

Belong Limited

Belong Wigan Care Village

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This was an unannounced inspection which took place on 18 and 20 December 2018. We did not announce our visit on the first day.

Belong Care Village Wigan is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is purpose built and provides care and accommodation for up to 67 people in six households, five with eleven single bedrooms and one with an adjacent small suite to accommodate a person with a greater degree of independence. People with a wide range of needs are supported, from residential care to nursing. Nursing care was provided by registered nurses, but each household had a mix of needs. The village is set on three levels with two households on each. All bedrooms provide single accommodation and have ensuite facilities. There were 67 people living at the home at the time of our inspection.

At the last inspection in May 2016 the service was rated Good. At this inspection we found the service had improved and we have rated the service as outstanding.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people who lived at Belong Care Village were at the heart of all aspects of the service, and their views were consistently sought and taken into account when planning and reviewing service delivery.

Care support and treatment was delivered to people by passionate and enthusiastic staff. All the people we spoke with told us that they felt safe and well cared for and that Belong Care Village provided a safe environment in which people lived fulfilled lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Where people lacked capacity, the appropriate authorisation to provide care and support had been granted.

People, their relatives, and professional visitors told us about the exceptional care they received. Excellent recruitment procedures ensured that the staff had the right background, values and temperament to work with vulnerable people and they received good training to help them understand and report signs of abuse. High staffing levels meant support workers and ancillary staff had time to spend with people. Call bells were promptly answered. We found many examples where staff would go the extra mile to ensure people were happy with the care and support they received. One member of staff brought each person on their household a small personal token when they returned from holiday, another promised to bring treats to celebrate new year.

The service was extremely person centred, and people had choices in all aspects of their care. Detailed care records reflected delivery of person-centred care in all interventions, and people were encouraged to maintain their independence and autonomy. There was a clear understanding that people were not defined by their age or disability and were supported to maintain their own lifestyle.

The building had been built to meet people's needs. Imaginative design and placement of furniture minimised the risk of accidental injury, and the non-clinical environment did not detract from the high quality of care and support provided. It was warm, spacious and clean, and a strong approach to infection control ensured the safety of the environment. Equipment was well maintained and fit for purpose.

Staff monitored risk, whilst a person-centred approach allowed people to take charge of their own risks. Medicines were carefully administered by trained staff and regularly audited. An open and candid approach to reporting incidents meant errors were analysed to consider further safety measures needed to prevent repeat occurrences.

Communication between staff allowed for excellent continuity of care, and the service had developed impressive relationships with external health and social care organisations. The service worked closely with other local and national agencies and kept up to date with new research and development to ensure that high quality care and support was consistently provided.

The service was keen to develop staff, who told us they had access to regular and high-quality training opportunities. People felt the staff were competent; one remarked, "Without exception, all the staff know what they're doing and how to treat us right". The service had achieved a platinum rating for 'Investors in People' (IiP).

Meals were prepared on each household, or people could choose to eat in the service's Bistro, which was popular not only with the people who lived at Belong Care Village, but also people from the local community. Attention was paid to people's nutrition and hydration needs.

The service recognised when culture, religion and values were important to people; care records reflected and took into account care needs and people told us that they were happy that their privacy and dignity were respected. Friends and family members were warmly welcomed. A guest suite allowed them to stay over if they had travelled a long distance to see their loved ones, or to be close to their relative when they were near the end of their life.

People were fully involved in discussions about care at the end of their life. Outstanding care ensured people's end of life was as comfortable, dignified and pain free as possible. A visiting professional told us that the staff were, "Exceptionally professional".

The service demonstrated an innovative approach to providing stimulation and activity to all the people who used the service. A wide range of activities ensured people could maintain their hobbies and interests or try out new experiences. Activity co-ordinators ensured that people had access to activities either on a one to one basis or in groups, and people were supported to maintain their hobbies and interests. Nothing was considered to be off limits.

There was a strong organisational commitment to ensuring high quality service provision. Up to date policies and procedures ensured best and most recent practice was followed and a robust framework of accountability monitored performance. Effective audits and performance management reviewed and improved the efficacy of the service.

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.

People were involved in decisions about their safety and there was a strong focus on learning from incidents. An open culture encouraged staff to report when things go wrong.

There were sufficient staff on duty to safely meet the needs of the people who used the service.

The service took a positive and proactive approach to managing risk.

Is the service effective?

Outstanding 

The service was extremely effective.

People had maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to eat and drink well. They told us that they were consulted on the menu, and their preferences taken into account.

Ongoing communication with family members and professionals ensured that care and support were delivered to a high level.

Is the service caring?

Outstanding 

The service was extremely caring.

Staff went above and beyond in their care. All the people we spoke with commended the exceptional quality of the care they received.

The service recognised when culture, religion and values were important to people.

People told us that family members and friends could visit at any time and were made to feel welcome.

Is the service responsive?

Outstanding 

The service was extremely responsive.

Activities and stimulation were central to people's stay at Belong Care Village and staff sought creative ways to maximise autonomy.

Care plans clearly identified each person's individual needs. They provided sufficient information about the support people needed and the tasks to be considered.

The service provided outstanding end of life care

Is the service well-led?

Outstanding 

The service was extremely well led.

People spoke passionately and positively about the quality of care and support delivered.

The service demonstrated a strong organisational commitment to ensuring high quality service provision. A sound framework to monitor performance and activity had been established to ensure continuous improvement.

Policies and procedures were developed in line with the core value of putting people first, and reflected the needs of the people who used the service

Belong Wigan Care Village

Detailed findings

Background to this inspection

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

This was an unannounced inspection on 18 and 20 December 2018 conducted by two adult social care inspectors and an expert by experience on the first day, and an inspector and an assistant inspector on the second. An expert by experience is a person who has experience of using or caring for someone who uses health and/or social care services.

