

Beckedge Limited

The Byars Nursing Home

Inspection report

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Date of inspection visit: 15 and 17 October 2014
Date of publication: 20/05/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 15 and 17 October 2014 and was unannounced. The Byars Nursing Home provides accommodation and personal care for up to 30 older people, including people with dementia. On the day of our inspection 28 people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons.’ Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were robust systems in place to protect people from abuse as all staff had been trained to recognise any form of abuse and knew how to do so. They knew how they should respond if any allegation or incident of abuse took place. They also knew the roles and responsibility of

Summary of findings

others in protecting people. This information was also shared with people who used the service and their relatives so they would know how to raise a concern about someone's safety.

Medicines were managed safely and people received their medicines in an individual manner that best suited their needs. People were involved in reviewing their medicines. The registered manager implemented the best practices recommended by the providers of national guidance to improve health and social care.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and had not deprived people of liberty without applying for the required authorisation. We found the provider was proactive in the way they met the requirements of the MCA and DoLS.

Effective methods were implemented to support people who had complex needs with their nutritional intake. People's health was closely monitored and the service worked closely with healthcare professionals to provide people with an enhanced healthcare service. This was achieved through identifying and implementing best practices to meet and improve people's care, treatment and support.

People valued their relationships with staff who treated them with compassion, dignity and respect. Staff knew and appreciated their individual needs and preferences. They were helped and encouraged to express their views and be involved in decisions about their care. People received the care they required in the manner they chose. People were supported to maintain their independence and encouraged to be involved in the local community and participate in community events.

There was strong management and leadership which put people at the heart of the service. Managers identified current best practices and achieved recognised quality accreditation schemes so that people received a service of the highest quality and continually strived to improve.

Summary of findings

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.

People who used the service were cared for and supported by staff in a safe environment.

People who used the service had their needs met by staff who had a proactive approach to keeping them safe through managing risks they faced, whilst enabling them to have as full a life as possible.

People consistently received the support they required to do the things they wanted safely because staffing levels were flexible and adjusted when needed to enable them to do so.

Medicines were managed safely and people received their medicines in an individual manner that suited their needs.

Good



Is the service effective?

The service was effective.

People received care and support from staff who had been trained, supported and developed to meet their needs.

Staff supported people to make decisions they were able to and if they could not, they made decisions in their best interest based on previous knowledge about them.

Catering arrangements were flexible and supported people to eat well. People's individual needs and preferences with regard what they wanted to eat and how they liked to eat their meals were catered for.

There were arrangements in place to meet people's healthcare needs which included innovative work with other healthcare professionals and achieving accreditation in schemes designed to identify best practices.

Good



Is the service caring?

The service was caring.

People described staff as caring and happy. Staff understood people's needs and how they liked to be cared for through knowledge of them now and of their life history, which included their wishes, beliefs and values.

People were treated with kindness and their privacy, dignity and wishes were respected. People were encouraged to express their views and these were included in future plans for them and for the service.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and advanced care plans were prepared so people's future wishes would be known. People were able to choose how they spent their time and they were able to take part in activities that were of interest and meaningful to them.

Good



Summary of findings

People were encouraged to say if anything was not to their liking and were able to do so.

Is the service well-led?

The service was well led.

People could express their views about the service. This was because the management had developed a positive and inclusive culture where they and staff were able to contribute on how the service was run.

People received a service that was based on current best practices and was closely monitored and improved.

Good



The Byars Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 17 October 2014 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted social and healthcare professionals who visited

the service and asked them for their views, and we read a copy of the local authority contract monitoring report. Before the inspection, the provider completed a Provider Information Return (PIR.) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with eight people who lived at the service and two of their relatives. We also spoke with five members of care staff, the cook and members of the management team which included a nurse, service manager for social care, the company director and the registered manager. We observed care and support in communal areas including lunch being served. We looked at the care records of three people who used the service. We also saw a range of records which related to the running of the service, which included staff training records and audits carried out by the registered manager and company director.

Is the service safe?

