

Barchester Healthcare Homes Limited

Badgeworth Court Care Centre

Inspection report

Badgeworth
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Badgeworth Court Care Centre is a residential care home which provides personal and nursing care to 60 older people and people living with dementia. There were 52 people living in the home at the time of our inspection. Badgeworth Court Care Centre is set across three units, it has a range of communal areas and gardens which people could access.

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

People and their relatives told us they felt safe living at Badgeworth Court Care Centre. They also spoke positively about the quality of care received.

People received personalised care which was exceptional, and the service was outstandingly responsive to the needs of people and particularly to the changing needs of people living with dementia. The service used the Dementia Care Well-being framework to support and enrich the life of people living with dementia. Activities available to people were personalised and they had been supported to build links with the local community.

Working in a sector with significant workforce challenges, the staffing team spoke with pride about the consistency of care they could offer people by not using agency staff and implementing a whole home approach when needed. The registered manager told us: "They [staff] go above and beyond" and that they were very proud of their team.

Staff understood people's needs and how to assist them to protect them from avoidable harm. Care plans and risk assessments were in place, which provided staff with guidance on how to meet people's needs and manage identified risks.

People were supported to receive their medicines safely and as prescribed.

People were supported by staff who had been trained and supported to meet their needs. People and their relatives were very complimentary about the caring nature of the staff.

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.

The registered manager and extended leadership team offered exceptional leadership and had a clear vision about the service. There were robust quality assurance systems in place to ensure people received the best possible service. The registered manager worked closely with the provider, partner agencies and services to promote best practice within the service and make a positive impact to people's lives.

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

Rating at last inspection

The last rating for this service was good (published 25 June 2019)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

You can read the report from our last inspection, by selecting the 'all reports' link Badgeworth Court Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ☆

Badgeworth Court Care Centre

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 Health and Social Care Act 2008.

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 carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Badgeworth Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Badgeworth Court Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed staff interacting with people and looked at the premises. We spoke to seventeen members of staff including the registered manager, the regional director, the clinical development nurse, the dementia care specialist, the head chef and second chef, the head of maintenance, two senior carers, three care staff, two members of the housekeeping team, two nurses and the administrator.

We spoke to five people who use the service. We also spoke to eight people's relatives and two professionals visiting the service. We reviewed a range of records. This included three people's care records and records related to medicines. We looked at five staff files in relation to recruitment and a variety of records relating to the management of the service, including audits and safety checks were reviewed.

After the inspection we looked at the evidence submitted electronically by the provider. We received feedback from one professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives all told us they felt safe living at Badgeworth Court Care Centre. One family member told us: "Yes, [person] is very safe. I have every faith in them [staff]."
- The provider had policies and procedures in place to respond and safeguard people from abuse.
- People were protected from the risk of abuse by staff who had the knowledge and understanding of the provider's safeguarding policies and procedures. Staff described the arrangements for reporting any concerns relating to people using the service and were confident to do this.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and actions needed to mitigate their risks were available for staff to refer to. This included how to support people at risk of choking to eat safely, helping people to manage their risk of falls and their risks related to skin integrity. Other people received support to manage their risks relating to being cared for in bed, oxygen therapy and risk of malnutrition.
- Staff were aware of people's risks and the support they needed to remain safe. We observed staff supporting people to eat safely.
- Changes in people's risks were promptly identified and referrals to health care professionals were made to seek additional support in a timely manner. On the first day of the inspection, a visiting professional was carrying out an assessment following a person's identified increased safety risk. Interim measures were put in place to mitigate the risk while further assessments were carried out and a best interest decision was taken.
- Environmental risks to people were managed safely. Risk assessments and safety checks had been carried out to reduce the risk of fire and legionella.
- Regular fire evacuation drills were undertaken to ensure staff knew how to respond to protect people in the event of an emergency and to review the effectiveness of people's personal evacuation plans.

Staffing and recruitment

- People were protected from risks associated with the employment of unsuitable staff as safe recruitment practices were followed.
- Checks on staff were completed before they started work. This included screening with the Disclosure and Barring Service (DBS), checking staff's conduct in previous employment and exploring gaps in employment histories. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held.
- The provider and registered manager are working in a sector with significant work force challenges. The service had a consistent staffing team and by using a whole home approach, no agency staff were being

used to fill any shortfalls. The staff spoke positively about this approach and one staff member told us: "We are like a little family here."

