

The Council of St Monica Trust

John Wills House

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service: John Wills House is a care home which provides accommodation and nursing care for up to 80 older people, including people living with dementia. The service comprised of two floors. The Willows on the ground floor provides general nursing care to people. The Orchards unit, which was also on the ground floor, provides care for people living with dementia. The Beeches on the first floor primarily provided short term care. This included people receiving end of life care or people recently discharged from hospital who are receiving care and support for reablement and rehabilitation. At the time of the inspection there were 72 people living at the service.

People's experience of using this service:

People and relatives consistently told us the registered manager and staff were excellent. The home was exceptionally well run. They said, "I have been happy with the atmosphere. Quiet, relaxed and welcoming" and "I would describe this home as doubly excellent."

People received an outstanding leisure and wellness service which catered to individual interests and abilities. People had a comprehensive and varied menu of activities to choose from and were involved in the development of clubs and programmes within the home.

People were safeguarded from abuse. Staff understood how to identify abuse and how to report any concerns. Medicines were well managed. People received their medicines as prescribed by staff who were trained and competent to do so.

Staff recruitment procedures were robust and there were sufficient staff deployed to meet people's needs and keep them safe.

Risks to people had been identified and actions taken to keep them safe. The service was clean and tidy. Staff used appropriate personal protective equipment appropriately. Incidents and accidents were investigated, and lessons learnt to reduce the risk of further occurrences.

People received outstanding end of life care, which was compassionate, holistic and sensitive. Families were generously and respectfully supported during this time and were able to stay with their relative or visit around the clock.

People received an outstanding caring service. People told us they received very kind and respectful support from staff who promoted their abilities. Staff promoted people's privacy and dignity and enabled them to make choices and have as much control and independence as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

We observed consistently kind and compassionate care from staff who were observant and focussed on people's wellbeing. A visitor told us, "The staff are all very kind and polite, and are really very good, nobody here has a bad word to say at all, everyone who works here is very friendly". Respect for people's privacy, dignity and independence was embedded within the culture of the home.

Staff received excellent support with their learning and development. A broad range of key and specific training was delivered to staff in house and tailored to the needs of people living in the home. Internal progression opportunities and personal development were encouraged and funded by the provider.

People were cared for by well trained and skilled staff who knew their needs and how they liked to be supported. The whole staff group worked as a team to support people in a person centred way. People told us they felt safe and benefited from the development of closer links to their local community, which included everyone.

People had access to plenty of food and drink throughout the day. People told us the food was very good and there was plenty of choice. Meals were appetising and served in a calm and organised manner.

Provider oversight was embedded in the governance of the home. There was a strong culture of joint ownership within the whole staff team and senior management to achieve exceptional outcomes for people through effective team work, feedback, governance and improvement.

The provider's quality assurance processes were effective and there was a focus on continuous improvement. The registered manager provided good support for staff to be able to do their job effectively.

John Wills House met the characteristics of Outstanding in Caring, Responsive and Well Led.

Rating at last inspection: John Wills House was previously rated as 'Good.' Overall. Outstanding in Well-Led. (Published on the 22 March 2017).

Why we inspected: This was a planned inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

John Wills House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector, an assistant inspector and two experts by experience on 30 July 2019. The inspector and two experts by experience returned to complete the inspection on 31 July 2019.

Service and service type:

John Wills House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on the 30 and 31 July 2019.

What we did:

Before the inspection we reviewed the information, we held about the home, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information about the home, what the home does well and improvements they plan to make. We used this information to plan the inspection.

We spoke with 30 people living at the service, 13 relatives, 14 members of staff, the registered manager,

deputy manager, two nurses and the provider's head of care homes.

During the inspection, we got feedback from two health care professionals. We asked the local authority who commissions care services from the home for their views on the care and support provided. Following the inspection, we received feedback from one health and social care professional.