We requested and received a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this document to help us with our inspection planning.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked Wigan local authority commissioning and safeguarding team for their views of the service. They spoke positively about the service.

We spoke with ten people who used the service, seven visiting relatives and three visiting professionals. In addition, we spoke with a number of people who worked at Belong Care Village, including the general manager, registered manager, lead nurse, head housekeeper, an activities coordinator, practice development facilitator, catering manager, five members of the care staff team and a person on a work experience team.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records of six people. We also looked at the recruitment, training and supervision records for staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

People told us, and we saw that people were very happy, content and safe in Belong Care Village. One person told us, "I am very safe – I've no worries whatsoever" A family member told us that their relative, despite major communication difficulties, was always, "Cheerful, warm and safe".

The service was keen for people to maintain their freedom and took innovative steps to make this a reality. For example, there was a fully equipped therapy suite with access to physiotherapy which allowed people at risk of falls or poor mobility to increase strength and improve balance, using equipment such as exercise bikes and straps. Some people enjoyed folding sheets or assisting in the laundry area. Precautions were taken to minimise the risks this might cause to enable people to feel valued and maintain daily routines.

The service took a positive and person-centred approach to risk and risk taking. For example, they recognised that people who used the service were at risk of falls. To minimise the risk, they had employed a qualified exercise instructor who developed exercise and activity plans in collaboration with the people who used the service to support them to maintain optimum mobility. This had improved people's confidence and mobility and had reduced the number of reported falls. Care staff worked closely with the exercise instructor. They had organised falls prevention classes open to all and developed individual exercise plans. For example, one person, frustrated by their lack of mobility had been supported to regain their strength and stamina. Balancing the risk to their physical health against the advantages of positive mental health staff had supported the person to regain their mobility. When they moved in to Belong Care Village this person was reliant on a wheelchair but was now able to mobilise independently. The general manager told us that this had not only increased people's confidence, mobility and well-being but had also reduced the demand on support staff to hoist people, as they could mobilise more independently. They also felt that this had contributed to a reduction in pressure ulcer risks as people were able to remain more active. We saw feedback from one person who stated, 'Since attending the gym I have found great improvement in my mobility and hope to continue to do so, from a grateful 96-year-old lady'.

Clear and robust risk assessments had been completed with people who used the service to enable staff to safely promote, maintain and improve people's independence. Individual assessments were specific to the person and allowed them to take control of their own risks. They took their views and wishes into account as well as their physical, emotional, and cognitive ability, and considered any environmental factors. An innovative and person-centred approach to risk meant people remained not only safe but also happy and content. For example, one person had been advised to maintain a soft diet but chose not to. The service recognised the person's right to self-determination but reminded the person of the advice at each meal and discreetly monitored the person as they ate. This showed that the service proactively engaged with people to assess and mitigate risk in a way which maximised people's autonomy and independence.

Policies and procedures, including safeguarding and whistleblowing were designed to minimise the risk of harm. Whistleblowing provides a commitment by the service to encourage staff to report genuine concerns around poor practice without recrimination. Staff were watchful for any potential concern. We saw evidence that when safeguarding alerts had been raised appropriate protective measures were put into place and allegations were fully investigated. Staff understood their 'duty of candour', that is to be open and honest

when things go wrong with the care they provided. A visiting professional told us that they previously made an alert regarding incorrect administering of medicines, and the response was, "Second to none. The issues were dealt with and investigated appropriately, protective measures put in place and the incident never happened again".

The building was purpose built; designed and managed with people's safety and security in mind. To ensure that people's valuables were protected each bedroom had a lockable cabinet and people had their own key to their bedroom, so they were able to lock their bedroom doors. Access to the main building and each household was secured by key fobs, but people were allowed free access if they had been assessed as safe to do so. Where people required monitoring and supervision to help ensure their safety, there were enough staff to escort people around the building. The layout of each household and throughout the building allowed for good visibility allowing staff to observe and monitor people whilst allowing them personal space and respect for their freedom.

Recruitment procedures in place were robust and safe. The registered manager told us that they recruited staff based on their values, which meant that people had the right aptitude and empathy to work with vulnerable adults. Staff were sympathetic and understood people's needs but were not over protective.

We looked at staff personnel files for five people and found that the recruitment systems were robust. Full records showed safe recruitment procedures were followed, and the registered manager told us that the service held recruitment events and over-recruited so that extra staff were always available. Experienced staff were used to fill gaps created by annual leave and sickness across all the households. This meant the service did not have to rely on staff who were unfamiliar with the people who used the service.

During our inspection we saw there were enough staff on duty to safely meet the needs of the people who used the service. Support staff generally worked in the same household. This meant that they got to know the people who used the service, as well as developing their knowledge, skill and expertise in dealing with the specific needs of individuals on their household. Each household had a host who worked mainly in the kitchen area during the day. They knew the people who used the service well and assisted with general household duties and activities. This also freed up support workers to spend time individually with people.

People and their relatives felt there were enough staff. They told us, "There is always someone about; someone who is alert to our needs.". All those we spoke to told us that staff came straight away if they summoned help, saying, "They are there almost at once," and, "staff are always around, when we call they come at once".

We were told by the registered manager that people were asked if they would like to take responsibility for their own medicines, but at the time of our inspection only one person was supported to do this. All other medicines were administered by a registered nurse or lead and senior care staff who had completed medicine training and were competent to administer medicines. Medicines were stored securely in lockable cabinets in people's bedrooms. This reduced the possibility of giving out the wrong medicines to people.

People were given their medicines when needed in a way that was safe and responsive to their needs. All the people we spoke with were happy that their or their relatives' medications were being administered appropriately and at the right time. One visitor expressed appreciation of the efficient way their friend's medication was made ready for them when they took their friend out for the day or away for a few nights.