Our findings

People who used the service and their relatives were involved in discussions about their safety, and what they could do if they had any worries about this. People had commented in meetings they felt safe, and the people we asked told us they felt safe living there. One person said, “Everyone is so caring, it makes you feel safe being here.” People who used the service and their relatives had commented through the service’s quality auditing systems that people were safe at the service and how reassuring this was for them.

We saw how staff pre-empted situations where people could become affected by behaviours of others. This stopped disagreements and conflicts arising and gave people a positive experience. An example was when a person was becoming unsettled in one lounge, which staff felt may annoy other people. A staff member went with the person to another lounge where they spent time with the staff member bird watching. We saw the person enjoyed this and they told us, “I liked that” when they had seen a pheasant. This meant the opportunities where a person could cause conflict with other people were well managed and promoted people’s safety.

The provider used various ways to make sure people knew their rights. They told people who used the service and their relatives which staff took the lead on promoting safety at the service. People and their relatives were encouraged to discuss any concerns with staff, and they were given details of how to raise any concerns with the appropriate authorities if they did not feel able to do so with any of the managers or staff at the service.

From discussions with staff and observations of practice we found staff had a high level of understanding of the risks people could face, and how they should respond if they felt someone was at risk of harm or abuse. Staff were clear about their roles and responsibilities in protecting people from harm or abuse and knew the roles of others in ensuring people’s safety as part of their day to day practice. One staff member said, “If they [staff] don’t act they are not doing their job. I would follow the whistleblowing policy. If I didn’t the manager would reprimand me.” The staff member added in regard to promoting people’s safety, “Of all the places I have worked here is so keen, the keenest.”

People who used the service and staff were actively encouraged to raise their concerns and to challenge if they feel people’s safety was at risk. There was information displayed around the home about safeguarding in various formats, including the use of photographs of key staff with responsibilities for safeguarding on a visual display unit (VDU.) Information included details on how to make a referral, and who the lead staff members were for making a safeguarding referral. There was a request in the bi monthly newsletter that was given to people and their relatives that anyone with any concerns about people’s safety should raise these with staff from the home or if they felt unable to do so there was information on how they could raise their concerns directly with the local authority, who have responsibility for managing any safeguarding concerns.

Staff developed positive and meaningful relationships with people to keep them safe and meet their needs. A staff member told us they were able to reduce risks people faced and keep them safe by spending time with them. They said if someone was appearing agitated and wanted to leave the home they could take them for a walk in the enclosed garden which had been designed to allow people to continuously walk round with various items of interests and stimuli incorporated.

People were able to follow their interests or go on outings they wanted to safely, because staff identified how they could do so as safely as possible. An example was the manager told us about one person who went to the local pub. There was an arrangement where staff and the landlord would call each other to say the person was on their way and confirm they had arrived. The provider used equipment that increased people’s independence, such as the door locks used meant people could have their door how they wished without compromising their safety. This was because on the sounding of the fire alarm all doors reverted to the safest position. There was also under floor heating installed so people were not at risk from hot surface areas.

The provider made sure there were always the number of staff on duty needed to provide people with the care they required. If staff had other duties to attend to, or someone needed extra support, the provider would bring extra staff in. An example of this was the manager called an additional nurse to come on duty to reduce the impact our inspection may have on people whilst giving us the assistance we

Is the service safe?

needed. A relative said, “They never seem to be short staffed. I’ve never heard anyone (staff) mention being short staffed. Staff told us there were always enough staff on duty and they could request additional staff if needed.

The company director told us staff were not expected to carry out any work unpaid and staff confirmed that if they chose to come into work for any reason when they were not rostered to be on duty they were paid for this.

People who wished to manage their own medicines were able to do so if they had been assessed as being able to do so safely. Anyone who was able to could be responsible for managing their own medicines if they wished to. Each person had their medicines stored in a locked cupboard in

their room. A person who was able to manage their medicines told us, “I was asked but I don’t want to manage my medication, they do that for me.” We found the registered manager was persistent to improve the service and took proactive action following NICE guidance about the administration of medicines.

Medicines were administered by nursing staff who had received training for this, and had their competency assessed to ensure they knew how to do so safely. We observed part of the morning medication round and saw people were given their medication in a sensitive and caring way.

Is the service effective?