- People told us staff respond in a timely manner when they called for assistance. Feedback from relatives varied in regard to the staffing levels in the service and the response time to call bells. Comments from relatives included: "There are people around and staff will come if [person] presses the button." and "There has been difficulty with staff at times and it's sometimes a while before the bell is answered. The wait is not really detrimental to [person's] care, it's just minor."
- The registered manager told us the service had a system in place to calculate the required staffing levels and they carried out monthly staffing review meetings. These systems were reviewed monthly by the regional manager and we were told the service never worked below the required ratio. Call bell response times were monitored regularly by the registered manager and any issues identified were discussed with the staff team.

Using medicines safely

- People received their prescribed medicines safely.
- Appropriate arrangements were in place for obtaining medicines.
- Medicines were kept safely in a locked medicine trolley stored in specially designated medicine rooms.
- Medicines administration records were appropriately signed by staff when administering people's medicines. Medicine audits were undertaken to ensure people received their medicines as prescribed.
- Staff received medicine training and competency assessments to ensure they had the skills to administer medicines safely.

Preventing and controlling infection

- 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.

People were supported to see their families in accordance with their preferences and in line with government guidance.

Learning lessons when things go wrong

- The service had systems in place for staff to report and record any accidents and/or incidents. These were reviewed by the registered manager to ensure the provider's policy was followed.
- Lessons learnt were identified and acted upon following accidents and incidents. Learning for the home was also identified following concerns and complaints received. These were discussed with staff in team meetings. Learning was shared at provider level in weekly general manager meetings.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were assessed prior to admission into the home and ongoing involvement was sought from relatives and if needed, health care professionals.
- One relative talked to us about the assessment process: . "[Registered manager] came to [person's] flat to assess [person's] needs so [registered manager] knows us. I chatted with the Deputy Manager and the Clinical Manager on the first day and did the paperwork."
- Another relative told us: "Good level of detail in assessment of needs, had long conversations about what [person] does and doesn't like, has brought in [person's] own things from home, manager supportive."
- Assistive technology which alerted staff when people who were at risk of falls when walking was used to promote people's independence.
- People's relatives were positive about the home's knowledge of their relative's needs and talked to us about the support their relatives had received in relation to more complex health needs.

Staff support: induction, training, skills and experience

- Staff received the support, supervision and training they needed to meet people's needs and the staff we spoke with were positive about the training and support they received.
- Staff had opportunities for professional development. The registered manager spoke positively about the internal staff promotions which were taking place during the week we carried out the inspection.
- People's relatives were positive about staff's training and skills. Comments included: "Yes, the staff are well trained"; "As far as I'm aware staff are well trained, they respond well." and "I think the staff are well trained, yes."

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

- People were supported to eat and drink safely and their care plans provided this information.
- Staff including catering staff, could describe the support people needed to reduce the risk of them choking or to manage risk of malnutrition.
- We observed people being supported at lunchtime. People could choose where they wanted to eat. Some people were supported to eat in their rooms while others were having their meal in the dining areas. We observed staff giving people choices of what they would like to eat.
- The kitchen staff told us that information regarding people's nutritional requirements and risks were given to them on admission and updates given when people's needs changed.
- People and their relatives spoke positively about the food offered. Comments from people included: "food

is really good, chef is great" and "food is good, a lot of good choices". One relative told us: "[Person] says the food is lovely and there's lots of it. [Person] chooses what [person] wants. [Person] has [person's] meal in the dining room at lunchtime and in [person's] room in the evening. [Person] often has 3 courses, [person] likes their food."

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

- People were registered with a local GP practice and were supported to make appointments and access a wide range of health care professionals. This included tissue and speech and language therapists, dieticians and mental health services when needed.
- People were also supported to arrange appointments with opticians, dentists and chiropodists if required and visiting services could be arranged for those with poor mobility or dementia.
- People had specific oral hygiene plans stating details of the support people required to maintain their oral health.
- The GP visited the service on a regular basis to review people's medical needs. Comments from relatives included: "The home arranges the doctor as needed and the GP comes every Wednesday as well. They let me know if there's anything." (the provider confirmed that GP visited every Tuesday) and "I worked with the GP and staff to develop a plan to deal with it so [person] is not hospitalised with it; it's what [person] and I want."