The service used an electronic monitoring system (eMAR) to administer medicines. We spoke with the lead nurse who told us, "The eMAR system is really good and makes us more accountable. If you miss a medicine,

it is in front of your face, so the system is really good for us."

Where people required medicines which had been prescribed as 'when needed' we saw protocols for each medicine detailed the rationale and circumstances to offer each medicine. We saw a homely remedies policy provided clear guidance to inform staff when over the counter medicines could or could not be given. Cream charts and body maps provided guidance to staff issuing topical remedies.

Some people were given medicines covertly, which meant that they were given to the person in a disguised form such as sprinkled on food. Where this was the case there was evidence that the person's wishes had been taken into consideration and that best interest procedures had been followed. A covering note from the person's doctor or consultant was attached to their file with written authorisation to give medicine in this way. These decisions were regularly reviewed.

Systems in place protected people and staff from infection and cross infection. All staff had attended infection prevention and control training. Staff we spoke with understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment when handling food or completing personal care tasks and cleaning.

Hazardous items such as cleaning materials were stored safely when not in use. There was a full team of 13 housekeepers. All housekeeping staff were well trained, attending corporate induction when first recruited and undertook regular refresher training around control of substances hazardous to health (COSHH) and environmental control every six months. This ensured they kept up to date with and worked to good hygiene practices. The service used an integrated approach to hygiene ensuring the right products and processes were used to reduce contamination risks and maintain high standards. The head housekeeper told us that they reinforced to staff the importance of checking and cleaning 'touch points' such as handrails and door handles, and they regularly checked all areas. The service achieved a score of 99% in a recent inspection by the local authority infection control team. When we asked people and their relatives about the standards of hygiene and personal care we received positive comments such as, "I've absolutely no complaints. Everywhere is clean and neat, and [staff] are attentive to [how my relative likes to] dress."

Is the service effective?

Our findings

The people who lived at Belong Care Village Wigan were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The managers and all the staff we spoke with viewed admission into care as an opportunity to meet new people and try new experiences, and not as a barrier to participation. Belong Care Village provided a safe and secure environment for people to maintain their independence whilst still leading as full and active a life as possible.

The service was consistently on the lookout for new and novel ways of improving and enhancing the quality of life of the people they supported. A fantastic array of equipment in the gym and therapy suite supported people to live better and healthier lives. There were 'spin fit' exercises using exercise bikes and virtual technology, allowing people to safely 'cycle' around areas they were familiar with using virtual reality equipment. This helped people with memory and mobility issues. We were told that one person had completed a 'coast to coast' virtual cycle ride, and another, when homesick, would 'cycle' through her home town. The gym also had a computerised system that enabled levels of exercise to be tailored to suit individual needs and abilities using a series of electronic games designed to improve cognition.

Full comprehensive assessments of need were undertaken before people were admitted to the service and ongoing communication with family members and professionals ensured that care and support was consistently delivered to a high level and reflected people's individual needs. Hospital admissions were limited by using the Manchester Nursing and Residential Home Triage Tool. This helped staff to assess whether to ring for an emergency ambulance or use the community response team. The lead nurse told us that this had reduced hospital admissions where admission into hospital may not be in the persons best interest and their health care needs could be supported within Belong Care Village and provided better continuity of care, as the people could be supported in familiar surroundings when they were not well. Audits showed that over a ten-month period hospital admissions had fallen by 21% since the triage tool was introduced.

The service worked closely with other local and national agencies, services and government departments to ensure consistent good practice in the care of older people and to keep up to date with new research and development. A visiting professional told us that the service was ambitious, achieved exceptional results, and sought to consult and act on advice from professionals to maximise people's quality of life and staff actively participated in local forums for care providers. The service was an active participant in 'Leading Change, Adding Value' which is a national framework aimed at producing better outcomes and experiences, monitored by NHS England. One example showed how intervention by the gym instructor at Belong Care Village had increased the confidence, mobility strength and endurance of people and enhanced their quality of life. Belong Care Village contributed to the development of good practice by providing case studies for other services to review and consider.

People who used the service and their visitors were impressed by the skills of the staff, believing the staff were competent and knowledgeable about their relatives needs and preferences. One person told us, "Without exception, all the staff know what they're doing and how to treat us right. I couldn't want for better

staff". A family member told us, "I can't fault the staff. They keep him active and really understand the risks and know how to work with his [named disability]". Another complemented a named member of staff telling us they were, "Fantastic, and the reassurance [given to my relative] is absolutely priceless". When we asked, people told us that the staff knew what they were doing and treated people as individuals; "Definitely", one answered. Another told us, "Absolutely. They use a different approach with each person."

Training, which was refreshed on an annual basis, was offered in various ways, including face to face, e-learning, coaching and supervised practice. All the staff attended a two-day cognition skills dementia assessment, where scenarios were used to help embed the training. Competences were assessed via annual observations with extra observations and coaching if needed.

The staff induction programme included time spent with the people who lived at Belong Care Village, face to face training, and shadowing more experienced staff. After six to eight weeks new starters would undertake a new starter event held with feedback, looking at workbooks and any issues encountered. This ensured that they knew their role and understood how people liked their needs to be met.

The mentorship continued throughout the person's probation period. Staff were encouraged to further their careers in the health and social care field and were supported to qualify for further and higher certificates. Three support workers were currently undertaking level 5 management training, and one support worker who had recently been accepted on a nursing course was supported to develop their skills by shadowing the lead nurse on shifts. The lead nurse also told us that the service provided placements for student nurses who were required to undertake practical nursing experience.