To help us assess and understand how people's care needs were being met we reviewed ten people's care records. We also reviewed several records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

- People and their relative told us they had no concerns about the home. People said, "What is there to worry about in here? Nothing; everything is good and fine, not a worry in the world here", "I feel very safe in this care home, I want or need nothing, everyone works really hard to make sure that I feel happy, safe and secure all of the time. Relatives told us, "I feel my [person] is safe and sound in this care home, all good" Another relative said, "My [Person] comes into this home from time to time to give us all a break, without any doubt my [Person] is safe in this home, the little break gives everyone a chance to recharge our batteries"
- Safeguarding procedures remained robust.
- The provider had policies and procedures in place to safeguard people from abuse.
- Staff understood how to identify abuse and how and when to report any concerns.

Assessing risk, safety monitoring and management

- Environmental and individual risks to people continued to be well managed.
- People's rooms and communal areas were checked daily and weekly to identify any environmental risks and actions were taken to mitigate any risks.
- Safety equipment was checked regularly to ensure it was in good working order, for example, fire equipment, emergency lighting, bed rails, call bells and air mattresses.
- Staff knew people very well, understood their individual risks and took appropriate action to keep them safe. Specific guidance was in place for staff where people were at risk, for example, choking, skin breakdown or falls.

Staffing and recruitment

- Staff records included an application form and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- There were sufficient staff deployed to meet people's needs and keep them safe. People told us, "The staff seem to know what they are doing, you never have to wait for attention, you ring the bell and the staff are here straight away." and "I never have to wait long for attention, my bell is always answered quickly".
- The registered manager told us staff covered roles from within the team so there was rarely any cause to use agency staff. This provided continuity of care. One relative told us, "Always a familiar face. I visit a lot of different homes across the Bristol area, this is by far one of the better ones, there is always plenty of staff in this home, all of the time, if residents are in the dayroom it is never without a staff member being present, no resident is ever alone."

Using medicines safely

- Medicines continued to be managed and administered safely and appropriately stored, Any unused or expired medicines were disposed of when necessary, including controlled drugs (CDs).
- Medicines were checked regularly by staff so that any potential administration errors were identified, and action taken. Up to date records were kept of the receipt and administration of medicines and guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.
- People received their medicines as prescribed, in a way and at a pace that met their needs and preferences. People told us, "I have to take a bucket load of tablets every day, the staff bring them to me and always stay with me until I have taken every one of them" and "I get my medication every day the nurses make sure of that." A relative told us, "My [Person] gets her medication every day without fail, we're not worried about this at all"
- There was one person who had their medicines given to them covertly, as they did not have capacity to understand their need to take them. The decision had been made in their best interests by staff in consultation with relevant others and this had been recorded.

Preventing and controlling infection

- Infection prevention and control procedures remained robust. Staff had sufficient gloves and aprons and were observed using these.
- Staff followed daily and periodic deep cleaning schedules to ensure the home remained clean, tidy and odour free. One relative said, "There is no odours ever. It's amazing because there are still carpets here."

Learning lessons when things go wrong

- A robust system remained in place to ensure that any accidents and incidents were documented and reviewed by senior management for trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards

- People's needs were assessed prior to admission. Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which led to good outcomes for people.
- People and their relatives told us they were involved in assessments and were supported and empowered to make choices about their care. One person said, "Staff took time to find out about me and what I needed". A relative said, "They have involved mum and me every step of the way."

Staff working with other agencies to provide consistent, effective, timely care and supported people to live healthier lives, access healthcare services and support

- People were supported to access a range of health professionals to enable them to live healthier lives. This included access to: GP, physiotherapist, occupational therapist, dietitian and speech and language therapist (SALT). The service had an arrangement for a GP to visit people twice a week. People's health needs were regularly assessed and dealt with early to avoid deterioration. A relative told us, "Very impressed with the Doctor. She rang me to discuss End of life arrangements and now everything is in place."
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. One person said, "I can't fault the care I receive here, I only need to mention it and they get the doctor for me."
- Care plans clearly specified people's wishes and views in case of a sudden deterioration in their health and staff were able to generate a 'hospital pack'. This could be printed off in an emergency and go with the person to hospital. This helped to ensure that people's wishes, and views were known as well as containing other information about their medication etc.
- Healthcare professionals did not have any concerns about the care and support provided by the home. One healthcare professional said, "Staff understand people's needs well and have always been very proactive in seeking advice and running with it".

