

# James Hudson(Builders)Limited

# Ashbourne Lodge

## 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?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Ashbourne Lodge is a nursing home providing personal and nursing care to 50 older people at the time of the inspection. The service can support up to 54 people.

The home is in the town of Ashbourne and the home is one building with bedrooms on the ground and first floor. All shared accommodation, including lounges, a bar, cinema room and reminiscence room is on the ground floor. There is a ballroom people can use on the first floor.

### People's experience of using this service and what we found

People and their relatives felt they received exceptional care and staff were extremely caring. Feedback regarding the care provided was overwhelmingly positive and staff went the extra mile to ensure people felt valued. Staff knew people very well and care was organised to ensure people had a purpose and had meaningful activities to participate in. The staff were thoughtful and empowered people to take control of their life and retain their independence. People's care was regularly reviewed and the care was flexible and staff responded to changes to ensure people remained well supported and were happy.

Positive and caring relationships had been developed, and people was supported with dignity and respect. People had opportunities to meet with children and local residents who visited the home and shared time with them. The staff were committed to caring for people with dementia as well as supporting family members and being part of their local community.

People were supported to make decisions about their care and family and friends could provide support and advice. 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. People felt safe and risk management plans were in place to help keep them from harm. People were not restricted from perceived risk and able to continue to do what they enjoyed. The staff were proud of the service they provided and committed to delivering a personalised service.

The staff were passionate about providing exceptional individualised care for people living with dementia. The provider had invested heavily in training to ensure the entire staff team understood how to provide people's care. All the staff were motivated and were encouraged to develop their skills and knowledge and were passionate about delivering people's care.

There was an open and supportive culture, which focused on delivering the best possible service for people. People were encouraged to comment on the quality of the service and their feedback was used to develop and enhance the service provided. The staff worked in partnership with health and social care professionals to ensure their care was well organised and exceeded their expectations. Where people were nearing the end of their life, they could share how they wanted to be supported and this was respected to ensure they

could end their life without pain and with dignity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good. (Published 27 April 2017)

## 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 exceptionally effective.

Details are in our effective findings below.

Outstanding 

### 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 

# Ashbourne Lodge

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

An inspector, a special nurse advisor, an assistant inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ashbourne Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was unannounced.

#### What we did before the inspection

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection.

#### During the inspection

We spoke with ten people who used the service, six relatives about their experience of the care provided. We spoke with seven members of care staff, a member of the office staff, the activity co-ordinator, and chef. We also spoke with one district nurse and a social care professional, a GP and two external recruitment managers.

We reviewed a range of records. This included eight people's care records and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we sought feedback from the local authority and professionals who work with the service. This including feedback from a G.P.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People had positive, trusting relationships with staff who understood their needs and how to keep them safe. People and relatives told us they felt that the care and support people received was safe. One relative said, "We have never have to think about their safety, we are confident that they are safe." Another relative told us, "I have absolute peace of mind and know how well people are cared for here."
- Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff could identify the signs which may mean a person was at risk of harm and understood how to report their concerns.
- Staff had received training in protecting people from the risk of abuse. Where they suspected people may be at risk of harm, reports to were made to the local authority to ensure this was investigated.

Assessing risk, safety monitoring and management

- Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans included the level of support each person would need in the event of fire or any other incident that required their home to be evacuated.
- Staff had a good knowledge of people's needs and risks and supported people to keep them safe. Risk management plans included information on how to manage identified risks, for example when supporting people to move using equipment or to avoid developing sore skin through pressure damage.
- Where people had been identified as being at risk of skin damage, equipment was provided such as pressure relieving cushions and mattresses to reduce any risk. Staff understood how to support people to move and when people were supported to change position, this was recorded to ensure this was completed at the agreed times.