Training had been accessed through a variety of providers. For example, Age Concern provided training for LGBT awareness with older people. When new descriptors of food texture had been introduced recently, the service brought in a specialist advisor to help staff develop their skills and understanding of how to prepare specialist diets safely. North West Ambulance Service delivered training on use of a triage tool to prevent unnecessary ambulance call out and admission to hospital. There were identified champions in a number of areas including dementia, cancer and audiology. They kept watch for any new developments and attended further training in their topic to maintain up to date knowledge which was then cascaded to other staff through team meetings. This ensured people received a service in line with current best practice reflected in the high rating the service was given on independent websites.

All the staff we spoke with told us they believed they were well trained, and that practical observations helped to ensure they followed best practice. One support worker told us, "We are passionate about care, and want to do it well. I've done loads of training, there's always something new, and it's revised when something new comes out". The service recognised that motivated and well-trained staff were crucial to providing high quality care, and had not only achieved the 'Investors in People' award (IiP) at the gold standard but was also a finalist in the IiP 'excellence in the third sector' award for championing staff development. It had also achieved a platinum award for the Gold Standards Framework (GSF) scoring 84 out of a possible 85 points'. GSF is awarded for training in end of life care.

People who used the service and their visitors were impressed by the skills of the staff, believing the staff were competent and knowledgeable about their relatives' needs and preferences. A family member told us, "I can't fault the staff. They keep him active and really understand the risks and know how to work with his [named disability]". Another complemented a named member of staff telling us they were, "Fantastic, and the reassurance [given to my relative] is absolutely priceless". When we asked, people told us that the staff knew what they were doing and treated people as individuals; "Definitely", one answered. Another told us, "Absolutely. They use a different approach with each person."

All staff regularly had a formal supervision session and a yearly appraisal which gave them the opportunity to reflect on their work and set targets for the following year. There was evidence to show staff used the opportunity supervision provided to reflect productively on improvements to and identify opportunities to identify and meet needs.

The premises were extremely well designed, spacious and suitable for their intended purpose. The design of each household was such that most bedrooms were within easy reach of the central communal area. This ensured that people would receive prompt attention when needed, and there was ample space to monitor people without encroaching on their personal space or intruding on their privacy. Bedrooms were large and personalised. Environmental risk assessments were in place detailing any hazards and how they were to be controlled. The maintenance officer undertook monthly checks to ensure all equipment was in order, and checks of fire, electrical and gas systems ensured they were maintained in safe working condition. A fire risk assessment was in place, and personal evacuation plans detailed how to safely evacuate in the event of a fire.

In keeping with the homely atmosphere encouraged by the service, meals were prepared on each household. This meant that people could see and smell the food cooking and had supervised access to the kitchen area, helping to maintain their customary regimes and encourage a homely atmosphere. Hosts were employed to prepare and serve meals and to support the care staff. They encouraged people who wanted to help in the kitchen area, for example by preparing vegetables. This helped people to maintain their lifestyle and encouraged independence. As an alternative to eating on their household, a bistro - open to members of the public and well used by the local community – provided a daily alternative for the people who lived at Belong Care Village.

The catering manager told us that they consulted with people through regular resident meetings to ensure their choices were available. If people did not fancy the daily choice, they could ask for a meal from the bistro menu, which would be brought up for them. People told us hot and cold drinks were available when they wanted them. One family member told us that their relative was in the habit of getting up early – about 5.30am and that they could have their breakfast at this time.

Attention was paid to people's nutrition and hydration needs. Accurate records noted any supplements taken, and when food had been refused, to ensure that people did not go too long without eating or drinking. Care plans contained details of any special dietary or nutritional needs. The staff made efforts to ensure that pureed meals looked appetising and in keeping with traditional meals.

Good systems of communication on the households and across the whole of the service ensured a positive and speedy response to need. Each day, senior staff off each household, managers and representatives from all departments would meet for a short 'ten at ten' meeting to pass on information which could be cascaded down to all staff, share examples of good practice and keep abreast of any developments in the service. A monthly magazine was produced by the company providing news and advertising upcoming events.

Staff told us they arrived early for a handover with the previous shift. A senior support worker told us tasks were allocated fairly, and consistency of staff allowed for good teamwork, stating, "We have got to know what people are best at, and we work to their strengths". A support worker told us that they worked well as a team, as "There's no point getting stressed out. We all muck in".

Each member of staff was provided with a handheld device attached to a main electronic database. This was known as person centred software, or PCS, and provided all information required to meet people's needs, including care plans and risk assessments. Any specific risks and needs were highlighted on the first

screen alerting staff to any issues, such as mobility needs or requirements relating to personal care. If a person had been placed on the end of life care pathway, a butterfly would be displayed.

People we spoke with were happy with the way Belong Wigan liaised with their GPs and other healthcare professionals. A visiting relative commented, "They pull out all the stops when [my relative] is unwell". One visitor told us that their friend saw the chiropodist and the optician regularly. Another told us that Belong had been helpful and proactive in chasing the GP for their relative when necessary.

Staff on each household were vigilant to any changes in people's general health. The lead nurse told us, "There is a cliché that you deskill yourself in a nursing home, it's not the case here". The service employed two admiral nurses appointed in partnership with Dementia UK. We spoke with one who echoed this view, telling us, "There is more freedom to develop ideas which is thoroughly encouraged". Admiral nurses are specialist dementia nurses who give expert practical, clinical and emotional support to care givers and families of people living with dementia. A visiting health service commissioner told us they were impressed with the quality of health care provision in the service and how people were supported. The service had developed a good reputation with health professionals and other outside agencies who felt people were extremely well cared for and supported in a person-centred fashion.

We saw that the service advocated on behalf of people about their health needs. For example, when a person was admitted with a Percutaneous endoscopic gastrostomy (PEG) feed the service worked with medical staff to promote their right to have the PEG removed and continue to monitor and oversee the person's food intake. This is a medical procedure in which a tube (PEG tube) is passed into the person's stomach to provide a means of feeding when the person cannot take food orally.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. At the time of our inspection, thirty-one requests for a DoLS had been made and twelve of these had been authorised. The Registered Manager maintained a DoLS log to track individual DoLS authorisations in line with the MCA. Applications had been submitted to the relevant authorities.