Our findings

People felt their needs were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviour. A person who used the service said, “I completely trust them all, they know what they are doing.” A relative said, “I have not got any worries about staff training. In the bulletin they send out they put in the training they have done. They seem to do a lot of training on all aspects of care.” Comments we received from other professionals described how staff carried out their duties to a high standard.

We found staff valued the importance of their training and recognised this benefited people who used the service. An example of this was when a member of staff had been unable to answer some questions we asked them they revised this topic after they had finished speaking with us to ensure they knew this. A staff member told us they had been surprised at how much training was provided when they started work at the service and added, “There is even more now.” Staff were supported by the provider through funding and paid time to complete a recognised professional qualification.

Staff demonstrated they had the skills and knowledge they needed to provide people with a service that was of a high standard. A staff member said they received regular supervision and they sat down each month with a named nurse and discussed their role, responsibilities and progress. The provider had signed up to The Social Care Commitment, which is an initiative supported by the Department of Health, where the employer pledges to give their workers the development they need and staff promise to put social care values into practice in their daily work.

People were supported to make decisions for themselves and to give their consent to care and treatment. A person who used the service said, “I can make decisions I want to.” Another person who used the service said, “They don’t push me, don’t force me, it is up to me.” Staff confidently made use of the MCA and DoLS and they were able to demonstrate their knowledge and understanding of this. We saw a mental capacity assessment completed for one person that did not want to follow some medical advice they were given. This assessment established the person had capacity to make this decision, and therefore they were

supported with the choice they had made. Staff told us they would respect decisions people made if they had the capacity to do so even if they did not agree with these, and gave an example of where they had done so.

There was a system for gathering information about people’s preferences and wishes to help support making any best interest decision that may need to be made in the future, if the person was ever unable to express these themselves. This was a folder in each person’s room where the person or people involved in supporting them could record information about how the person preferred something to be done. This could be completed as information was found out, so it would not be forgotten at a later date.

There was information displayed in the service about who the lead staff members were for making a DoLS referral. We saw where a DoLS had been applied for the application described clearly why the person needed to have their liberty restricted.

Because of the increased number of DoLS applications made following a recent Supreme Court ruling there was a delay in the supervising body approving applications. The registered manager had proactively taken action to ensure people’s safety, whilst upholding their human and legal rights and ensuring any deprivations of people’s liberty were lawful

People felt their individual dietary preferences were known and catered for. A person who used the service said, “The cook is very helpful, does her very best, I only have to ask for something.” Another person said, “The cook comes every day to give me a choice.” We saw people’s choices were respected including when these were made just before a meal.

People were provided with excellent individual support to encourage them to eat well and to maximise their nutritional intake. Staff supported people with dementia who were unable to state verbally what their meal preference was. We observed staff showed people individual food dishes to help them recognise the different food choices they had. Staff were organised at mealtimes so people could eat where and when they chose to, for example if someone wanted to eat a little at one place then move elsewhere a staff member would bring their meal to them in their new place.

Is the service effective?

Staff recorded what people had eaten during each meal and monitored people's weight by weighing them monthly. If there was any concern about weight gain or loss plans were put into place to increase their nutritional intake and then people were weighed more frequently to monitor this. Relevant professionals, such as the dietician and Speech and Language Therapy (known as SALT who advise on nutrition and swallowing difficulties.)

A relative told us the nurses kept them informed about their relation's health and would say they were, "Keeping an eye on such and such and if they had notified the doctor. It is little incidents like that that indicate if anything was wrong they would report it."

There were strong links with health and social care services which enabled people to receive a more personalised service that addressed their needs. The registered manager had worked closely with their general practice to develop the local clinical commissioning group's (CCG) enhanced service, as part of the NHS proactive care programme. This is an initiative designed to improve the quality of care for people with more complex health and care needs. Each

person had an annual health check with the local doctor where ways of promoting people's health and wellbeing were identified. People were also involved in the review of their medication with the pharmacist and doctor. A person who used the service said, "I had my medication altered recently, they explained what was happening."