Staffing and recruitment

- The staffing levels were determined according to the needs of each person and the activity they were undertaking.
- People and relatives felt there were enough staff to meet people's needs in a timely way. We saw the staff were quick to respond to people's needs and answered calls promptly. Staff felt there were enough staff members to meet people's support needs.
- Safe recruitment procedures were in place. New staff had to wait for their police checks and references to be completed before they could start working at the service to ensure they were suitable to work with people.
- Where agency staff were needed, the same staff were used. A member of agency staff told us, "The registered manager ensures a good level of induction for the staff; they are keen to ensure any agency staff

used are confident and competent. If they have to change anything at all they work with us well ahead of time. Any agency staff are aware of people's needs because they are treated the same as the provider's own staff. We have had many reports back from staff that they are treated as important and valued members of their care team."

- The registered manager carried out checks with the Nursing and Midwifery Council to ensure nursing staff were registered and updated their skills and knowledge and were safe to provide nursing support.

#### Using medicines safely

- People had their medicines as prescribed and supported to take these by trained staff. We saw the staff spoke with people when they received their medicines to ensure they knew they understood why they were taking them.

- Where people were prescribed medicines 'as and when required' there were protocols in place to explain when and how the medicine should be taken. Creams were stored safely, and body maps were used to show site of application along with daily monitoring forms.

- A medicines administration record was kept, and we saw that staff signed when medicine had been given. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

- The medicines were managed safely as the provider had processes in place to store, administer, control stock levels and dispose of medicines safely. The records showed that all the signatures were of staff who had received training.

#### Preventing and controlling infection

- Infection control procedures were in place and there was regular cleaning in the home by dedicated trained staff. One member of staff told us, "Making sure the home is clean is everyone's responsibility though and nothing gets left. If we see something that need doing, then we report this or see to it straight away."

- The home was clean, and staff used personal protective equipment when delivering personal care to people. There was a range of different aprons and gloves around the home for staff to use along with suitable hand washing facilities.

#### Learning lessons when things go wrong

- The registered manager asked for feedback from people, their relatives and the staff. The information was used to make improvements in collaboration with those giving feedback. The registered manager welcomed people's views including complaints, and we saw action was taken and documented how any lessons could be learned. One social care professional told us, "The staff are very open and honest where improvements can be made."

- Lessons were learned when things went wrong, and suitable actions were taken following incidents. Where improvements could be made, learning was shared with staff.

- Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.



## 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 now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People were provided with exceptional levels of support to eat and drink. The serving of breakfast had been reviewed and throughout the morning there was a self-service breakfast bar with a choice of food to eat and prepare. The food was displayed on low tables to support people to prepare their breakfast independently. Staff explained that people had a choice to get their own meal or to have this served. Staff had identified that people had been eating more food since the breakfast counter had been introduced and people told us they welcomed the new way of having breakfast.
- There was a range of different cups, crockery and utensils to help people to retain their independence. Staff explained following the philosophy of the home, they encouraged people to retain their independence. One member of staff told us, "It includes getting back motor skills you may have lost. For example, peeling carrots is the same motor skills as moving a spoon to a cereal bowl." Staff explained by repeating these actions they had supported people to relearn different motor skills which meant they retained their independence for longer.
- The staff recognised the importance of doll therapy. Pureed meals were prepared so the 'doll' could have a meal with people who were looking after them. One member of staff explained, "We have a high chair for them and found that some people ate well when feeding their baby too." We saw this had resulted in people eating more food independently at meal times.
- There was a menu board which displayed the meals that were being prepared and people had a choice, including a vegetarian option. Staff knew people's likes and dislikes and where people had specific preferences, a separate menu was created to ensure they always had something they wanted to eat. Where people needed a softer diet, each food product was presented individually on the plate, so people could taste the different food and served in moulds of the shape of that food. Where people had liquid food directly through a tube in their stomach, staff had received training to ensure they understood how the food was to be given and how to identify concerns or signs of any infection where the tube entered the stomach.
- There was a range of drinks for people and visitors along with cake, snacks and fruit which had clear labels in large print on a yellow background, inviting people to take them. We saw people helping themselves to food and drink and one member of staff told us, "We see people eating more fresh fruit now it is easily accessible." People's weight was monitored, and a dietician or speech and language therapist was involved in assessing how the person needed support to eat or drink. Where people needed food thickened to prevent choking, we saw staff followed the agreed instructions to ensure they stayed safe.