Records we examined were complete and up to date and any restrictions were deemed to be in people's best interest and the least restrictive. When people were subjected to a DoLS order, this fact was displayed prominently on the PCS system, with any conditions clearly displayed, so staff would immediately recognise that there were restrictions in place.

Is the service caring?

Our findings

Without exception all the people we spoke commended the exceptional quality of the care they received and praised the staff for their passion, patience, understanding and high standards of person centred care.

One person told us, "I don't want to go – if I was dissatisfied I would go. The care is second to none". A visiting relative remarked, "It's always a pleasure to come here; it's such a great place." Another remarked, "It's better than you could expect. It's a pleasure to see such a great place." Other people we spoke with told us the staff were 'excellent', 'marvellous' and 'wonderfully kind and caring'. One person told us that they felt staff "had gone above and beyond" to help them. This person had been extremely ill and was self-neglecting on arriving at Belong Care Village. With the care provided, they had greatly improved in mobility and cognitive function. This person was now getting help and encouragement from staff to achieve their aim of living independently away from Belong Care Village, including facilitating the undertaking of different household tasks, such as making cups of tea, cooking and changing bed linen. This person told us that staff had individually offered to teach them different tasks and that they regarded staff members "more like friends".

Good staffing levels meant support workers and ancillary staff had time to spend with people, and we saw and were told this was the case. Nobody was ignored. For example, two people, who were in bed 'under the weather', told us that staff would, "Come and chat". One said, "They [the staff] are nice friendly people, it makes a difference – you feel part of things". A staff member had been chatting with this person before we came to see them, and another carer checked on them during our visit. We saw that when interacting with the people who lived at Belong Care Village, staff were patient, attentive, and communicated well, listening to what people had to say and responding in a kindly manner. People were addressed by their preferred names, and we overheard staff using terms of endearment and reassurance when speaking with the people who used the service. All staff spoke fondly of the people they supported.

Where people had difficulty communicating the service considered the best ways to maintain good effective communication, using latest technologies. For example, one person who had difficulty speaking communicated using a 'boogie board'. This was a small hand held electronic notebook where the person could quickly and easily write notes to show the listener. There were two audiology champions who had been provided with extra training to support people who were hard of hearing and stay up to date with developments in hearing aids. The service employed two Admiral nurses, who were on hand to provide advice and support to staff around how best to work and communicate to people living with dementia.

Staff went above and beyond in their care. For example, on returning from holiday one support worker brought a small gift for each person on their household. We saw another had brought in Christmas cards and stamps for a person and was helping them to address the envelopes. We heard evidence that staff were proactive in helping people pursue their own interests. People told us, "You just need to ask for something and they will get it for you – they even ask if you want anything from outside". Another said, "all you have to do is ask". Following a conversation with one person who lived at Belong Care Village, a support worker had brought in Indian treats and Babycham as the person had said they would like that for New Year's Eve. Some

of the staff we spoke with told us that, even though they had not been put on the rota for Christmas day, they planned to come in in their own time to wish the people at Belong a happy Christmas.

We saw that staff had built up honest and open relationships with people and their families, had learnt about their lives and were willing to engage in conversation and stimulation. A visiting family member told us, "They see [my relative] as a person and understand him. They spend time with him, I found them looking at an old photograph and reminiscing about it". Staff recognised that people were interested in them too, and they shared some aspects of their lives, such as showing them pictures of their children and pets or recounting recent events and plans for holidays. The registered manager told us, "For some residents we become family. It's important they know about us too". Staff told us that they understood their professional boundaries and were careful not to overstep these. One told us that they were there to work, but a part of their job was to befriend people, help to stimulate them and ensure that they were happy. They told us that they missed work when they had a few days off and looked forward to coming back into work to see the people they supported.

The caring nature of all the staff went beyond the support they provided to people who lived at Belong Care Village. When offered a Christmas bonus the staff as one decided to use this cash to fund a Christmas buffet and party for the underprivileged children in the surrounding area. During our visit we saw people who lived at Belong Care Village happily engaging with staff as they helped to wrap a plethora of toys and games in preparation for the party and Santa's visit!

The registered manager recognised the humility of the staff, and that the service had a duty of care to the staff. The service had introduced a 'happiness box'. She explained: "Staff aren't always aware when they go the extra mile, so we have a happiness box. Families and residents nominate; their words mean more than anybody's". We saw that during the week prior to our inspection there had been fifteen recommendations, each demonstrating the dedication and warmth of the staff. Examples included a member of the housekeeping staff who 'lay down on the floor with a resident who had put herself on the floor and was really sad and crying. She lay with the lady for 10 minutes talking to her and seeing what she could do to help her be happy again'. Another read, 'Making a wish come true for [named person] taking her to the cinema to watch Mama Mia', and a third commended a support worker for how they had displayed 'person centred care to residents by making them the centre of what they are doing and getting them to enjoy being happy using memory and songs'.

The people at Belong Care Village came from the Wigan area or had relatives nearby. The service recognised when culture, religion and values were important to people. For example, one person did not engage in any of the social activities. Sensitive to the person's needs they discussed this with them and discovered her enjoyment of horticulture, and consequently set up a flower arranging class which the person now leads. At the time of our inspection there were no people using the service from a minority ethnic background, but staff told us how they would support a person with a different background, respecting their customs and traditions. There was a high proportion of Roman Catholics, for whom holy mass was arranged each week. One person practised a minority Christian faith; staff understood the rites and traditions of this faith and treated the person respectfully. For example, although they did not celebrate Christmas, they wanted to be involved in the celebrations, and would be presented, as with all the other people at Belong Care Village, with a gift, but not wrapped in Christmas paper.