Healthcare professionals we contacted prior to the inspection, praised the standard of healthcare provided and told us they had a positive experience when working with staff from the service. They told us appropriate referrals were made to healthcare services to seek to improve the care, treatment and support that people received to meet their continuing health needs in accordance with best practice. The provider maintained improvements in their practice by recognised accreditation schemes such as the Gold Standard Framework which sets the standards for providing high level end of life care and the Dementia Quality Mark awarded by the local authority to services who demonstrated they provided personalised support for people who lived with dementia.

Is the service caring?

Our findings

Staff built strong and caring relationships with people who used the service. A person who used the service said, “The nurses are very helpful and the care workers are very kind.” Another person told us, “I think they are very caring. They are a very happy lot. There is a lot of laughter.”

Staff demonstrated through their actions and in discussions that they were highly motivated and inspired to offer care that was kind and compassionate and met people’s needs. A staff member told us they had been helping each person who used the service with a gardening project to make their individual patio outside their room how they wanted. We saw pictures of how these had been laid out and planted in the bi monthly newsletter. A person who used the service said, “I’ve got a bird table on my patio.” Another person said, “I was able to bring a lot of my own bits and pieces with me.” A staff member said, “They [people who used the service] can have what they want, that is why I love it here.” They gave an example that some people liked to have a cheese board so a selection of cheese and biscuits was always available.

Staff demonstrated knowledge of the finer details about people’s preferences, which showed they knew about the person and the things that were important to them. We heard a staff member discuss a recent sporting event with a person when they were supporting them with their care, as the person had a strong interest in that sport. This made a positive interaction where the person enjoyed discussing the sporting event whilst they had their care support provided. A staff member said, “That is our job, to find out about them. Know their individual preferences, like one resident doesn’t like me to use soap when washing their face.”

A relative had commented on a questionnaire they had been asked to complete, “I cannot thank you enough for the care you provided for my [relation]. [Relation] was always treated as an individual and with great respect and kindness. A lot of thought and effort had been put into getting to know [relation] as the person they had been throughout their life and also the difficulties and changes that their dementia imposed on the memory of that life.”

Staff were able to find out about relevant aspects of people’s earlier life from information collected from them. There were photographs which staff could use to discuss

life events with people or help identify relatives and friends the person spoke about. A staff member mentioned how they had brought in some CD’s for another person who liked a particular type of music.

People were encouraged and supported to be involved in planning their care and support and keeping this up to date when any changes occurred. Some people were involved in this because staff used imaginative ways to involve them so they could contribute. Where people who used the service wanted their relatives involved they were included in this. One comment from a person who used the service was, “We have talked about the care plan, we went through it with my daughter, I wanted her there. We updated some bits of it.”

People were enabled to express their views in the knowledge these would be listened to and acted upon. A monthly service user forum was held. Details of this were included in the bi monthly newsletter, which stated the aim of the forum was, “To provide residents with the opportunity to share their thoughts about the care setting with the assembled group. Any comments or suggestions raised during the discussion can then be used to ensure that the views of those who used our services are incorporated into what we do.”

The most recent minutes from the September 2014 forum showed us that people expressed their views and these were validated and included as action points to take forward. For example one action was to provide a large print copy of the parish magazine.

People were provided with information they needed in differing ways. This included using a set of observational tools designed to evaluate the quality of care from the perspective of the person living with dementia. If something was happening that affected everyone, for example changes to the environment, this was discussed in service user forums and there was information displayed about this. We saw staff gave people explanations as they supported them, but if this needed more detail than the staff member could provide, then the most appropriate staff member would give them that explanation. For example if it was a health related issue the nurse on duty would explain this to the person concerned.

People could obtain support to represent their views or promote their best interest from an advocate who visited

Is the service caring?

the service. To support people who were unable to communicate, staff had been creative and provided booklets for others who knew them to write in about their preferences.

Staff demonstrated a thorough understanding of how to promote people's individual needs and rights with regard to their privacy and dignity. A person who used the service said, "I like the way they are informal and don't wear uniforms. That is a plus." Staff told us this made a real difference to people, particularly when they took them on trips out of the service. A staff member said, "We look like their family not care workers." People who used the service felt respected by staff. One person said, "When my shower was delayed because they had to go to a meeting they told me and I had it later."