Staff support: induction, training, skills and experience

- People received effective care based on best practice. People benefited by being cared for by staff who

were motivated and encouraged to develop their skills and knowledge and the staff spoke passionately about the training opportunities provided.

- The provider had developed the service to support people living with dementia. They promoted the philosophy that everyone needed a purpose, to feel valued and to have a reason to get up in the morning. Staff explained how all members of staff team had received training for supporting people living with dementia; this included directors of the company, maintenance staff and auxiliary staff to ensure everybody understood these principles and worked together. One member of staff told us, "We all have to be committed to making this work and understanding what we are doing." Another member of staff explained, "As a result of this we now wear large yellow badges with our first names in large print, so people know who we are." We saw this helped people to know who staff were and called them by their name." They continued to tell us, "The signs we have around the home have changed the way people live, as it encourages them to get involved. For example, people are now doing the laundry or involved with maintenance." We saw people walk past these signs and picked items up or started doing the activity.
- Staff were encouraged to become specialists in different areas and to become 'champions', example, for dignity, end of life and nutrition. This meant staff recognised where improvements could be made, supporting other staff and also challenging poor practice. One member of staff told us, "We will say something if we see anything." Another member of staff told us, "This is an excellent and supportive team to work within and we are supported to pursue not only mandatory training but also supported to pursue personal clinical interests in training." They told us this included further training for syringe driver management, catheterisation and end of life. Staff and relatives told us this meant staff could provide the care people needed without delay.
- Staff felt exceptionally well supported and valued for their contribution. The provider had awards for staff which recognised staff who had made outstanding contributions to the service. Staff were proud to achieve these awards and felt it was a good way of recognising who had been exceptional in their work. Staff had also been nominated and achieved recognition for regional care award.
- New staff completed an induction and shadowed experienced staff, to gain experience before they worked unsupervised. Competency assessments were completed to make sure they fully understood what was required of them. Staff received comprehensive supervision. Supervision is a process, by which provides guidance and support is provided to staff. They told us this was an opportunity to receive feedback on their work and identify where they needed further support. Registered nurses were up to date with practice to meet the requirements of their registration with the Nursing and Midwifery Council.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a thorough and coordinated approach to enable people to move into the service. People's needs were assessed prior to them coming to the service and care plans were put in place as soon as people were admitted. The culture and ethos of the service meant staff recognised the importance of assessment and worked with each person, professionals and family members to ensure they understood how people wanted to be supported.
- There were no people living at the home from different cultures, however, we saw how staff considered people's gender and sexuality as part of their assessment and care planning process. Information, advice and training regarding equality and diversity was provided for people using the service and staff.
- The provider worked in partnership with other healthcare services to provide a holistic approach to assessing, planning and delivering people's care and support. We saw the staff worked closely with GP's, and nurse specialists to ensure people's ongoing health needs could continue to be met. Staff sought the advice of other professionals to ensure people's care and support was based on best practice, for example how people were supported with end of life care.

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

- The provider had researched what would be suitable for people and what they wanted. The home had been developed to include a bar, a cinema room and reminiscence room. The areas had been designed in a meaningful way, for example, alcoholic drinks were available in the bar and optics displayed the drinks available on the wall. The garden had been landscaped and people were able to access this.
- People had individual bedrooms and where people were married or had friends or partners they wanted to share with, there were large shared rooms, some of which had a private lounge.
- The different areas were clearly signed to support people living with dementia to find their way around the home. All the signs had been developed in large print and from research, written signs had a yellow background, so information was visually clearer.
- All communal areas were large enough for people to have a choice of where to sit and thought had been given to small seated areas to encourage people to socialise. Corridors were wide to enable people to pass and there were hand rails to support people to walk around the home. Equipment was stored in designated areas and did not obstruct any areas of the home.