Care records reflected and considered care needs. For example, one record we reviewed showed that the person required additional emotional support at various times of the day. The PCS system alerted and reminded staff to ensure that this need was not forgotten. Similarly, the care plan reflected times at night when the person could get confused and detailed the actions required to assist and reassure them.

People told us that they were happy that their privacy and dignity were respected and told us that they felt the staff understood when they wanted privacy. Sex and sexuality were considered and where necessary people's needs for privacy were acknowledged. Nor were staff afraid to challenge outmoded views around diversity. In the past two years the service had arranged visits to the Gay Pride festivals in Wigan and Manchester. Sixteen people went to the most recent event. The activity co-ordinator told us that, at the request of some of the ladies who lived at belong Care Village, they had arranged an Ann Summers party.

The care provided extended to relatives. People told us that family members and friends could visit at any time and were made to feel welcome. Those who were able could make cups of tea, for themselves and their visitors, or visitors could make the tea. There was a guest suite for families supporting people at the end of their lives, so that they could stay close to the person, or for family members who had travelled a long distance to visit their relatives. One visitor we spoke with told us that they could stay when they visited their friend and even bring their cat. When we asked them, visiting family members and friends told us they were always welcomed. One told us, "[The staff] are warm and friendly. They call me by name and we can have a bit of banter together," and another commented, "Everyone is brilliant with me, they are really supportive. they keep me going every one of 'em, right down to the kitchen staff".

The service recognised its responsibility to be open and share information about day to day events and their interactions with people. With the consent of the people who used the service The PCS system had been opened to provide a 'Relatives Gateway'. This allowed family members to not only view information about their relatives, but also to provide comments and feedback. With the consent of the person photos were posted so that family members could see their relative engaging in activities. One family member told us another relative, who lived a distance away, followed the relative's gateway and found it very useful.

Some of the people who used the service had an independent advocate. We saw information about advocacy services was available, so people were aware of how to seek independent advice. A discussion with the registered manager showed the service was aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They can assist people in many ways such as; writing letters for them, acting on their behalf at meetings and/or accessing information for them.

Is the service responsive?

Our findings

Nobody who lived at Belong Care Village was defined by their age or infirmity but encouraged to live as full a life as they wished. Without exception, all the staff we spoke with, were told about, and observed during our inspection understood that the people they supported had desires and aspirations and worked with them to help them achieve their goals. The catering manager told us, "It blew my mind! I thought caring for someone was doing everything for them. It's not, it's about supporting them". This reflected the care and support we observed; people were encouraged to live their own lives, and a person-centred approach to need encouraged independence. People told us they received support which was fully in tune with their needs and preferences and that the support provided was based on them as a person. They felt valued, listened to and empowered, and encouraged to try new experiences. They told us that staff were responsive and flexible in their approach. One person said that staff, "Used a different approach for each person". We were told that a person on one household would 'lock up' at night; staff understood this had always been a part of the person's routine and assisted to make them feel secure.

The service sought creative ways to maximise autonomy of the people who lived at Belong Care Village. Constructive and innovative use of available equipment and use of adequate space in a stimulating and responsive environment had led to remarkable success. Where people might have accepted their condition, the service strived to improve the quality of their life and promote independence. A visiting health professional told us that the service would proactively rule out any possible causes for unusual behaviours before turning to medication to treat a problem. One person told us Belong Wigan were outstanding at "promoting progress". Nearly all the people we spoke with had seen the personal trainer and taken part in some form of exercise. This had produced outcomes beyond those normally expected. For example, one person had used exercise bikes to regain mobility; when they arrived at the service they were unable to walk and relied on a wheelchair. They were now able to mobilise with assistance and support of one person. Another person who used to work in accountancy but was now living with dementia was able to follow numbered sequences which they recognised. This had improved their cognitive ability, and assisted staff to understand how to communicate effectively with the person.

By working closely with associated professionals, voluntary agencies and the people they supported the staff continuously looked for new and innovative ways to promote independence, and we saw numerous ways that this had been achieved. For example, all staff had undertaken 'Oomph!' training, and at least one person on each household had been nominated as an Oomph! trainer who delivered a session every day. Oomph! is a system designed to enhance mental, physical and emotional well-being and quality of life through a series of gentle exercises and activities and meaningful occupation matched with people's specific backgrounds and interests. Feedback about these sessions was extremely positive, and some of the comments in the 'happiness box' related to Oomph! activities such as a recent trip to the Christmas market. The service was heavily involved in the 'Reader' scheme, where a volunteer reads a poem to a small group of people and opens a discussion about the feelings and memories the poem may evoke. We were told that this had provoked good discussion and generated new friendships. The activity coordinator had since trained to become a volunteer reader.

Care plans clearly identified each person's individual needs and provided detailed information about the support people needed and the tasks staff were required to complete at each visit. Clear notes about the support provided were made by staff after each intervention. All care plans were securely stored on electronic person-centred software (PCS). All staff had access to this using a hand held mobile device and could input information using this. Staff told us that the introduction of this system had reduced the time they spent recording the care they provided and meant that they could spend more time with people. It also provided a more accurate and contemporaneous record as it was completed at the time the care was provided. For each person, the first screen provided clear and concise notes about the person; their needs, how they liked to be addressed and any risks staff might need to be aware of, such as risk of falls or dietary requirements. This would alert staff to any changes in care plans or allow people who were unfamiliar with the person to be able to provide an understanding of their needs. Plans highlighted people's goals and aspirations and provided clear step by step instruction as to how people wanted their needs to be met.

The PCS system would also alert staff if a care intervention had not been completed. When we spoke with staff they all told us that they really liked this system. One support worker told us, "PCS is great, its continually open so we know what is needed and never forget a need or to make a record of interaction".

