

Care UK Community Partnerships Ltd

Bickerton House

Inspection report

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Date of inspection visit:

13 April 2021

14 April 2021

Date of publication:

05 May 2021

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 ●

Summary of findings

Overall summary

About the service

Bickerton House is a care home with nursing registered to provide personal and nursing care for up to 77 people. At the time of inspection there were 20 people living in the purpose-built home, across two of four floors, one of which specialised in providing care to people living with dementia.

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

People experienced safe care and were protected from avoidable harm by trusted staff, who had completed safeguarding training and knew how to recognise and report abuse. Staff identified and assessed risks to people effectively and managed them safely. The registered manager ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs. Staff had completed a robust recruitment process, including their conduct in previous care roles to assure their suitability to support older people. People received their medicines safely from staff, in accordance with recognised guidance. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with the provider's policies and procedures, and government guidance.

Staff assessed all aspects of people's physical, emotional and social needs and ensured these were met to achieve good outcomes for them. Staff were effectively supported to develop and maintain the required skills and knowledge to support people according to their needs. Staff emphasised the importance of eating and drinking well and reflected best practice in how they supported people to maintain a healthy balanced diet. Staff worked effectively with healthcare professionals to make sure care and treatment met people's changing needs and achieved good outcomes. The home had been purpose built to meet the needs of older people and those living with dementia, with natural light flooding into all areas to help orientate people.

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 experienced caring relationships where staff treated them with kindness and compassion in their day-to-day care. People were supported to make decisions about their care and these choices were respected by staff. Staff consistently treated people in a respectful manner and intervened discretely to maintain their personal dignity. Staff knew how to comfort and reassure different people when they were worried or confused.

People had experienced person-centred care, which consistently achieved good outcomes and had significantly improved the quality and longevity of their lives. People received information in a way they could understand and process, allowing for any impairment, such as poor eyesight or hearing. People were enabled to live as full a life as possible and were supported to take part in imaginative activities, which enriched the quality of their lives. People were supported to keep in touch with family and friends, which had a positive impact on their well-being. People knew how to make complaints and were confident the

management team would listen and address their concerns. The service worked closely with healthcare professionals and provided good end of life care, which respected people's wishes and ensured they experienced a comfortable, dignified and pain-free death.

The management team led by example and promoted a strong caring, person-centred culture where people and staff felt valued. Staff were passionate about their role and consistently placed people at the heart of the service, clearly demonstrating the caring values of the provider. The registered manager understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent reoccurrences. The governance structure ensured there were robust measures to monitor quality, safety and the experience of people within the service. Quality assurance was embedded within the culture and running of the service, to drive continuous improvement. During the pandemic, staff had used technical solutions to keep families up to date with events and activities going on in the home, which they found reassuring.

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

Rating at last inspection

This service was registered with us on 6 January 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bickerton 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by one inspector.

Service and service type

Bickerton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed other information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the

provider's website. The provider was not asked to complete 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 used this information to plan our inspection.

During the inspection

We spoke with six people who used the service and a relative about their experience of the care provided. We spoke with 24 members of staff including four nurses, two newly inducted nurses who were shadowing experienced colleagues, three team leaders, five healthcare assistants, two chefs, an activities coordinator and a housekeeper. We spoke with the management team, including the registered manager, the deputy manager, the regional director, the maintenance manager, the head of housekeeping and the business manager. We spoke with the home's GP after completing their weekly visit and a nurse who was administering a Covid-19 vaccination.