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

- The provider's dementia care specialist spoke to us about the improvements made to the environment of the home. An international recognised document called Kings Fund tool had been used for enhancing the environment for people living with dementia, including the use of specific colours, themes and signage. Items of interest were strategically placed with the aim to provide a stimulating environment for people to explore.
- The unit designed for people living with dementia had three different themed areas such as travel or the seaside. The design was appropriate in style and design for the people living on the unit. We observed objects of reference and things to touch such as fake grass, houses and cars. People had memory boxes in their rooms which staff could use to start conversations.
- We observed adapted baths with chairs over to aid people to transfer in and out and sensory adaptations to offer people a sensory experience.
- Lounges had good lighting and were homely. A variety of types and heights of chairs were available to suit everyone's needs.
- One relative told us: "The home is clean and has been completely refurbished. The work was managed well, they were very considerate."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager ensured Deprivation of Liberty Safeguards (DoLS) were applied for people whose liberties were being restricted. DoLS applications had been supported by mental capacity assessments and best interest assessments. Where conditions were attached to people's DoLS, these were being actioned.
- People's representatives were included in decisions regarding the person's care. Comments included: "We are involved in discussions about [person's] care" and "On a good day [person] can give consent for things but I have power of attorney for care and the home contact me about care, vaccinations and so on."
- The registered manager and staff had received training in mental capacity and deprivation of liberty safeguards.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People and their relatives told us that staff were caring. Comments included: "very caring"; "staff are great, very pleasant and helpful" and "staff are wonderful, they are dears."
- One relative told us: "[Person] loves to gossip with the staff. They are wonderful with [person]. There is care, kindness, a good feeling around the home. The staff stay and are happy there, they know [person] and me well. They go the extra mile, love [person] and spoil [person]."
- The service's last PIR submission explained how staff have been supported through training to have a good understanding of human rights principles to support people to have choice and control over their lives and be supported in the least restrictive way.

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

- Staff and the registered manager worked with people and their families to decide and review how they received care.
- The care documentation we looked at reflected people's wishes and preferences. One person told us they felt as involved as they want to be in decisions about their care.
- The home had a system in place called "Resident of the day" which involved an overall review of the care provided to each person, involving the person and their relatives. The process covered areas such as a care plan review, housekeeping, laundry and maintenance.
- Relatives told us: "We are listened to and they know ([person] and us. We are involved in decisions about [person's] care and the home keep me informed."; "They always involve me." and "The conversations happen daily, all family involved, staff and managers have been really helpful."

Respecting and promoting people's privacy, dignity and independence

- During our inspection we observed staff treated people with respect and dignity. For example, we observed staff prompting and supporting one person who was not keen to eat. Staff engaged the person in conversation about a previous activity they attended and following this the person commenced eating their meal.
- Care documentation included information for staff about how to treat people with dignity and the activities that the person could do independently.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR) to keep people's personal information private. GDPR is a legal framework that sets guidelines for the selection and processing of personal information of individuals. Records were stored

safely which maintained people's confidentiality.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- People and their relatives spoke positively about the care the service provides.
- Comments from relatives included: "I have every faith in them. [Person's] needs are very high, there are lots of risks in several different areas... They are spot on at keeping [person] safe and have saved [person's] life on several occasions by responding very quickly. They've been amazing. They pre-empt all [person's] needs, not just the high risk ones."
- Comments from people included: "the care is just excellent"; "staff are very good" and "staff are so helpful".
- People's care plans were details and contained information about their needs and risks, but also about their life, likes and dislikes and outcomes.
- Staff had skills and experience to identify when people's health was deteriorating, and their support needs were changing. This meant that referrals to medical professionals were made in a timely manner. One healthcare professional told us: "I am very satisfied with what I have seen of the care provided to Badgeworth residents."
- The registered manager told us that the service had been selected to participate in the provider's life enrichment programme which focused on training staff on how to improve the daily life of people in a whole home approach. The programme covers areas such as individual activities for people living with dementia, people who are cared for in bed, promoting mobilising and movement around the home and training for use of various devices.
- The service had sourced a barber to visit the home once a month who was specially trained to offer tailored services to people living with dementia.
- The service had strongly embedded the standards of the Dementia Care Well-being framework to support people living with dementia.
- The service had two dementia champions who had the role of promoting the knowledge, understanding and give staff the opportunity to work alongside them during their induction. All staff were expected to complete the six tiers of dementia training during their induction person which included areas such as managing distress and dining.
- As part of the framework standards, the Pain Assessment in Advanced Dementia Scale (PAINAD) was used to establish pain scoring for people living with dementia who may not be able to communicate their pain levels.
- The service was using the CAREFUL Care planning and CAREFUL observations framework which were

