and would not hesitate to complain if the need arose. One person told us, "I would tell the girl on reception but there are no problems."

Is the service well-led?

Our findings

A positive and inclusive culture was promoted by the provider which was evident throughout the inspection. Staff were friendly and welcoming and the management team demonstrated very effective leadership. People were extremely happy with how the home was run. One person said, "All the managers are very approachable and come and talk to us. [Name of company director] comes around and to the resident meetings. It's a lovely home and very organised. It's spotless. Can't think of anything they could improve." A relative said, "I would highly recommend this home. It's very well organised and the whole atmosphere and environment has a positive effect on people. The quality of everything is very pleasing."

The provider was committed to providing a warm, homely environment and to meet people's individual needs. Their 'philosophy' statement said they aimed to provide an individual care package that promoted dignity, independence and varied support in the best environment for each person's needs, to make this time of their life as enjoyable and safe as possible. The evidence gathered throughout our inspection supported this statement.

The registered manager had been in post for 10 months and had many years of experience managing care services. They were also the clinical lead for the organisation. They were supported by a management team, which included a home manager and two unit managers. The company director was also very involved in the day to day running and overall management of the service and visited the service at least weekly. We found the management team were dedicated and committed to providing excellent care to people in accordance with the provider's values.

All staff we spoke with confirmed they had a clear understanding of their roles and responsibilities. They described an open and transparent culture at the service, where they could make suggestions and were listened to. One member of staff described the changes they had requested in relation to the computerised care records system and how these had been passed to the care programme provider to develop. Staff were enthusiastic, motivated and said they felt valued and well informed by the organisation. They told us they felt proud working for the service and enjoyed coming to work. Comments from the staff team included, "I love working here. The management team are all supportive and always looking at making improvements", "We have regular meetings and they do listen to us and address things. I feel really supported" and "I'm proud to work here, we provide a very high quality of care."

People who used the service were provided with excellent resources to support their care needs. Staffing levels were high and this meant staff could spend quality time with people to meet all their support needs, and keep people safe. Staff training was of a high standard, and provided staff with the skills to engage effectively with people living with dementia. Activity provision in the home was varied and inclusive. The environment was of high standard and well-considered.

There was an open and inclusive ethos in the service where staff and management worked together to strive towards improvement. The provider recognised the value of having staff with areas of responsibility in the service and this resulted in staff having a clear oversight of their area of expertise and feeling valued. The

home manager carried out a twice daily walk around the service to check people who used the service were happy and receiving care and support which met their needs. They held discussions with staff to assess if they needed any additional resources or support and to ensure they were clear in what was happening each day.

There were regular group and individual staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered manager expected staff to work. Records also showed the meetings were used as a forum for sharing their ideas and views. The provider was involved in the day to day running of the service and weekly meetings were held with the management team to reflect on their leadership style and to gain assurance the home was being run in line with the provider's values for the service. Monthly management workshops were provided for the management teams for each of the services within the group. These were led by the operations director to discuss the services, new initiatives and to reflect on organisational policy and values.

The monthly meetings held for people who used the service provided a place where people's opinions mattered. We saw evidence of people making suggestions and these being acted on. For example, one person had recently suggested that a better range of condiments should be provided on the dining tables and this had been acted on. Another person had commented that they would like more notice of when their room was to be deep cleaned and a list of dates had been produced and given out. Another example was the request and provision of thermal jugs for soup at meal times. One person told us, "We did ask for another chair for our room and within 15 minutes we got one." Similarly, during our inspection the company director noticed how a person was struggling to stand when completing a jigsaw in the lounge, due to the height of the desk. They arranged for another table to be provided, which would better suit this person.

We sat in on the 'flash meeting' [a short discussion between senior staff and management at 11am]. This was held on a daily basis to share information about any changes in people's needs, all aspects of service delivery and confirm the 'resident of the day.' The resident of the day was an initiative to focus on a different person each day and spend quality time with them.

Lindsey Hall worked towards, and achieved awards for the quality of service provided. They had won a prestigious design award for the best New Build Care Home in the UK for 2017 and the management and staff were very proud of this achievement. They had recently heard that the service was a finalist in the upcoming national Caring UK Awards for the Best New Care Home in 2017.

The registered manager and home manager worked in partnership with various organisations, including the local authority, local clinical commissioning group, community nursing teams, local GP services and mental health services to ensure they were providing a high quality service. Feedback from health and social care professionals about their experience of working with the service was complimentary and reflected positive and effective working arrangements. One professional told us, "The service is very organised and well run. They work proactively with our team and people receive a very good quality of care."

The management team recognised, promoted and implemented creative systems and worked in partnership with other organisations in order to provide a high-quality service. They strove for excellence through consultation, networking and research. For example, the directors had visited Stirling and Bradford universities to look at models of dementia care and networked with other providers and agencies to review their practise and look at new ideas to support continuous improvement at Lindsey Hall.

The service was a member of the National Association for Safety and Health in Care Services (NASHC) and the registered manager had completed qualifications in occupational safety and health. The service was a

member of the National Activity Providers Association (NAPA) and regularly held workshops for the activity co-ordinators. The company director explained how they had recently purchased headsets to provide people who used the service with virtual reality experiences and these would be in use following staff training, to provide people with a full range of experiences tailored to their preferences.

The provider's internal review and reflective practice programmes encompassed all areas of life in the service including, but not limited to, health and safety, cleaning and hygiene, dignity, activities, food and hydration and daily routines. These have given people and their relatives a platform to be fully involved with maintaining the quality and safety at Lindsey Hall and provided additional development and support for staff, which ensured they have the appropriate skills and knowledge to promote good practice.

Thorough governance systems and processes were established and used for evaluating information about the service and to drive improvements. There was a monthly audit schedule which covered areas such as health and safety, the environment, falls, infection prevention and control, records, nutrition, activities, tissue viability, medicines and dementia. We found where shortfalls were identified action was immediately taken to make improvements.

An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. Staff we spoke with confirmed that following incidents or accidents they had opportunities to discuss any lessons learnt and were informed of any action taken or changes in care delivery. This meant incidents were monitored and management took steps to learn from such events and put measures in place to make them less likely to happen again.

The registered manager submitted statutory notifications to CQC in line with legal requirements. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. Effective and transparent reporting ensured accountability for keeping people safe at all levels in the organisation.

The service recognised and valued the importance of close links with the community and we saw people who used the service used a variety of local amenities. The service had supported individuals to continue their interests and this had led to local community groups using the facilities. The local community were also invited to attend the daily coffee mornings and fetes held at the service. This helped to form and strengthen links with the local community, raising the profile of the service locally.

We saw staff and people who used the service and relatives had been involved in fundraising. Staff had completed a range of activities such as a skydive, head shaves (for three staff) and an event where managers were put in stocks. A significant sum had been raised for charities of the staff and people's choices such as Alzheimer's UK.

The staff were provided with access to a health scheme and a counselling service as part of their employment package.

Our findings throughout the inspection demonstrated that Lindsey Hall was a truly outstanding service.