People and their relatives told us that they were fully consulted about life plans and invited to regular reviews of care and support. Relatives told us staff stayed in contact with them and would let them know of any changes in the person's condition or if they were unwell. The registered manager told us that the PCS system allowed them to monitor any changes identified and highlight any concerns which allowed them to discuss changes in need with relevant health and social care professionals, ensuring that care was reviewed promptly, and any changes could be put in place immediately.

Activities and stimulation were central to people's stay at Belong Care Village. One person told us, "It's fantastic. There's always something going on somewhere in this building". We saw a packed menu of activities for the month was on display throughout the service, with a number of events scheduled for each day. These included coffee mornings, reminiscence sessions, 'what the papers say', reading groups and art therapy sessions. Some activities were held in specific households but people living in other households were welcomed, and this had assisted to build friendships across the service.

The service had an activities team known as 'experience coordinators who worked across the households, but all staff were involved in organising and leading activities. Host and hostesses encouraged and assisted those who wished to help in the kitchens to do so, and housekeeping staff did likewise in the laundry. On one household we observed an Oomph! Session in progress; people were enjoying a lively chair movement session, using props such as balls and pompoms. As we toured the building we saw materials such as newspapers and jigsaws in the household communal areas, together with items such as dolls and twiddlemuffs. We also saw staff engaged in conversations with people, either on an individual basis or in small groups. The service also supported appropriately vetted volunteers who visited and befriended people who had no nearby family who would visit. The activities team also arranged for visiting entertainers, such as singers and cabaret acts.

Care records also included a 'My Life' document which provided a biography of the person's history, indicating what was important to them. This provided clues to people's hobbies and interests, and as staff got to know the person more information could be added. This allowed the activities team to look for opportunities to tailor recreational activity to individual need. For example, one person used to have an allotment, and so they were given an area in the garden where they could cultivate fruit and vegetables. Another person who used the service had been encouraged to start up and lead a flower arranging group. A family member told us that, before their vision deteriorated, their relative liked to follow the horses. To help

them maintain this interest, staff would place little bets for them when they wanted. Others told us that they had been taken to the cinema, and regular trips were arranged to watch Wigan Warriors rugby league matches. Another told us that their relative liked to stay in their room much of the time, but staff would check they were alright and brought newspapers, crossword and puzzle books which they enjoyed.

The activity coordinator told us that they would spend time with people, listening to their stories and any requests for specific entertainment. They told us all reasonable requests would be considered. For example, following a request from one person, they had arranged for a psychic to deliver a séance. They also recognised that people remain sexualised and had accommodated a request for a male stripper (who stripped down to his chest).

Belong Care Village was an integral resource in the local community. The Bistro was a popular meeting place, and we saw a group of local builders enjoying breakfast on the first day of our visit. A play area in the gardens was accessible to local children and the service helped to bridge the generation gap through visits from and to local primary schools (including jointly celebrating events such as Chinese New Year), and National Citizen Service (NCS) dementia friend sessions for 16/17-year olds. Visits from Wigan Warriors had been arranged, and the service had organised a Christmas party attended by over 80 people from the neighbourhood. People from Belong had enjoyed tea parties at a local primary school.

People were fully involved in discussions about care at the end of their life. We were told by a visiting professional that service provided outstanding end of life care to ensure people's end of life was as comfortable, dignified and pain free as possible, and that the staff were, "Exceptionally professional". When care plans were reviewed with the person they were supported to make decisions about dying. Advance care plan documents in care records gave details about how people would want to be supported as they approached their death. When we asked, people told us that they had had sensitive conversations with staff about their end of life wishes.

When a person was placed on the end of life care pathway, a butterfly symbol on the front page of the PCS would alert all staff. The activity coordinator told us they would immediately visit this person to ensure their last wishes could be kept: "if I see [the butterfly] I make it my job to spend time with them". They told us that staff would ensure people's comfort, sitting and holding hands, attending to need and told us of one person who wanted their nails painted, others for whom staff had sung hymns. They told us that last rites were arranged for those who wanted it, and where a person with no faith had expressed their terror, they managed to arrange for a member of the living faith church to console and provide counsel and support at very short notice. Wigan and Leigh Hospice had delivered training to staff in symptom management for people at the end of their lives. We saw numerous compliments and thank you notes sent by relatives of people who had passed away at Belong care village, commending the service and staff for their support. One read, "All the nurses were exceptional My [relative] couldn't have had a more dignified end to her life. You should all be so proud. We can never thank you enough".

Each year on Christmas Eve the service arranged a 'Tree of Light' ceremony for people to share memories of those people who had passed away. Their relatives would be invited back to a ceremony of remembrance. We were told that this was a very moving occasion.

Belong Care Village had a positive and transparent approach to complaints. Any complaints received were managed in line with the provider's complaints policy. The General Manager would lead any investigation if complaints were made on a formal level but told us that the service encouraged informal complaints at an early stage to stop events getting out of hand. An easy-to-read document was available and publicised in the service user guide provided to each person and their relatives. We looked at the complaints database

and saw that all complaints had been logged with clear explanations as to how the matter had been resolved. None of the people we spoke with had needed to raise a formal complaint but were happy to liaise with the household care staff or Manager directly. They told us that they were aware of how to raise a formal complaint but had not needed to.

Is the service well-led?

Our findings

People spoke passionately and positively about the quality of care and support delivered. One person told us, "I am happy here, very happy. I came for a week and have never left". Prior to our visit we contacted the local authority to seek their views on the service. They told us that they had no concerns, that the service was open and transparent, and always welcoming. A health service commissioner told us the service was really well managed and was viewed as a 'preferred provider' They told us staff were extremely professional and commissioners were comfortable placing people with advanced cognitive impairment at Belong Care Village.