carried out monthly by the dementia champions. This framework supported the development of the Dementia care activity support tool which used the seven domains of wellbeing. This enabled the service to recognise early signs of distress to people which could help prevent incidents and involve healthcare professional at an early stage.

- As part of the international document Kings Fund Tool changes had been made to the environment of the home to enhance the living provision for people with dementia.
- The service had enhanced people's dining experience by giving people visual and verbal choice of food. People at risk of malnutrition were given yellow plates to help staff identify people who require extra support while eating.
- The service had evidenced through case studies the positive impact on people living with dementia wellbeing through the use of doll therapy which in one case reduced the person's anxiety and made them happy and complete and automatic cat therapy which in one case supported a person increase their wellbeing as it brought them joy and pleasure and provided them with company.
- The chef at the service had been selected to participate in a "Reaching for outstanding" for chefs, project led by the provider, which will help increase the quality and presentation of the food. The staff at the service also celebrated achievements such as Care Awards 2020 Hospitality Champion National Winner and an award for Chef of vegetarian life. The provider's dementia care specialist who supported the service had been awarded an MBE for services to dementia care and multi award winning dementia care specialist.
- The service was involved in delivering training sessions to raise awareness and increase understanding of dementia to the people's families and friends as well as the wider community.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and assessed. Care documentation had a dedicated section for people's communication needs.
- In their latest PIR submission, the service gave examples of using technology such as headphones with speakers for people with a hearing impairment. The use of enlarged font size for letter/documents, enlarged print books and magazines were available for those people with a visual impairment.

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

- The service had an activities coordinator and people were given a weekly activity plan. The activities coordinator had received dementia training and had won the provider's divisional award as an activities coordinator.
- People we spoke with were referring to the plan and talked about the activities on offer that week. Some of these included: exercise, magic table, arts and crafts, hand massage, walks and a church group.
- People talked to us about the activities they enjoyed such as planting pots, walking, singing and religious activities. One person told us they had built a friendship group within the home.
- The service had explored people's past interests and passions and supported them by giving them a role in the home which would instil a sense of pride and belonging. For example a person who experienced low mood was supported and empowered to do a speech in front of other people living in the home to share their story and talk about different hobbies and supported a person who used to be an artist design an Easter card which was sent to one hundred local nearby homes.
- The registered manager told us the service was working in partnership with the local grammar school and

students were coming to the home on a weekly basis to use their different skills to interact with people, such as singing, reading, playing instruments and history.

- One person told us that people could make suggestions and these are taken into account. Following feedback from people, the service organised activities such as a man club, vintage tearoom and a reading club. The activities coordinator was working with the families of people who lacked mental capacity to gain feedback on the type of activities their relatives would enjoy.
- The registered manager told us that during the Covid-19 pandemic various devices were used to maintain normality, such as: silent discos, Skype used to access virtual activities, gentle exercise and tai chi and Zoom and YouTube for people to access church services organised by the local church.
- People had been involved in activities which supported them to get involved with the local and wider community such as cake baking and a cake sale for the Alzheimer's Society and a summer fair which was mentioned in the local paper. At Christmas, people had made large advent calendars for another home and in return they received one from the Catholic school.
- The service had built links with the local community to involve them in the life of the people living in the home. For example a local bee keeper came to the home to give talks about bees and bring honey from the bees he keeps on the service's land. Local farmers have been welcomed to keep animals on the land so people can take a walk to see them.
- The service had been involved in the Kindness project so people can receive letters and cards from the general public. Through this, one person had made a permanent pen pal and people had received blankets as gifts from the community.
- Other examples included flower donations from the local supermarket and a donation of knitted hearts for Valentine's day from a local sewing club.
- People's relatives were complimentary about the activities offered by the service. Comments included: "There are all sorts of activities. [Person] attends a church service on Wednesday and Sunday. [Person] is not so capable now but [person] enjoys it. The home does singing and [person] enjoys that too. There is gardening, knitting, cooking." and "[Person] joins in with everything; Badgeworth Praise, fortnightly and monthly services, Mindsong, it's great. Some of the carers stay in with the residents, it's good. They have quizzes too and tai chi."