We observed care during mealtimes, activities and medicine administration rounds to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included six people's care records, medicine records and daily notes. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures and quality assurance audits.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two community professionals who engaged with the service and three people's power of attorney. A power of attorney lawfully designates a person who can make critical decisions on a person's behalf if they are unable to make these decisions themselves.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives consistently told us people experienced good continuity and consistency of care from regular staff, who knew them well.
- The registered manager completed a staffing needs analysis, based on people's dependency assessments. This ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. Rotas demonstrated that sufficient suitable staff were consistently deployed in accordance with the dependency tools and assessed staffing needs.
- Care staff consistently told us there were enough staff to keep people safe but sometimes thought they were too task driven and did not always have time to stay and engage in meaningful conversations with people. The registered manager told us that staffing was constantly reviewed to ensure more staff were recruited to enable the occupancy level to grow without compromising safety or quality of care. Housekeeping staff told us there were enough staff to complete their designated tasks and were able to stop and chat with people. Two chefs told us they had addressed the need for further staffing with the registered manager, who was in the process of recruiting the additional staffing.
- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People were supported to manage their medicines safely by staff who followed safe practices. For example, people received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans. We observed staff support people to take their medicines in a safe and respectful way. For example, people were consistently asked if they were ready for their medicines by staff who took time to explain their medicines to them. They were then given time to take them, without being rushed.
- The provider had policies and procedures in place, which staff followed effectively to ensure medicines were managed safely, in accordance with current guidance and regulations. Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- Where people had medicines 'as required', for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use.
- The registered manager completed regular reviews of people's medicine management plans to ensure

continued administration was still required to meet their needs.

- Quality assurance processes had identified an increase in medicine errors. The registered manager reviewed and modified the service medicines procedures in response, which achieved an 80 per cent reduction in errors during the following six months.

Preventing and controlling infection

- People, relatives and community professionals consistently told us the home was kept very clean. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with provider's policies and procedures, which were based on relevant national guidance. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed, including enhanced cleaning of identified 'high touch' areas.
- The registered manager acknowledged that staff had gone the extra mile to protect people from the spread of infection. For example, where required some staff had moved into the home, to enable them to continue working.
- The service ensured that visitors to the home were carefully screened so that they did not present a risk to people in the home. Their temperatures were checked at the door. Personal protective equipment (PPE) including face masks, disposable gloves and aprons were provided for visitors before entering the home.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff felt confident to report incidents. All accidents and incidents were recorded and reviewed daily by the management team, who took prompt action to implement any lessons learned. This meant the provider had taken necessary action to reduce the risk of further incidents and accidents. Incidents were also used as a way of measuring the impact of any intervention and as a measure of quality and safety.
- Staff told us they had no concerns reporting any incidents that took place and these were treated as a learning opportunity in order to improve people's care. Staff received feedback about incidents and events that occurred in reflective practice sessions, team meetings and handovers. Staff were kept up to date with information relevant to them, such as changes in people's support plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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, guidance and the law

- The service assessed people holistically, and considered their physical, emotional and social needs. Staff ensured these were met during the delivery of people's care to achieve good outcomes and quality of life for them. The needs assessments were person-centred, considered all aspects of their lives and were regularly, reviewed and updated.
- Staff effectively used recognised evidence-based assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing. For example, the service utilised assessment tools and installed specialist equipment and accessed support to manage risks to people's skin integrity.
- People, relatives and professionals consistently told us staff had the required skills and knowledge to meet people's health and emotional needs.
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, care plans were amended immediately, to ensure people received the care they required.

Staff support: induction, training, skills and experience

- The registered manager operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- Staff consistently told us their training was very good and fully prepared them to meet the needs of people. Staff members with experience of the training provision of other providers told us, "The training is better here because it is based on the residents here" and "You get to experience what it's like for people, like being hoisted and how frightening that can be if it's not done properly."
- New staff completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. Three new staff told us their comprehensive training made them feel confident they were ready and able to meet people's needs.
- The registered manager ensured that staff delivered care in accordance with their training, through a framework of observed spot-checks and one to one supervisions.
- Staff across all departments received training in relation to moving and positioning, safeguarding and caring for people living with dementia. Staff at all levels were knowledgeable, demonstrating a good level of understanding of a range of conditions and support strategies relevant to their role, such as managing anxiety, symptoms of dementia and monitoring people's physical health. Staff in all roles, including administrative, maintenance, domestic staff, care staff and nurses were effective at identifying changes in people's needs, calming their anxieties and seeking support when needed.