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

- The staff were highly effective in making sure people's individual health and care needs were met. People accessed healthcare services including seeing their GP and a district nurse. Staff communicated effectively to share information about their health needs and seek advice when needed. One GP reported, 'The level of organisation, standard of care and response to everything is always excellent. They are open to ideas and will think outside the box; they never turn down an idea or suggestion.'
- Where people's health needs changed, the staff consulted with healthcare professionals. Good communication meant that health professionals were kept up to date with any changes to ensure their health care was managed effectively. One health care professional spoke positively about the home and told us, "There is a communication book where I can list all the information, which is great when staff are busy, so they have all the information they need."
- The staff team were committed to working collaboratively with health care professionals. To ensure consistent care and support to people, where possible, the same health professionals visited the home. One member of staff told us, "This has really helped, as when they visit, they know other people in the home and talk with them about their treatment and how they are."

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw people were supported to make decisions. We observed staff asking for people's consent throughout the inspection. For example, showing simple choices of menu, clothes and drinks. Some people had personal pictorial aids and used this to express how they were feeling, what they wanted to do or eat.

Staff had explored different communication methods to enable people to continue to make choices.

- When people had no family or friends or had difficulty communicating, advocacy services were made available to ensure that their views were listened to.
- Where people lacked capacity to make specific decisions, assessments had been completed and identified how people's capacity had been assessed. Where restrictions were identified, DoLS applications had been made. The purpose of the restriction was described to ensure that the person was not deprived of their liberty outside of these areas.

# 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.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, people, their relatives and care professionals told us the staff were extremely caring, kind, attentive and dedicated in their approach and this was evident throughout the inspection. The care and support people received was value based and we saw staff were committed to providing excellent care for people living with dementia. We saw the staff helped people to find purpose in their day. The enthusiasm of staff to ensuring this, was clearly evident when we spoke with people, staff and relatives.
- The registered manager was committed to ensuring people received the highest standards of care from a dedicated, kind and caring team of staff. For example, the staff understood the importance of 'doll therapy' and where people had a doll they looked after, and they considered their baby, this was respected. We saw before moving to the home staff had created an area where their baby could live and share their life. A cot was provided in their bedroom and a high chair and push chair purchased to ensure they could continue to look after their baby. Staff explained because they looked after their baby, they looked after themselves and retained a level of independence and improved well-being.
- People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences. Where people had expressed a preference for the gender of staff supporting them with their personal care needs these preferences were respected.
- Staff had developed exceptionally kind, positive and compassionate relationships with people. We heard staff address people with the utmost respect and kindness and always knocked on people's doors and people told us they would not wake them up in the morning if they wished to lie in.
- Relatives were extremely positive about the care and support people received and attributed the improvement of people's moods and general well-being to the kind and caring approach staff had when supporting people.

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

- People's choices were respected. People were in control of making decisions about the care and support they received. Staff knew what was important to people and every interaction and conversation we observed, empowered people to make their own decisions and express their choices verbally and with the use of pictorial aids.
- People were involved in the planning and development of their care plan. These were created around people's abilities and described what support they needed from staff. Staff knew people exceptionally well and included information about things that were important to them. For example, where people had a doll they cared for as a 'baby', this was included in the care plan and detailed how staff were to support them to

look after their 'baby'. For example, if their baby was helped to wash, the person would help and maintain their own personal hygiene. Staff explained how this reduced anxiety and they found happiness and comfort from this.

Respecting and promoting people's privacy, dignity and independence

- People were empowered to have as much control and independence as possible. The registered manager and staff were committed to go above and beyond when supporting people. By listening to what was important to people, care was organised to ensure it meet people's needs. For example, one person often fell as they were wandering around the home and looking for something to do. Staff explained they were now involved with sorting out equipment and folding laundry, which were activities they had always been fond of. As a result of having a clear purpose, they became less anxious and happier.
- The staff supported people to maintain their independence and worked alongside staff. We saw people picking up cleaning materials to dust their home and other people were involved with the laundry and folding clothes. The house keeper worked one night each week to work with people who enjoyed cleaning and were awake for long periods during the night. Maintenance workers encouraged people to be involved with tasks and help them with meaning jobs in their home. We saw a photograph of one person cutting the grass. The staff explained that a manual lawn mower had been purchased as people were comfortable with the older traditional style and were helped to maintain their garden. One senior manager told us, "All the staff are so energised and it's lovely to see; everyone is buzzing with ideas."
- Staff spoke with people to encourage them to be involved with their care. One member of staff told us, "I have learnt how to phrase things. We now start by saying, 'Will you help me?' It's instinctive that people want to help, and we have found people do so much more for themselves." We saw this being used effectively and people helped staff when providing any care.