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and the registered manager kept a record of all complaints and compliments received.
- The service had received some complaints and concerns. These were responded to in line with the providers policies and procedure. Lessons learnt from complaints and concerns were discussed in meetings and any actions identified were used to improve the service.

End of life care and support

- The service worked in partnership with the GP to support people at the end of their life and to ensure arrangements were in place for the necessary medicines.
- People had advanced care plans in place and their wishes regarding resuscitation and hospitalisation were recorded in their support plans.
- One of the nurses talked to us about the high quality of the service's end of life care which was described as holistic and focused on making people comfortable, supporting families and encompassing any spiritual needs people had.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- Staff had a highly person centred approach and used people's care as an opportunity to enhance their lives. The service's Vision Statement of 'Providing a premium life experience to all our residents on everyday basis' was developed by the home's teams. This vision and culture were kept under review through the provider's Core Statement of Quality Improvement Meetings. The deployment of senior staff across most of the departments was encouraged to support new staff to work within the service's vision. For example, sessions provided by the Head of Maintenance Department, ensured that new staff felt safe and well prepared to tackle and deal with any emergency. As a result staff were able to support people from another Barchester service during a flood and provided accommodation for eight people from another service.
- The registered manager had promoted a whole home approach to people's care; this meant staff of all departments actively contributed to providing people with a 'premium life experience'. Staff used their skills and hobbies to provide workshops to people to maintain their physical and mental well-being. At the request of people, a housekeeping assistant who used to be a professional boxer held a presentation and the activities assistant who won awards in dancing, organised various workshops. This was especially meaningful for one person who did not expect to be able to wear their boxing gloves ever again and the joy it brought them to relive this memory.
- We saw this had created a highly motivated staff team which was proud of their achievements, especially in delivering tailored dementia care and working together to meet people's needs. The registered manager told us they were proud of the team's stability and how they worked together.
- Staff and people's relatives spoke positively about the management of the home. Staff felt supported by their manager. One staff member told us the manager asked for their feedback, as well as consulted with them when needed based on their experience in the service.
- Comments from relatives included: "I can usually tell how the staff are by the management. And the staff are happy, it's the feel of the place. It's very good management." and "From what I can tell the home is well managed. [Registered manager and other staff] are all good. My sisters are impressed too."
- One relative told us that the registered manager is very approachable and if they had any concerns, they would talk to them. One professional described the registered manager as "communicative".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was very aware of the staffing pressure within the care industry and the risk this posed to people not receiving good quality care. They had developed a highly comprehensive, well co-ordinated approach to recruiting, developing and retaining staff to ensure people would receive exceptional care from staff that knew them well. We saw these staffing initiatives had been highly effective and the service had not used any agency staff since October 2018.
- Some of these initiatives included; staff being supported to develop leadership skills by overseeing a residential care community through the Barchester Care Practitioner Programme, as well as sponsoring existing staff members with National Vocational Qualification (NVQ) training at different levels. We saw that this meant especially people living with dementia received care from staff that understood their dementia related needs and worked together to consistently use Smart Robot Cat therapy and Doll therapy to reduce people's anxiety. For one person, this had brought about a significant reduction in the use of medicines to manage their distress, reduced their level of sleepiness and resulted in an increased appetite and weight gain.
- The service offered various sponsorship opportunities for staff, such as Barchester Healthcare Sponsorship programme for existing staff who were overseas nurses and decided to return to nursing practice and also for recruiting overseas nurses. In addition, the service was offering student nurse placements to the local university.
- The provider operated a staff internal promotion scheme as part of the internal development programme and this had decreased the annual staff turnover rate below the national average for the care sector. Examples of internal staff development included the head chef who had started work for Barchester Healthcare as a host trained internally to become head chef. The chef had been instrumental in promoting the 'Food First' approach and we heard of several examples of how this had reduced the need to refer people to the dietician and enabled people to stabilise their weight through healthy eating.
- Badgeworth Court Care Centre and the staff team had been recognised and had won awards internally within the organisation and also national care awards for the care provided. Staff members had also been selected to participate in provider led programmes such as Reaching for Outstanding for Chefs and the Advanced Life Enrichment Programme. The Advanced Life Enrichment Programme set up a gardening club with people who were nature passionate. Last year, three people living in the nursing community, set up a gardening competition to grow the biggest tomato.
- A robust system was in place to monitor and improve the quality of care people received. The management team and provider representatives carried out a range of audits in relation to people's medicines, care plans, infection prevention and control, housekeeping, kitchen and accidents and incidents.
- The registered manager was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred.