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

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet. Staff placed a strong emphasis on the importance of eating and drinking well and reflected best practice in how they supported people.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals. For example, two people identified to be at risk due to weight loss and weight gain, had been successfully supported by staff to achieve their desired outcomes.
- We observed staff regularly encouraging people to have their preferred drinks, to protect them from the risk of dehydration.
- There were kitchenettes on each floor to enable people to help themselves to drinks and snacks. Kitchen staff were trained in nutrition and took pride in their work.
- Staff made mealtimes an enjoyable and sociable experience, with friendly conversation, providing discrete support when required. People were encouraged to sit with others they got along with, who had similar communication and cognitive levels, so that people could form friendships. Menus were displayed around the home with pictures of the dishes to stimulate people's appetite and choice.
- People consistently told us the food was very good, although they did not always like the options offered. Three people told us they did not like the meals prepared at lunch, which were traditional favourites of most people, so the chef had prepared individual meals of their choice. A relative praised the quality and choice of food prepared, particularly highlighting their loved one's favourite porridge with peanut butter and raisins.

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

- Staff worked effectively with healthcare professionals to make sure care and treatment met people's changing needs. We observed staff make prompt referrals to GPs, specialist nurses and other relevant healthcare services, in response to people's changing needs
- Visiting healthcare professionals told us that people they supported consistently experienced successful outcomes, due to the diligent way staff had followed their guidance. Successful treatment of pressure injuries, wounds and infections had allowed people to lead healthier, more active lives.
- The registered manager had developed a holistic approach and worked effectively with relevant professionals to improve people's health and well-being. For example, they effectively collaborated with the GP on their weekly visits to ensure continuity of care for people. As a result, the GP had developed an in-depth knowledge of people living at Bickerton House and had gained their trust and respect.
- GPs and other professionals provided positive feedback about the service and how they worked with them. One GP told us, "The team know the residents well. The weekly ward rounds are a pleasure and we work together to prevent inappropriate admissions to hospital and respect people's wishes to be treated here."
- People told us that if they became unwell, they wished to be cared for at Bickerton House and did not wish to be admitted to hospital. The registered manager had effectively worked in partnership with the Rapid Response and Treatment Team and GP to prevent hospital admissions, wherever possible, thereby respecting people's wishes. Where necessary staff have worked under the guidance of relevant healthcare professionals to enable people to receive treatment at the home. People, relatives and healthcare professionals told us that remaining at the home had a significant impact on achieving successful outcomes.

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

- The home had been purpose built to meet the needs of older people and those living with dementia. The service was well decorated and maintained with bright spaces, which allowed in natural light to help

orientate people to the time of day and time of year.

- People had access to outside space that had been assessed for risks, quiet areas to see their visitors, areas suitable for activities and private areas when people wished to be alone. For example, there was a sensory garden with scented flowers which was accessible for people who required support with their mobility.
- Specialist or adaptive equipment was made available when needed to deliver better care and support. People were helped to make choices about adaptive equipment. For example, one person had recently taken possession of a bespoke wheelchair designed to meet their unique needs. There were various walking aids, specialist moving and handling equipment and other equipment available to promote people's independence.