## 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.

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

- Without exception, people and relatives felt the staff were very responsive to their needs. There was a very strong person-centred culture and staff went the extra mile to ensure people's needs and wishes were met. The comprehensive assessment meant that any equipment and personal requirements were in place before people moved into the home. This meant people settled in to their new home quickly and had the best possible care from the start.
- People felt consulted and listened to and the staff paid exceptional attention to detail and received a service which exceeded their expectations. Care records included as much detail about them and their history as the person and their relatives were able to tell them. This enabled staff to get to know them really well and to provide the care they wanted in the way they preferred.
- The care plans recorded how people wanted to be supported in pictorial form, which helped staff identify the care needed. Staff told us this helped all staff, especially where English was a second language, as this meant the care plan was clearer. Where people needed support, for example, to change position, we saw an alert would be raised if this was not completed as planned; this meant people were supported in a timely manner to keep well and maintain skin integrity.
- There was a comprehensive handover of information to ensure staff knew of any changes. The electronic care plan meant any review or changes were made in real time and the system required staff to record that they had read this information to demonstrate they understood the changes to the support people needed. Staff told us care plans were informative and gave them enough information and guidance to care for people as they wished.

Meeting people's communication needs

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.

- The staff were sensitive to people's communication requirements and some people had their own communication book with pictures or photographs which we saw used to support them to communicate their wishes and how they were feeling. The staff took their time to ensure the people they were speaking with understood and they had time to engage with them.
- All information within the home was displayed in an easy ready style, any words were in large print and displayed on a yellow background which helped people with a visual impairment to read the information.
- People viewed their care plans in electronic form or these could be printed off. One relative told us, "I

really like the care plans. I know what has been happening and the staff are always happy for us to get a print out of the information, so we can go through this." One social care professional told us "The information they need is easily accessible I am pleased with the amount of information that is recorded." They also told us they were impressed with the digital care plan recording and the level of information recorded which reflect how people wanted to be supported.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a real commitment to ensuring all care was personalised to people's needs, wishes preferences and known lifestyle choices. People were encouraged to follow their own routines and staff respected their choices to ensure they had as much control as possible over their own lives. Group and one to one activities and were organised so people could pursue and take part in their interests or attend events to enrich their lives. We saw people sitting with staff and playing the piano, talking about songs they knew and giving encouragement and praise. There was a group discussion and people spoke about local news and events and we saw people participated in a music therapy workshop.

- There were dedicated activity staff who spoke with people about what could be organised and arranged activities and events in the home. We saw planned activities were clearly displayed on a large notice board and people were asked if they wanted to participate. The staff had made different large piece jigsaw with pictures that interested people. Jigsaw puzzles were on tables in communal areas with signs invited people to compete them; we saw people did these. One relative told us, "There's leaflets around that let you know what's happening, so you can come along and join in. There is a bonfire night tomorrow night which everyone is invited to." People had opportunities to go into their local community to buy personal shopping, go to cafés and take part in recreational events. People spoke enthusiastically about a recent trip to a ten-pin bowling alley.

- There was a reading club which used books designed for people living with dementia. People had been consulted about the style, content and quality of these books before going to print. We saw people read these books independently and staff spoke passionately about how these were used to encourage communication and discussion and

- To reduce the risk of social isolation activities were completed with people who wished to remain in their rooms. The staff were aware of the risk of social isolation and told us they were able to spend time with them in their room chatting or doing an activity with them such as hand care.

- Local groups were welcomed into the home, including children from local schools and community groups. Children had visited and made cakes with people and there had been singing sessions. Some children had written letters to people and people spoke fondly of these and the visits from the children. Children had also attended events in the home and had been dancing, a local nurse had completed sensory games with people. We saw a local Scout group had visited and people told us about the foam poppies they had made together to help to celebrate armistice.