Staff described good practices to promote people's privacy and dignity. They talked of having an individual approach to people, saying what some people may enjoy was not the

same for others. They said this included the way they addressed people and how they approached people to give them their support. A male staff member told us they would only provide any personal care to female residents if they agreed to this. The staff member said they made absolutely sure the person was happy with this.

Staff sought new and differing ways to respect people's privacy and dignity. Information displayed in the service included details of the 10 dignity challenges promoted by the National Dignity Council. When we spoke with staff about promoting people's dignity they were aware of these challenges and also said there was a large dignity display in the staff room. There were photographs displayed in the communal lounge informing people which staff had completed the training to become a dignity champion to help people understand who had a role in promoting dignity, and who they could approach if they had any concerns or suggestions.

Is the service responsive?

Our findings

Plans were made so that people would be cared for how they would like in the future in the event they were unable to make the decisions at that time. A relative told us they had been involved in making advanced decisions with their relation so they would have the care they wanted if the time came when they were unable to express their wishes.

People received the support they needed to maintain their independence and staff understood how this could vary over time as well as from day to day. A person who used the service said, "Staff have been very good in helping me, they keep me independent, but I am getting less and less able so they have to help me more." People were supported by staff who knew the best way to communicate with them and understood who were the key people and events in their life.

Staff told us some people's needs would vary from day to day. On some days the person may be able to do some things for themselves but on other days they may require support from staff to complete the same activity. Staff said where possible they promoted people to be as independent as they could be in all areas of their care.

A relative told us their relation used to enjoy walking around the home, but as their mobility had deteriorated their risk of falling had increased. The relative told us how they had been involved with staff in assessing the increasing risk their relation faced against the pleasure this provided them with. The relative told us they had all agreed their relation would have become distressed if they had been prevented from walking freely around, so it had been decided they should be able to continue to do so whilst their mobility allowed them, despite the risk they may fall.

Comments we received from other health and social care professionals described positive and professional experiences when working with staff from the service. They described high standards of care and that staff understood the complexities of people's needs, and responded appropriately to these. The registered manager was involved in various working groups and pilot projects with other professionals to identify and implement best practices within the service.

The arrangements for social activities were innovative and met people's individual needs. There were items of interest

cited around the service which people could watch, hold, use or wear. These offered a variety of different visual or tactile experiences designed to interest people, which they could use as and when they chose.

People got different experiences depending on which area of the service they chose to use. In one lounge a visual display unit (VDU screen) displayed a countryside scene accompanied by animal noises and the sound of running water which created a relaxed and interesting environment. Other areas enabled people to watch birds and rabbits feeding. People could have access to the internet if they wanted from a computer provided for people to use. A relative said, "There are lots of things to occupy people."

People were able to be involved in daily activities that were familiar to them, and we saw people help fold clothes, lay the dining table and peel potatoes. A staff member said people may only stay interested in the activity for a short while but they enjoyed it whilst they did. We saw a staff member enhance a person's wellbeing by showing an interest in them and what they were doing. The person was sat holding a doll and a staff member sat with the person. The staff member involved and valued the person by using this opportunity to talk with them about when they had their children.

People were kept informed of what events were taking place at the service and in the local community that would meet their cultural, religious and social needs. People were able to attend local religious services if they wanted, which up to six people regularly did. People were able to be active within the local community and participate in community events. An article in the newsletter reflected on how people had been involved in the local village summer fete and scarecrow trail. The idea for The Byars scarecrow had been suggested by one of the people who used the service who was photographed with this. There were also congratulations to two other people who used the service who had won prizes for entries into baking competitions at the summer fete. Visitors were encouraged to take people out and were provided with details of places they could visit locally such as local parks, tea rooms, garden centres and pubs.

The provider had completed an extensive refurbishment of the building to provide an environment that would be able

Is the service responsive?

to respond to people's changing needs. This encompassed recognised best practice and recommendations for creating an environment that is enabling for people living with dementia.