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 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 found the service was working within the principles of the MCA, any restrictions on people's liberty had been subject to appropriate authorisations or applications.
- The registered manager effectively operated a process of mental capacity assessment and best interest decisions.
- Staff had completed the required training on the MCA and DoLS, which they followed in practice, to protect people's rights. Staff understood the principles of mental capacity and how to promote maximum choice and control in people's everyday lives. People were offered suitable choices in all aspects of their care.
- Staff knew the relevant representatives who needed to be involved in decisions about people's care and how each person communicated their wishes and preferences. Staff knowledge and understanding enabled the service to be responsive and flexible to changes in people's capacity to make their own decisions.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service had a strong culture committed to deliver person-centred care. Staff were highly motivated and worked well as a team to uphold high standards of quality. All staff took responsibility for ensuring people experienced compassionate care.
- Staff had built open relationships with people and their families, who were made to feel welcome in the home. There was a positive, cheerful atmosphere in the home, which was consistently noted by people's relatives. One relative told us, "Everyone [staff] here has a smile on their face and are always willing to help. You never feel like a nuisance."
- People experienced caring relationships where staff consistently treated them with kindness and compassion in their day-to-day care. One person told us, "It's lovely here and all the nurses and carers treat me like their own mum. They [staff] are so happy to help me and never make me feel anything is too much trouble."
- Relatives told us they loved one experienced good continuity and consistency of care from regular staff, with whom they shared a special bond. Visiting professionals told us that they observed sensitive staff interactions with people, which were consistently kind and gentle. This was confirmed during our observations, where staff engaged in meaningful conversations with people whilst delivering support, which was focussed on caring for the individual and not completing tasks.
- Staff spoke with pride and passion about people living in the home. For example, one staff member said, "There's one lady whose face lights up when she's telling me about her day. It makes me feel so happy and proud, especially when she asks for me."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs.
- The management team assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.

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

- People could make decisions about all aspects of their care and their choices were respected by staff. Care plans were developed with people, their relatives, where appropriate, relevant professionals and from the staff team knowledge gained from working closely with them.
- Care plans and risk assessments were reviewed regularly, which ensured people and relatives were assured they were accurate and reflected people's current needs and preferences. Relatives consistently told us they were fully involved in decisions about all aspects of people's care and support.
- Some people experienced impaired communication and staff were skilled at supporting them to express

their wishes. We observed all staff, including housekeeping and maintenance staff, interact in an appropriate, patient and inclusive way, in accordance with people's communication strategies.

- Throughout the inspection we observed staff providing reassuring information and explanations to people whilst delivering their care, particularly when administering medicines and supporting them to move. For example, during a medicines administration round we observed staff support three people in succession, who were either worried or in pain. The reassuring and compassionate nature of the staff had a significant, positive impact on each person's well-being.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy. For example, we observed staff discretely supported people to rearrange their dress when required, to maintain their personal dignity.
- Staff behaved and spoke in a respectful manner with people. When people were confused or disorientated, staff immediately provided reassurance, which eased their anxieties and improved their wellbeing.
- When people were approached by staff, they responded to them with smiles, known gestures or by gently touching them, which showed people were comfortable and relaxed with staff.
- Where staff supported people with sensory impairments we observed meaningful interactions encouraged by staff adopting techniques, in accordance with people's support plans. For example; ensuring they were in the right position and at the right level to communicate with people effectively.
- Staff consistently spoke with people in a way that met their communication needs. Staff knew how to comfort different people. For example, we observed staff gently holding people's hands or putting a reassuring arm around their shoulder. When required staff spoke slowly and clearly, giving people time to understand what was happening and to make decisions.
- People's care plans promoted their independence safely. People's abilities were reviewed and any change in their independence was noted. People consistently told us staff encouraged them to be as independent as they could be.
- Care plans contained information about respecting and promoting people's dignity. Staff described how they supported people to maintain their privacy.
- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

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

- People had experienced person-centred care, which consistently achieved good outcomes. People and relatives consistently praised the quality and care provided by staff, which they felt had significantly improved the quality and longevity of their lives.
- People and their relatives told us they felt staff had a good understanding of people's needs and adapted their approach based on people's personal preferences, cultural background and individual needs. One relative said, "The manager and staff are very responsive. You can go to them and ask for anything. They [staff] always ensure his needs are met with a smile, patience and good humour."
- The home took measures to help orientate people and keep a regular routine. Staff made particular efforts to understand people's existing routines and to continue these when they moved into the home. For example, one person who had been a hotel manager, walked around the home to make sure people were getting a good service.
- People and those important to them were highly involved in developing support plans to meet their needs, which reflected their preferences and choices. All staff saw it as their responsibility to work with people, to include and engage them as much as possible as this was "their home".
- People's changing physical and mental health needs were regularly assessed to ensure that support provided met these needs. People's cultural and religious needs were explored with them and the service ensured these were met.
- Visiting professionals told us the service was focused on providing person-centred care and support. One professional was impressed that whenever they were called, each staff member they engaged with knew exactly why they had been called and the current position in the person's care.
- The service effectively used technology to ensure people received personalised care that was responsive to their needs. For example, the use of sensor beams to protect people from falling and specialist chairs to assist people to mobilise.