- Each week a Dementia Café was held in the home where people living with dementia in the community could come and spend time with others and enjoy a social afternoon with their relatives or carers. This enabled people to socialise with others and provided support to family and people in the local community.

- People were helped to continue to practice their faith and visit local places of worship. Where people wanted to stay in their home, a community Chaplain visited people and carried out communion and gave people opportunities to share their thoughts and have private reflection time.

- There was Wi-Fi in the home and electronic devices were available for people to maintain contact with family and friends. Family events could be held in the home, and on the first floor there was a ballroom. We saw this had been used to celebrate wedding commitment vows, special birthday celebrations and to celebrate people's lives following a funeral.



### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which was available to people and displayed in the home. Information about how to complain was available in different formats for people's different communication needs. People and relatives told us they knew how to complain and told us they wouldn't hesitate to raise any concern.
- The provider had a comments, grumbles and suggestion box in reception to support people to share their views. The registered manager actioned any points made within a timely manner and shared learning with staff and people living at the home.
- There was a copy of all complaints, which we saw were responded to and where improvements could have been made, the provider offered an apology. Where any action plans were needed, and learning required, this was shared with staff to ensure improvements were made within the service.

### End of life care and support

- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded. People had an end of life care plan which contained information about how they wanted to be supported and their wishes, including information about what treatment they wanted or wanted to refuse. One person told us the staff had been kind and listened to what they had to say and their views were being carried out. We saw information about supporting people to reposition was in line with Gold Standard recommendations, however, these were not attempted if inappropriate at this stage of their life, as staff understood the comfort of the person was of paramount importance.
- Anticipatory medicine was stored in the home, so this was available for people nearing the end of their life. This meant that medicine was available to manage the person's symptoms and pain at the time it was needed.
- The staff recognised the importance of supporting the person's family and listening to their needs and emotions. One relative told us, "Not everyone wants to talk about this subject, but the staff are very sensitive. There is also a bereavement booklet with advice on what happens during end of life care and how the staff can you."
- Staff had been supported to received additional training in end of life care including a master's degree post graduate course in End of Life Care. Staff told us they were supportive and said, "They are so approachable and so motivated, and this is contagious. They have done so much good work here around end of life. I used to avoid the issue but now I can see we need to make it less scary for people and relatives, so we have put our Dignity Book in the hall for people to write in. We light an electric candle next to it, so everyone can see it when they come in. There are leaflets to pick up too with information in case people find it hard to discuss it face to face."
- Where people were receiving end of life care or following their death, there were regular palliative care meetings which all staff were invited to attend. This provided opportunities to discuss people's care to ensure they were able to die with dignity. A 'Celebration of life' service was organised each November along with remembrance service to celebrate the lives of people who had died that year.

# 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 Good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had been developed to ensure people had a purpose in life and to feel that they were contributing. Staff explained that it was important for people to feel valued, to be included and to make a difference. The staff's approach meant that they looked at how meaningful activities were as an integral part of people's day.
- Staff were aware of how language could be used to have positive outcomes. Staff invited people to take part in activities, asked for help and thanked them for participating. Staff explained that asking people to take an active role in their care empowered them and promoted their independence and well-being.
- The registered manager led by example to ensure the service had a very strong and person-centred culture that had benefitted people. They were clear in their expectations of staff at the service and was respected by staff and professionals. The registered manager was very experienced and their strong passion for delivering specially individualised person-centred care had spread throughout the staff team. We saw one testimonial which reported the registered manager had a modern approach to managing staff and took pride in their own personal and professional development to ensure they could support staff to understand what they were doing.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a culture of openness when things went wrong, and the registered manager considered these opportunities for improvement. Where any incidents had occurred, these had been accurately reported and were reviewed and analysed so lessons could be learnt. Incident forms were completed and discussed within the team to review if anything could have been done differently.
- The registered manager and staff were open and approachable and listened to any concerns or complaints. We saw this information was acted upon and where necessary, an apology was given, and people informed about how improvements were to be made.