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

- The register manager and staff were excellent at building links with the local community including visits from local schools and volunteering groups to enhance people's participation in the community. This included; running a service's volunteering group of three students from the local grammar school which gave people companionship and assistance with activities and gave the students the opportunity to complete their work experience. One person, who did not have children of their own, had built a close relationship with one of the students and excitedly looked forward to their visit as this gave them more opportunity for one to one time.
- People with dementia were supported by volunteers from Singing for the brain which gave people the opportunity to exercise their brain and gave the volunteers a new meaningful mission. We were told that during a singing session a person living with dementia had recognised their favourite song and sang each

word. This amazed their family member as the person had not been able to remember their name. The home also gave back to the community through charitable initiatives and the service sold cards made by two members of the local public in support of a local cancer charity giving them a sense of giving back to the service as the charity in turn supported the service with advice for people reaching end of life.

- The provider worked creatively to promote people's equality and diversity. The service had ensured one person had access to food tailored to their cultural preferences which led to the stabilisation of the person's weight and diabetes. The service organised themed nights related to the person's heritage to promote knowledge and understanding of the person's background, which led to the person's inclusion in the dining room experience which they previously avoided.
- The service carried out a relatives and people survey on an annual basis, as well as a staff survey and general manager survey. Responses from surveys were collated in action plan aimed at improving quality.

Working in partnership with others; Continuous learning and improving care

- The registered manager actively sought out opportunities to work with others through innovative evidence-based initiatives to improve the service people received. The service was participating in the Oomph-Wellness programme which was a UK wide leading wellbeing service for older adults. Staff had been provided with training in three key areas of wellbeing; mental and physical and which provided a variety of resources to enable staff to deliver high quality exercise and activity classes. As a result of implementing balancing classes, people had experienced a reduction in falls. One person described their participation in the sessions as life changing. They reported that their legs had more strength to carry their weight and felt less dependent on support from others. For another person the sessions were a motivation to move out of their room and engage with others. Another person found that taking part in this programme had given them confidence to try things they had never tried before and learn new things. As a result, they had joined a baking club and enjoyed making their own cupcakes. They were very proud to be able to invite their family for an afternoon tea accompanied by a sweet treat prepared by themselves.
- The service had participated in a Care Home Structured Medication Review completed by the Clinical Pharmacist Independent Prescriber with a patronage of a local GP surgery. Following this eight week long project a number of benefits were identified for people including: improved experience and quality of care through being involved in the decision-making process and having a better understanding of their medicines in use, reduction in the amount of prescribed medicines following a comprehensive review of all people's medicines, taking into consideration all aspects of their health.
- The provider worked with academic partners such as the Centre for Dementia Research at Leeds Beckett University, which is home to an internationally recognised dementia research group. We saw how people living with dementia had benefited from this joint working as described in the outstanding Responsive key question of this report.
- The registered manager had been very pro-active in strengthening partnership working with health professionals during the Covid-19 outbreak. This included independently sourcing specialist face mask training when this was not available in the community to enable a person using Aerosol Generated Procedures to be admitted at short notice during the Covid-19 crisis
- Healthcare professionals spoke positively about the partnership working with the service. One healthcare professional supporting the service told us: "The staff respond promptly and appropriately to concerns arising about residents' health and when I make recommendations these are actioned and followed up."
- We found the management team and staff were excited to have an inspection taking place. They were passionate about wanting to show their service in the best light and learn from the inspection team.