People were actively encouraged to give their views and raise concerns or complaints. People spoke freely if the service had not been as they wanted. One person had told a staff member they had to ask twice for a jug of water that morning, and the staff member had apologised. A relative said, "I know how to raise anything, but I haven't had to. Everything has been very good I am very pleased." Another relative said, "They always respond to people's issues."

The provider saw concerns and complaints as one of the ways to hear people's views and drive improvement within

the service. There was information displayed around the service in different formats informing people of the complaints procedure and how they could make any suggestions. Staff told us they were aware of people's right to complain and they knew the procedures for this. Staff told us there was an open culture and they were encouraged to say if they had made a mistake so this could be rectified and they would not be blamed.

We saw examples of how the provider had responded to feedback from people who used the service. For example when concerns were raised at the management of people's laundry the provider identified the laundry facilities were too small, so the laundry was extended and refurbished.

Is the service well-led?

Our findings

People were supported by staff who were empowered to provide them with a positive experience. A person who used the service said, "I am as happy as I could be. As these places go, it is very good. Everywhere is spotlessly clean." Staff said it was a good place to work and they were encouraged to be a happy workforce which created a positive environment for people who used the service.

The provider was focussed on achieving the best for people in ways that respected their rights and human values. A relative said, "I think it is very well run. The manager had a very good knowledge of how to get the best for us and was very proactive in getting [relation] here when the hospital were being very slow." Staff put people at the heart of the service, through the resources that were available for them to use, and being given the time to deliver care in the way that best suited each person.

Staff described the management of the service as 'open and approachable'. A staff member told us if they needed anything to improve people's quality of life they could approach management and put forward a case for it. The staff member told us the provider would willingly purchase any equipment needed, or would improve the quality of life for people who used the service and gave an example of when they had done so.

There were a variety of methods used to involve and inform people about the running of the service. People could participate in a service user forum held at the service each month and people could make any comments or suggestions about the running of the service so their views could be included in any decisions or plans. There were also suggestion and comments boxes in the reception area and outside the kitchen. There were a number of VDU screen around the service that provided information to people on who was who at the service and what they were responsible for, and who visited the service and in what capacity, such as medical professionals. There were also displays on recent events and activities that had taken place.

There was a strong emphasis on continually striving to improve the quality of service people received. Staff were clear about their role and the expectations about the standard of care they were expected to deliver. The

registered manager recognised the importance of ensuring the care delivery was understood and implemented effectively. This was confirmed by staff in discussions we had with them.

We saw the provider had incorporated the five key questions we ask as part of our inspection; is the service safe, effective, caring, responsive and well-led, into many of their systems, including their quality assurance. This included a questionnaire for residents and relatives to complete, auditing tools and care plan reviews. The provider had sent out 81 questionnaires to relatives within the last six months and all of the 41 that had been returned stated the service was safe, effective, caring, responsive and well-led.

The key questions were displayed around the service with definitions of what these meant and what people could expect. We saw staff meeting minutes from August 2014 explained to staff about the five key questions and how they would be used to examine the way in which care was provided. The company director and registered manager attended a conference to help prepare them for inspections under our new methodology, showing their commitment to strive for a well led service.

The company director told us they would be providing staff from the relevant areas of the service with copies of the key lines of enquiry we use as part of our inspections that related to their part of the service. This would help these staff follow the prompts to ensure they developed their area of service to the highest standard so they would be able to achieve an outstanding rating when they were inspected by us.

The registered manager and company director shared the management of the service and both had held these positions for over 20 years. The service has sustained compliance since they were registered with us under the Health and Social Care Act 2010. Records we looked at showed that we had received all the required notifications that must be sent to us by law in a timely way. We saw that audits had been completed by the registered manager and company director across all areas of service.

The service worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service. The provider used quality assurance and accreditation schemes to achieve and

Is the service well-led?

maintain best practices so people received the best care possible. For example staff were trained to follow the Gold Standards Framework which sets the standards for providing high level end of life care.

The registered manager told us they belonged to a steering group which comprised of other social and health care professionals. This group reflected on their practice to look

at improvements they could make and to consider current trends and best practices. The registered manager also told us of a number of future plans and initiatives they had to improve the service. The registered manager said they looked at how other authorities responded to partnership working to see what they could learn from the experience of others.