Supporting people to eat and drink enough to maintain a balanced diet:

- People told us they enjoyed the food provided by the home, praising the variety available. One person said, "The food here is very good, you get a really good choice, always cooked to perfection, puts some restaurants in the shade." John Wills had been awarded The National Association of Care Catering Awards October 2017.
- People's care records highlighted where risks with eating and drinking had been identified and where people needed a soft or pureed diet, this was provided. Staff were aware of people's dietary needs and the home's nutrition and hydration 'champion' helped ensure staff had the knowledge and skills to support

people eat a varied and balanced diet, which met their needs and preferences.

Ensuring consent to care and treatment in line with law and guidance:

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work. One person said, "They [meaning staff] always ask if I would like a bath or shower." And another said, "We usually do it between us. A two-way conversation."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.
- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

Staff support: induction, training, skills and experience:

- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.
- Where the service employed staff under the age of 18, the provider confirmed they did not undertake certain duties and worked under supervision. Following the inspection, they confirmed a risk assessment had been completed to reflect this on the staff member's records.
- There were enough staff and they were easily visible throughout the building. The provider confirmed they increased staffing numbers depending on the needs of people using the service.
- Although staff were busy, we observed they responded to call bells quickly and people's support was not rushed.

Adapting service, design, decoration to meet people's needs:

- John Wills House is set within its own grounds within the heart of Westbury. The home is set over two floors and designed to provide a warm homely environment.
- The physical environment was continuously being reviewed, updated and improved in line with best practice dementia guidance.
- Specialist advice had been sought from a local dementia care charity about the use of colour, flooring, lighting and the layout of the environment which was supportive to people with poor eyesight and poor mobility. Dementia friendly signage and colour coded corridors supported and enabled people to navigate their way around the home independently. Specialist equipment in bathrooms meant people could access baths more easily.
- There was a physiotherapy room for those requiring support with rehabilitation.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.

- The home had created an open plan kitchenette and security coded water boiler. This empowered people to be involved in washing up, making drinks and 'pottering' as they would have done all their lives. It also provided a comfortable space for people to entertain relatives, visitors, and friends.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting equality and diversity:

- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. For example, the staff had gone the extra mile to help arrange a celebration for a same sex wedding within the home for a person that was living at John Wills House. The staff worked with the person to ensure it was all they wanted it to be. A member of staff said it was amazing.
- There was exceptional commitment to involving people in making decisions about their daily lives despite their disability and care, so they lived their lives as they wanted. One person who uses a wheelchair, wanted to be supported to attend a Beatles tribute band. This took place on a Saturday night at Chipping Sodbury town hall. People and staff immensely enjoyed a drink, singing, a photo with the band and chips on the way home. The staff and management team championed the person's decision and supported them to make this a reality. The registered manager told of a person who had been a home economics teacher. The person independently set up a baking club. Other people decorated the cakes and these were served to everyone for afternoon tea.
- The provider told us they were constantly amazed at the commitment and dedication of staff to the people they worked with. For example, staff often popped in with their children or pets [dogs] on their day off and spent time with people to check that they were ok or just to have a bit of a chat or catch up.

Ensuring people are well treated and supported;

- Managers and staff were visible and knew people exceptionally well. They talked about the "little things" that were important to people and ensured they paid attention to detail. For example, whether they wanted a bath or shower, what time they liked to get up, how they liked their hair to be done or how they liked the strength of their tea. One person said, "I like a shower every day, I mentioned this to them and now I have a shower every day", another person said, "Staff know I like to charge my phone each day and they do it automatically for me now".
- The provider was passionate about providing a service which was caring, compassionate and reflected the values of the organisation. They told us how John Wills House was like one big 'family' where everybody was respected and treated equally. These values were evident throughout all the interactions between staff, people and relatives that we observed. The notion of family had been embedded in the culture of the home. Staff consistently referred to being part of a 'family' where people supported each other and shared experiences and moments together. Staff said, "We have a really caring staff here, not just the nurses or carers but all the levels, catering, porters and all management and admin. We are building this place and it is not that anyone is more important, we work as a team. We have a caring and supportive team and because

of this we can give the best we can to look after our residents."