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

- The service was exceptionally well organised. The provider and registered manager had a clear and supportive staffing structure and staff understood lines of responsibility and accountability. The staff morale was excellent, and staff told us this was due to the levels of support they received and the positive style of the management team.

- Messages were communicated to staff through meetings. Staff told us they attended these meetings and spoke positively saying they could contribute to them. We saw that matters such as actions from the previous meeting, current policies, annual leave, supervision, staff changes, and training were discussed.
- The registered manager felt supported by the provider through supervision, appraisal and meetings they attended. They were aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that the notifications had been sent when required.

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

- The registered manager promoted awareness of how people chose to express their sexuality and supported gender differences. The registered manager recognised that people and staff had the right to express themselves and where people may have difficulty understanding or accepting other people's views regarding their sexuality, they spent time with them to enable people to express their views and understand others diverse views and feelings.
- The provider engaged with people they supported and gathered feedback from them, their relatives and staff members through quality assurance reviews. These were provided in different formats where needed to ensure people were able to complete these in a meaningful way. All feedback, gathered by any means including complaints, surveys and verbal feedback was evaluated. The outcome of any quality review was displayed in the home to ensure people knew what was being completed and how planned improvements would be made. The responses to the service's latest satisfaction survey were overwhelmingly positive. Resident and relative meetings also took place to share information and to help to monitor the quality of the service. One relative told us, "These meetings are well attended. The chef comes to the meetings, so we can talk about the menu and food, and we talk about how the home is run and any activities." People felt listened to and could contribute to the development of the service.
- To ensure people's wishes were continually respected, the registered manager and staff spoke with people on a regular basis to invite them to comment on the care and support they received. Care was re-arranged based upon people's feedback.
- The registered manager and staff had established links within the local community schools and organisations, who were invited to visit the home and worked with staff to support people. They held public events which benefitted people who used the service and the wider community, including a dementia café, which helped people to socialise and avoid social isolation.

Continuous learning and improving care

- The staff were passionate about people living with dementia receiving individualised care. The provider had invested heavily in training from experts in their field to provide training across the entire staff team. All the staff were extremely enthusiastic about supporting people living with dementia. We saw this promoted a culture where all staff were of equal importance and everyone had a part to play in supporting people, irrespective of their job role.
- Systems had been created to ensure people, staff and relatives were able to share their ideas for improving care. The staff team were given opportunities through supervision and team meetings to discuss ideas, concerns and best practice to help ensure each person received care tailored to their needs. The registered manager and staff were keen to try new initiatives that would improve the service.
- A number of staff had been nominated and won a regional and national award for their conduct, dedication and passion in their work. The staff team were very proud of these achievements and the registered manager praised staff for going the extra mile to achieve high standards.
- The staff worked in partnership with other providers to help them to understand the home's philosophy and how they worked with people living with dementia to provide meaningful activities and how they

provided their support. They had participated in dementia workshops to promote the support they provided and share positive outcomes with service providers to enhance care for others.

- The registered manager reviewed working practices and was willing to try different or innovative practices to enhance people's care. For example, they had reviewed how breakfast was served to enable people to take a more active role, including providing more accessible tables and equipment. As a result, they identified that outcomes for people who had been at risk of malnutrition and had experienced weight loss had improved significantly and people were choosing to eat more and maintaining weight.

#### Working in partnership with others

- The management and staff team worked with external health and social care professionals and the recruitment agency to ensure people's needs were met. A recruitment manager told us, "We speak with the clinical lead once a week to look at any issues they might be having with our staff so that we can work together to resolve these. We really do share the same goal of person-centred care, so it makes sense to work together." Staff told us, "Health professionals tend to get allocated to us, so they also are generally the same people. This is better for people as we also find they react better to a familiar face." The staff were positive about this relationship and one member of staff said, "Due to the home's ethos of actively seeing the potential for rehabilitation, it benefits people to have the support of community staff who shared our goal."

- There were close links with GP practices. One GP told us they had no concerns with response times to changes in people's needs; the nurse practitioner visited the home weekly and found the staff followed any directives and told us, "The service is open and honest."