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 service ensured people received information in a way they could understand and process, allowing for disability or impairment, such as poor eyesight or hearing. Information was provided in formats to meet people's individual needs. Pictures were used for information, such as menus and activities, to make this

more accessible for people.

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

- Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance to enable people to live as full a life as possible. People and relatives consistently told us the activities coordinator (ACO) and staff had enriched the quality of their lives and had a positive impact on their health and emotional well-being. For example, we observed a group activity where people enjoyed making pizzas with multiple, multicoloured, toppings stimulating people's different senses. People enjoyed making the pizzas together and sharing them for their supper. The activities coordinator also visited people in their rooms and supported them individually to make their own pizza.
- As people had been restricted from visiting the shops due to the pandemic, the service held a Friday market where they created a market stall in the home and took the stall to people who were being treated in their rooms. Each Friday market had a different theme, such as cheese and chutney. People had recently enjoyed a beach party at the home, with a sensory sandpit, a tiki bar and fish and chips out of the wrapper.
- People who were less keen to participate in group activities had access to one-to-one support from staff who would reminisce, read to them, talk about the news, craft or chat.
- Restrictions due to the pandemic shortly after the home opened had curtailed the service involvement in the local community. However, the ACO was able to demonstrate planned engagement with visits to and from local schools and community organisations.
- Staff effectively supported people to maintain relationships that matter to them, such as family, community and other social links. One relative told us, "The communication has been outstanding throughout the pandemic. We [the family] have been kept up to date every step of the way about Covid measures, testing and vaccination."
- Social contact and companionship were encouraged, and we observed groups and couples who had developed close friendships whilst living in the home.

Improving care quality in response to complaints or concerns

- The service had an appropriate, inclusive complaints policy and procedure, as well as information which was provided to people and their relatives when they moved in.
- People and families felt able to make complaints if they wished. People and their relatives knew the registered manager and senior staff by name and saw them regularly. People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns.
- There had been one complaint since the service opened, which had been dealt with in accordance with the provider's policy and procedure. The registered manager had used the learning from concerns as an opportunity for improvement.
- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided. One relative told us the monthly family meeting, conducted via a social media platform, had been very reassuring and allowed relatives to ask questions and raise any concerns.

End of life care and support

- The service worked closely with healthcare professionals and provided good end of life care, which ensured people experienced a comfortable, dignified and pain-free death. Professionals consistently told us the service was focused on providing person-centred care which achieved desired outcomes.

- People's end of life wishes were sensitively considered and their plans comprehensively explained what was important to them, things they wanted to avoid, and where they wanted to be cared for.
- The service provided an effective response to people's changing care needs and advice on care and support for people and staff at the times they need. On the second day of inspection one person's health deteriorated quickly. Staff were responsive and quickly engaged with family members and relevant healthcare professionals to ensure their end of life wishes were respected.
- Records detailing the changing needs and care required were updated immediately.
- Staff consistently told us they were supported by the service with empathy and understanding when people passed away.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and professionals described the service as well managed and very organised.
- Relatives told us that the provider was very approachable and readily available if people wished to discuss anything. A relative told us, "Good management is key. You can go to her [registered manager] about anything and know you will get a straight answer."
- The management team promoted a strong caring, person-centred culture in the home where people and staff felt valued. People, relatives and professionals described the registered manager and deputy manager to be conscientious and committed to the people living in their home, who led by example and provided good role models for staff.
- Staff were passionate about what they did and placed people at the heart of the service, and clearly demonstrated the caring values and ethos of the provider.
- The diverse staff group consistently demonstrated an open, inclusive approach, where people of all cultures and backgrounds were welcomed and appreciated for the value they brought to the home.