- People were supported by staff who had an excellent understanding of their individual needs. Care plans contained information about people's past, their cultural and religious beliefs. For example, Care files contained sections which captured people's religious and cultural needs and wishes. Religious services were held every week within the home, for people who wished to attend.
- Some people living at the service had dementia. Staff recognised the more they knew about the person's life before they developed dementia, the better they could support them. They recognised that it was family and friends who held the key to this information. One staff member said, "People have lived amazing lives and I feel so privileged to get to spend time with them and listen to the things they have done and places they have been. Knowing who people are helps me understand how to support them". For example, one person had been a manager of a company. Staff told us, "He still likes to be the first to get up and likes to give staff instructions about how he would like to spend his day. This is how it has always been for him."
- Staff supported people with sensitivity and compassion and were exceptional in responding to people's emotional needs. Throughout the inspection we saw many examples of staff responding to people through touch, and with affection. For instance, we saw staff actively looked for behaviours or cues which would give an opportunity to positively interact with people. For example, one person opened their arms for a hug when a staff member was near to them. The staff member took the opportunity to respond to this gesture and responded with a warm hug.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in recruiting staff to ensure they were a good match for the culture at the service and the diverse needs of the people that used it. This helped reassure families that these needs could be met by staff with the right skills, personalities and approach. The registered manager told us [Person] showed visitors around the home during a recent open day. They were in their element. This was good for their self-esteem. They did an amazing job".
- People had control over their lives and were actively involved in making decisions about how they wanted to be cared for. One person said, "I come and go as I please". Another person said, "I can watch what I like on tv and go to bed when I choose" and another person told us, "they tell me about the activities, but I choose not to attend and they are ok with it. There is always something else to do."
- Throughout the inspection we saw and heard people being encouraged and supported to make choices. On the second day of the inspection, one person told us, " Some of us are going foraging today. When we come back we will prepare our find and have it for tea".
- We saw how staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular care reviews, meetings and surveys. One person said, " I always have a say, I requested a ramp and they are getting one for me". Another said, "I go to them all. Talk about what's going on and what we would like to happen." Staff told us they used pictorial menu's and activities to support those with dementia to make choices.
- Staff were skilled at supporting people's relatives to understand the changes in their family member's behaviours, wishes and emotions. One relative said, " Very patient and understanding, I have never heard a bad or harsh word."

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us staff respected and promoted their privacy, dignity and independence. Staff always knocked on doors and called out before entering people's bedrooms, even if the person had chosen to have their door open.
- Staff were proactive in encouraging people to maintain and improve their independence. Care plans provided detailed information on how to involve people in their care. Staff described how they encouraged

and supported people to do as much as they could for themselves, whilst at the same time recognised that people had good and bad days. One person said, "Always on the ball, sometimes I am down, they know how to cheer me up and get going."

- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships. For example, we saw how staff supported and respected people's time to be alone with their husband, wife or loved ones.
- People's right to privacy and confidentiality was respected. Staff made sure that any discussions with or about people were held in private.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights. Staff told us how they checked with people before sharing information with loved ones

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care

End of life care and support:

- The team at John Wills House were exceptional in supporting people and their relatives both in planning for and at the end of the person's life. In 2017 the Beaches Unit were winners of the Great British Care awards in End of life/ Palliative care. A relative said "My [Person] is coming towards the end of life, I just want to say that I am so glad that my [Person] is going to end her life here, everything is done to make sure my [Person] is safe and secure, these days xxx is in bed all of the time, the staff come in and change the position all of the time, my[Person] does not have a mark on the skin, that's wonderful."
- People were supported by staff to discuss and be comfortable with making decisions about their end of life care. A relative said, "My [Person] has become very frail and is coming towards the end of life, we have spoken at length regarding what needs to happen when the end comes, I have been offered choices in everything, the staff have been wonderful, supportive and so caring regarding this"
- Where people had made advanced decisions, staff were aware of their wishes and these were respected. Discussions included those around Treatment Escalation Plans (TEP) which recorded important decisions about how individuals wanted to be treated if their health deteriorated.
- Staff were trained in end of life care. They understood and met the needs of people and their families in relation to the emotional support and practical assistance they needed during this time. For example, following the death of a person within 10 days the provider organised a memorial service for people, staff and families which gave people time to reflect and remember the loss of their friends and loved ones and provided emotional support.
- Staff and the management team were keen to provide the best care they could when people were nearing the end of their lives. For example, the administration staff, recognised that staff have emotional bonds with these families and were also grieving themselves. They designed and produced a 'Next steps' pack for families. The pack included everything from how to register a death and emotional support. Staff were keen to support families and to bring positive closure and memories to aid the grieving process.
- Staff had received many thank you cards and compliments from relatives, acknowledging their care and compassion they had shown towards people and their families at this time.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People received care that was very personalised and extremely responsive to their needs. Relatives and an external professional praised the assessment process. Care plans captured in detail care needs, routines, preferences and history. A person said, "I use a lot of electrical technology to help with the management of my condition, everything is well documented in my care plan, everyone here, knows what I need, and what I

want."

- There was a strong culture of promoting people's individual lifestyles and supporting people to live their lives as they wished. This included making sure people had the support and equipment they required to achieve their lifestyle goals. One person described how with the support from staff they had maintained their own level of independence, such as going out by themselves whenever they wanted to. The person highly valued the support from staff and management in enabling them to achieve their goals. Another person in the rehabilitation unit who had stroke was supported by staff to practise their walking several times during the day to improve their physical abilities. Staff used lots of encouraging words and a sense of humour which had the impact of motivating the person at times when their mood was low. The person's walking was gradually improving due to staff determination in focusing on supporting the person which visibly enhanced their sense of well-being.
- Care plans provided staff with excellent detailed information to enable them to deliver person focused care. Information was regularly reviewed to ensure staff had access to information that reflected people's current needs. There was a very comprehensive "All about me" folder in every person's bedroom. This provided staff with important information about the person's history and was used by staff to generate conversations and aid person centred themes of reminiscence. It also assisted staff to help reduce periods of heightened anxiety by understanding what the person may be expressing.

Meeting people's communication need

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who had difficulty communicating could be confident that staff were constantly observing what gave them joy and then adapting care continuously to enhance and expand on these experiences. This included researching and accessing community events based on their interests, or simply enhancing the person's home environment. For example, we saw communication boards written in a person's native Language. Staff told us they used these to communicate with a person who spoke little English. The person's relative told us, "We are very impressed at how they have made the effort to learn some phrases in [person's] language and have gone out of their way to involve her. They have written prompts in a language they understand." This evidenced the staff's commitment to remove any barriers so that the person was able to communicate as easily as possible to ensure their needs continued to be met.
- Staff adapted how they communicated with people depending on individual's needs. We saw evidence of assisted technology been used to support a person who could no longer talk. The person used a tablet that was controlled by tapping a sensor with their head. This enabled the person to type words and express their wishes and choices. We witnessed the person using the equipment to express banter with staff and their family. Individualised pictorial care plans, photos of people carrying out an activity such as various physical exercises were amongst just a few examples.
- Technology was used as the service had recognised the importance of social media in connecting with everyday life outside the home. Wi-Fi coverage throughout the building had been improved as some people had laptops or Tablets they used to communicate with families and social media. People responded well to a voice-controlled speaker which enabled their favourite songs to be played around the home. Portable phones were available with adjustable sound to ease communication with families and ensure privacy.

Improving care quality in response to complaints or concerns:

- People were aware of how to make a complaint and felt comfortable raising concerns if something was not right and relatives were confident action would be taken if needed.
- The provider's complaints procedure was freely available, and the home maintained a record of any

complaints received. The management team actively sought feedback and viewed any issue raised as an integral part of its ongoing improvement journey and a learning opportunity.

- We reviewed the homes complaints file and saw where complaints had been received. These had been thoroughly investigated in line with the home's own policy and appropriate action had been taken. They had clearly recorded the outcome and provided feedback to the complainant.