It was clear that people within the service were at the heart of all aspects of the service, and their views were consistently sought and taken into account when planning and reviewing service delivery. The relatives we spoke with told us that they received the service's monthly news magazine, and could recollect receiving feedback surveys and attending, or having notice of meetings they could attend; one family member told us they had attended a residents and relative meeting on a household the previous week. Others told us they were kept informed; one remarked, "I get updates every day when I visit" and another used the PCS portal: "I've read [my relative's] notes on the hub and keep up to speed. I know how he is, it's there in black and white." Without exception they felt supported and had been supported to develop friendships with one another. One told us that they would, "Come in for lunch at the bistro and meet up with other relatives. We support one another and can feed back our thoughts to the managers"

The service demonstrated a strong organisational commitment to ensuring high quality service provision. The registered manager told us that she received good support from the provider. She told us a general manager, on hand to assist with day to day issues was, "An immense support, empowering and always positive". When we spoke with the general manager they expressed full confidence in the registered manager and spoke of the positive professional relationships she had built up with staff and all the people who used the service. Further managerial support was provided by an Chief Operations Officer and a Development Director who we were told could provide a different and rounded perspective on management and development of the service. There was a good team ethic and staff understood their roles to support people. The registered manager told us, "I am immensely proud of The Village and the team. People come with high expectations, but we deliver them. We've supported people who others have given up on, enabled people to live life rather than wait for life to finish. [People here] have happy lives and go on".

All the staff we spoke with were extremely positive. When we asked one support worker if they would have a member of their family move here they replied, "I would love [a relative] to come here". Staff were highly motivated and proud of the service. They told us, "I love working here" and, "It's home from home; there is a lovely mix of residents who have capacity, advanced dementia and complex health needs, but they are all people with different needs and aspirations, the ethos here is to help them all to achieve their goals."

People spoke of the atmosphere generated at the service. A visiting professional commented on the 'good feel' and one member of staff said, "I came for a walkabout before I applied – 'everyone is so welcome and it's not false morale in the place is lovely."

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was present during both days of the inspection. The people we spoke with held her in high regard and found her to be very approachable. Staff agreed. One support worker told us, "I can go to her with anything, a fantastic manager, extremely fair and understanding and gives great feedback; she has worked in the service and she understands the job. She gets it". Other members of staff told us the registered manager was 'really supportive', 'brilliant', and 'helps us out a lot'. One member of staff remarked, "I don't think in three years I've heard a bad word, she's fair and understanding. She appreciates commitments in personal lives. ... and provides a good work life balance for everyone".

Throughout our inspection the registered manager demonstrated a passion and commitment to the service and the people who lived at Belong Care Village. She told us, "I want people to have a happy, active and fulfilled day". Evidence throughout the inspection showed she had succeeded; numerous opportunities were available for people to choose to be involved in, and all the people we saw and spoke with were happy and content.

Governance was well embedded into processes. A sound framework to monitor performance and activity had been established across all aspects of the service to ensure continuous improvement. The management team completed regular audits in all aspects of service delivery to ensure that the high standards set by the service were maintained. Where audits identified errors, immediate remedial action was taken. For example, missed checks of fridge temperatures were identified and rectified in a timely manner after weekly medicine audits had been completed by nursing staff. We saw audits of life plans identified where gaps and changes in circumstances had been identified and acted upon. The catering manager completed a two-weekly audit for each household, where they would check cleanliness and quality of all meals, and a full kitchen audit twice each year. All in house audits were checked by the provider's compliance team to ensure issues identified had been appropriately addressed.

Since we last inspected Belong Wigan the service had continued to consider how to use all available information to improve service delivery, ensuring a commitment to continuous improvement. Information received, for example via complaints, accidents and incidents, or safeguarding concerns, was analysed to allow the service to understand, rectify and learn from mistakes. Alarm calls were monitored weekly to minimise the amount of time people were waiting to be seen after calling staff, and to identify the busiest minutes so staff could be targeted to provide support during the peak times.

Where mistakes and errors were made the service recognised their duty of candour. There was a strong focus on learning from incidents with an open culture to encourage staff to report when things go wrong. Staff were supported to complete a 'significant event analysis' detailing what went well, what did not go well, and anything which could be improved. This information was shared and used not only to complete an action plan to maintain improvements and learning but was passed on to other services within the Belong Group and beyond in order to assist them their learning. We saw an example of learning passed on to the 'Atlas of Shared Learning' website managed by NHS England relating to the introduction of an exercise instructor to support mobility and independence.

When we looked at policies and procedures we saw that they were developed in line with the core value of putting people first and reflected the needs of the people who used the service. A senior lead support worker informed us that they were currently undertaking a project to look at how the PCS database could be made even more person-centred than it already was. A support worker told us how they were working closely with

Sterling University to develop and understand best practice in dementia care.

People who used the service were encouraged to comment on how the service could be improved. They were asked to complete a customer survey each year, and even though the response was highly positive the service produced an action plan to develop the service further: improvements in the quality of food, developing ways to monitor wellbeing after activities, and 'visibility' of the management team have all been addressed through the action plan. The service worked in partnership with the local authority quality performance team, infection control team, clinical commissioning group (CCG), general practitioners, social workers and pharmacy management teams. This ensured consistent good practice across all areas of care and support. We saw that they continued to strive for excellence in the field. For example, we saw that the service had worked with Salford University on a scheme to develop and share high quality leadership across the care sector. The general manager told us that the service was continuously looking for new and innovative ways to deliver care to the people who lived at Belong Care Village.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding related issues. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

It is a legal requirement that providers display the rating they received at their last inspection, within the home and on their website if they have one. The rating of 'good' from our last inspection was displayed in the care village and on the provider website. This meant people who used the service and their relatives, or anyone considering using the service, had access to the inspection report to determine the quality of care being provided.