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

- The provider's policy identified the actions the registered manager and staff must take, in situations where the duty of candour applied. The registered manager assumed full responsibility when concerns had been raised or mistakes had been made.
- The registered manager understood their responsibilities to inform people, or their representative, when things went wrong, and the importance of conducting honest and transparent investigations to identify essential lessons to prevent further occurrences.
- Where concerns had been raised or accidents and incidents had occurred, the management team had completed thorough investigations and spoke directly to people to explain the circumstances, action they had taken and apologise.
- The management team took an open and honest approach to work with people and their families. Relatives praised the management team for being open and honest whenever they had raised concerns. For example, one relative told us, "Whenever something happens to [loved one] they [staff] are on the phone straight away to let me know."

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

regulatory requirements

- There were robust measures to monitor quality, safety and the experience of people within the service. Quality assurance was embedded within the culture and running of the service, and staff assumed clear individual and collective responsibilities relating to this.
- The governance structure ensured there was oversight at each level, with the heads of department and other designated staff responsible for specific audits. Further regular reviews were carried out by the registered manager and deputy manager, with quarterly quality assurance visits completed by the provider's regional director, which reflected the CQC standards and regulations. Each review had a clear set of improvement actions with deadline dates which were completed or had a review of progress made.
- There was a strong sense of leadership from the registered manager and the senior team which set the standards for all staff. The registered manager and management team were highly visible and had a clear oversight of the safety and quality of care delivered within the home.
- The management team often worked alongside staff and monitored the quality of their care in practice. Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- During the pandemic, staff had increased their active social media presence to reassure families and keep them up to date with events and activities going on in the home. The media presence was supplemented by regular newsletters and personalised emails with happy photos of loved ones engaged in activities or special events. People told us they looked forward to their regular video calls which helped them keep in touch with relatives and those people important to them. Relatives told us they felt the communication with the registered manager and staff made them feel part of 'the team' and their contributions were valued.
- Staff consistently told us they felt empowered and were working together with the management team for the benefit of the people living at Bickerton House. For example, staff said the registered manager was always approachable and responsive to new ideas. One member of staff told us, "We are encouraged to share our views and thoughts, particularly to improve the quality of people's lives."
- Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. The registered manager recognised and praised good work by individuals in supervisions and team meetings.

Continuous learning and improving care

- The provider had developed systems to effectively monitor and improve the service. This meant that people's care was consistently responsive to their needs and people were being supported in a way that was safe and personalised to them.
- The management team had completed comprehensive audits that identified shortfalls and how these needed to be actioned. The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented. This drove continuous learning and improvement within the service.
- Staff recorded accidents and incidents, which were reviewed daily by the registered manager. This ensured the registered manager and provider fulfilled their responsibility to identify trends and took required action to keep people and staff safe.
- Staff received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they needed to take.

- The registered manager was proud of the home's determination to develop the skills of all staff and had appointed champions in relation to dementia and moving and handling. The registered manager had mentored the deputy manager and a team leader who had been selected to complete a leadership course. Some new staff told us they had chosen to apply to work at Bickerton House because of the support they were offered in their own personal development.
- Staff consistently told us that the management team readily acknowledged their achievements and work well done. The service awarded a monthly GEM (Going the Extra Mile) certificate to staff nominated by people, relatives or colleagues and were rewarded with an appropriate gift.

Working in partnership with others

- The home worked with other healthcare professionals and stakeholders to ensure they shared best practice, gained up to date knowledge of new innovations and learned from others. We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.
- The home maintained positive working relationships with others, and we received consistently positive feedback from other healthcare professionals involved. One healthcare professional said, "The staff are always pleased to see me and are ready to support my visits with the required updates and clinical information."
- During our inspection the home was shortlisted for the category of 'best new care home' in a nationally recognised award scheme, which annually assessed excellence and innovation in care home management in the UK.
- The registered manager and team were active participants in local quality forums and had developed links with other providers of social care to share learning. Staff from all levels had visited other homes to learn about what they did differently and bring back ideas and share learning.