Supporting people to develop and maintain relationships to avoid social isolation;

- Staff recognised the importance of family connections. Where there had been difficulties with this they had worked exceptionally hard to support families and people to have positive relationships. One relative reported, "I only have very good things to say about this home, I come every day to visit my [Person] I have travelled over 1300 miles in the last few months, I could look for somewhere nearer but I won't, this is very good here. Recently it was our wedding anniversary, the staff arranged for a photographer to come in and take our picture, they gave us some flowers and arranged a little party, complain? Never".

- Staff were incredibly passionate and creative about ensuring the best outcomes for people and to have regular access to the community. There was a mini-bus used to ferry people on weekly shopping trips. Staff had found out a person had been a passionate snooker player. The member of staff enrolled the person at a local snooker club. He now attends every week and enjoys a pub visit after their game.

- One relative told us "I have seen nothing but effective understanding of different situations. My parent's behaviour has improved significantly. They have a duty of care, but Staff are very mindful that my Dad values his independence. Its personalised care."

- A local nursery group visited regularly, and we heard that this had a very positive impact on people in the service. We were told and saw photographs of people engaging with the children, smiling, singing and clapping. One person who used to be a teacher told us, "I love it when the children come in."

- The registered manager and care staff constantly looked for new improvements and innovative ways to support people to live their best lives, checking that things worked, and what would work even better. Examples included a Wednesday coffee morning which was run by the residents in John Wills House and involved people in the surrounding village as well as people's families.

support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were designed to be personal. They encouraged social interaction, provided mental stimulation and promoted people's well-being. People spoke highly of the level of activity and entertainment provided. People told us, "activities are very good. Always something going on.",

- The home's activities programme was displayed on a notice board and informed people about upcoming events. We saw a range of activities were available including music therapy, arts and crafts, tai chi, arm chair exercises, film afternoons and quizzes.

- Opportunities were provided to support people to do what they had enjoyed in the past. For example, A person had mentioned to staff that they had played hockey in the past. Staff invited the Westbury Hockey team to hold a training session at John Wills House. The person enjoyed a game of hockey with the team, her daughter and staff. The registered manager told us "[Person] at times struggles with her balancing but was able to play 'against' one of the hockey team with real precision and was engaged and smiling. Her daughter came to visit at this time and was so happy to see her mum enjoying her time playing hockey".

- Another person who had been a member of the spinning guild was supported to invite someone from the Spinning Weal to attend the unit with a spinning wheel. [Person] who lives with dementia immediately set up the wheel and started to spin the wool into yarn. [Person] was overjoyed and showed other people her skill. For a further person they were supported by staff to organise a romantic valentine celebration. The person was on end of life care and wanted to do something significant and special for their partner.

- Staff were incredibly motivated to ensure that people had access to care that enhanced their wellbeing. All staff we spoke too reflected that disability should not be a barrier to people living an exceptional quality of life. We saw staff facilitating a person who had limited mobility to serve tea to other residents from a trolley.

This meant risk to the person and others were reduced while they were empowered to continue with skills of daily living. The person told us, " At least I can be useful, I have always been a busy person". This meant people continued to be valued and encouraged to maintain their skills and individuality.

- External health and social care professionals told us, "They treat everyone with respect - They do this with residents, relatives, each other and me".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People benefitted from an outstandingly well led service. Care and support was tailored to meet people's needs. Without exception everyone we spoke with told us the home was exceptionally well led. Comments included, "Everyone in this home is very friendly and the manager is very approachable, they put the people who live here first". One health care professional said, "I can honestly say that the standard of care I witness is consistently excellent and I notice so many examples of kindness and clinical competence that it would not be possible for me to list them all in an email."
- People received a high standard of care because the management team provided strong leadership. The registered manager had been awarded the Great British Care Awards (South West) November 2017, Best Care Home Registered Manager and had been a finalist in the National Finals in the same category in 2018. The management team worked alongside staff every day role modelling and used this opportunity to gain feedback from people about staff and the service being provided.
- The provider was passionate about continually striving to improve people's care and support. They had built strong relationships with relevant professionals and within the community to promote learning and meeting people's needs. For example, they had engaged the service of a local hospice to run training sessions for people, staff and relatives.
- The values and culture of the home were embedded through staff training, staff induction, staff supervision. This meant people felt empowered to be involved and make decisions about the running of the home. For example, the Friendship care method and The Next Step pack are initiatives created by staff and have been adopted by the service for the well-being of people and their relatives.
- Staff told us the leadership style helped them to be motivated, feel valued and empowered them to enhance the lives of people and make positive changes. Two members of staff had been nominated for the Care & Support West Awards 2019 in the categories of Palliative care and Care Home Worker.
- The registered manager and provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This was demonstrated by staff completing reflective accounts as a method of ensuring staff did not repeat the same mistake. In addition to proactively addressing concerns, the registered manager also used relatives' meetings, care reviews and an 'open door' policy to ensure people's views were known and acted upon.
- The registered manager understood their regulatory responsibilities and were proactive in the way they notified and kept us, and other agencies informed of events within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home.
- Staff understood theirs and others roles in achieving the vision of outstanding personalised support. They understood what was expected of them, were motivated, hardworking and enthusiastic. They were motivated to provide personalised care which treated people with dignity and respect.
- Other systems to promote excellence included exceptional support for staff to enable them to fulfil their roles and also achieve a good work life balance. Support included regular team meetings, regular supervision, appraisal and training, where the focus was people.
- Care staff had also been recognised for their work. Staff had been winners of The Care and Support West Awards, Nursing frontline awards and Beeches team were recognised for outstanding contribution to health and Social Care.
- Staff were valued and recognised for their significant contributions to improvements and motivated to want to continually strive to provide excellent care. For example, Star of the Month celebrated staff's achievements. Staff were encouraged to develop their skills through training and personal development. For example, the provider had well established 'champion roles'.
- Staff told us they were encouraged and supported to raise issues or suggest improvement. One example of this had been a Porter mounted a projector and people were able to watch live horse racing and medal ceremonies on a big screen.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People could speak to staff about their care whenever they wanted.
- Regular newsletters shared information with people and their relatives about the service. This included a wide range of social activities and celebrations, internally and externally people could participate in.
- Surveys were used frequently and offered people, relatives and staff the opportunity to share their experience about the service and to make any suggestions for improvement. People were fully involved in everything that happened at the service. They were asked for their feedback, ideas and these were used to make improvements. For example, the service were planning to get two chickens because people said they would be interested.
- Residents and relatives' meetings, and open days were also organised. These gave opportunities for everyone to enjoy time together and give feedback about the service. These promoted a positive and inclusive approach, whereby people who used the service, relatives and staff were equal partners. We saw the registered provider and registered manager involved families and those who lived at John Wills House in all aspects of quality assurance. The registered manager told us her belief centred on obtaining feedback from people to constantly improve their comfort and welfare.
- The service was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice.

Working in partnership with others

- The registered manager forged strong links with local schools. This reinforced family values and kept the connection with the village and the home. Where people's relatives, and staff had children at local schools, this had worked well to be a close linked, inclusive home where family and friends were involved in the family life.
- The registered manager explained how they worked with student nurses on their nine-week placements

from the local university. Success stories were of students joining the Services bank of nurses after their placements end. This meant some people already knew those new staff who maybe supporting them and trust had already been established.

- The registered manager organised events at the service and with local schools to inform the wider community about people living with dementia. People now enjoyed school children visiting as dementia friends, to play music, perform musicals and to sit and talk with them.
- The home was at the heart of the local community, which the registered manager promoted. Local groups held lunches and events inside the home and the grounds so people and their families could participate. The registered manager said this added great value to people who at one time, were involved in these groups. This meant people continued to feel valued and able to contribute their ideas.
- The registered manager recognised the value of working alongside others. The service had established good links and worked in partnership with key organisations that provided social care services to improve people's opportunities and experiences. For example, John Wills House was currently taking part in a pilot group for the NHS England Trainee Nurse Associate (TNA) programme and the first student will qualify this summer. They are now supporting their second student through this process.