HC-One Limited

Jack Dormand Care Home

Inspection report

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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?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 19 December 2017 and was unannounced. This meant the staff and provider did not know we would be visiting.

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

Jack Dormand Care Home accommodates 43 people in one adapted building across two floors. On the day of our inspection there were 43 people using the service. Some of the people had nursing care needs and some people were living with a dementia type illness.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in October 2015 and rated the service as 'Good.' At this inspection we found the service had improved to 'Outstanding' and met all the fundamental standards we inspected against.

Without exception, people who used the service and family members told us staff were caring. We observed and heard many examples of the caring and fun nature of staff and saw how staff had gone the "extra mile" to provide outstanding care.

The registered manager had identified innovative ways of improving the social and communication skills of a person with social anxiety disorder. Staff had identified people with communication needs or who required additional social stimulation. They took the time to visit people in their rooms and engage in activities or conversations of the person's choice.

Staff were sensitive to times when people needed caring and compassionate support, and anticipated people's needs and recognised distress and discomfort at the earliest stage.

Staff helped people express their views and people's preferences were clearly documented in their care records. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The service was extremely person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. People received personalised care that was responsive to their needs.

One of the nurses at the home was the provider's current nurse of the year and had been put forward for the National Care Awards, where they won the national nurse of the year award. This was in recognition of the nurse's "outstanding clinical and managerial qualities" and "high level of dedication".

The provider had innovative ways of protecting people from social isolation, and went the extra mile for people they supported and to find out about their past.

The service provided outstanding end of life care to ensure people's end of life was as comfortable, dignified and pain free as possible.

People and family members were an integral part of the service and the provider had innovative ways of involving them. For example, in making improvements to the home.

The registered manager continually strived to develop their knowledge and skills, and shared this learning with staff to ensure continuous improvement across the staff team.

The registered manager worked in partnership with external professionals to develop and improve outcomes for people who used the service, and the service had excellent links with the local community.

The service had a positive culture that was very person-centred and inclusive. Staff were visibly proud to work at the home. Awards were presented to staff to recognise and celebrate the efforts they had made and the impact they had upon the lives of people, their families and other staff.

Governance was well embedded in the service and systems were in place that continuously assessed and monitored the quality of the service. People, family members and visitors were provided with several ways of feeding back on the quality of the service.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care records showed that people's needs were assessed before they started using the service. People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

The provider had an effective complaints process in place, and people and family members were aware of

how to make a complaint.

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.

Staffing levels were sufficient to keep people safe.

The home was clean, and a variety of infection control and cleanliness related checks and audits were carried out.

The registered manager and staff were aware of their responsibilities with regards to safeguarding vulnerable adults, and accidents and incidents were appropriately recorded and investigated.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

People who used the service received effective care and support from well trained and well supported staff.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Outstanding

The service was extremely caring.

People and family members told us staff were exceptionally caring.

Staff were passionate about the care they provided and were able to recognise when people were feeling distressed.

Staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People received personalised care that was responsive to their needs.

The service understood the needs of the different people that used the service and delivered care and support in a way that met those needs.

Staff had completed specific training in end of life care to be able to support people and their family members at this important time.

People and visitors were aware of the complaints process and any complaints had been dealt with appropriately.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The registered manager focussed on developing a strong and visible person-centred culture in the service.

The registered manager had innovative ways of improving the service and enabling people. Staff said the registered manager went out of their way to make people feel special and their door was always open.

Governance was well embedded in the service. People, family members and visitors were provided with several ways of feeding back on the quality of the service, and their views were listened to.

Jack Dormand Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on 19 December 2017 and was unannounced. One adult social care inspector, a specialist advisor in nursing and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven people who used the service and seven family members. We also spoke with the registered manager, nurse and four care staff.

We looked at the care records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Jack Dormand Care Home. A person who used the service told us, "I feel safe. The doors have locks on but I don't feel as though I need to lock them." Another told us, "We are in comfortable surroundings, we have people to talk to and the staff pop in to see me three to four times a day and two to three times on a night. It makes me feel secure." A family member told us, "[Name] doesn't use the call button as she forgets she has it but the staff check on her regularly to see she is okay. There is always someone there." Another relative told us, "Staff are always available."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager who told us agency staff had not been used for several years. The home's permanent staff and bank staff covered any absences. The registered manager used a dependency tool to calculate staffing levels based on the individual needs of the people who used the service. Staff and people who used the service did not raise any concerns regarding staffing levels at the home. A person told us, "There is always someone around." Another told us, "They talk to me, even though they are busy." A staff member told us, "I would say the manager's got staffing bang on, they look at the dependency."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), at least two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Nurse registration checks were also carried out regularly to ensure nurses were registered with their governing body.

Accidents and incidents were appropriately recorded and analysed to identify any trends, and whether any lessons could be learned.

Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. Risk assessments included travel in the mini bus, use of the lap strap, moving and handling, mobility, falls, use of bed rails, nutrition and hydration, choking, continence, and skin integrity. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

We reviewed support plans in relation to people's behaviour management. However, two of the support plans were not specific and did not detail the triggers for the behaviour, together with the exact support staff were to provide. When we spoke to the nurse they reassured us they would review and re-write the care plans.

The home was clean. Appropriate personal protective equipment was available and in use, hand hygiene and hand washing facilities were readily available, and infection control audits were regularly carried out.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within recommended levels. Equipment was in place to meet people's needs and where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date, and risks to people's safety in the event of a fire had been identified and managed. People who used the service had Personal Emergency Evacuation Plans (PEEPs) in place, which meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people.

Appropriate arrangements were in place for the management of medicines. Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed.

Medicines administration records (MARs) contained recent photographs of people to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. MARs we viewed were accurate and up to date.

Medicines that required cool storage were stored appropriately in a refrigerator which was within a locked room. Refrigerator and room temperatures were appropriately recorded. These temperatures need to be recorded to make sure medicines are stored within the recommended temperature ranges.

The provider had completed medication audits. These were robust and where issues were identified there was an action plan in place to address the issues.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. A person told us, "When I first came in I was frightened and used to cry; now I'm fine thanks to them [staff]." Another person told us, "There are happy staff so we are happy." Another person told us, "Staff are well trained and very good."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff mandatory training was up to date and where refresher training was due, it was booked. Mandatory training is training that the provider deems necessary to support people safely. A family member told us, "Training must be first class, otherwise he wouldn't be here. There are no issues, no issues whatsoever." A staff member told us, "[Training is] really, really good. If we say we want to do things they [registered manager] sort it, they will source training."

People's needs were assessed before they started using the service and continually evaluated in order to develop care plans. This ensured that staff could meet people's needs and that the service had the necessary equipment to ensure the person's safety and comfort.

Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. For example, one person's nutrition care plan contained guidance to staff on cutting up the person's food as they were only able to use one hand. Another person's nutrition care plan contained guidance for staff to offer the person a healthy well balanced, low sugar diet to reduce the person's risk of developing complications associated with diabetes. Kitchen staff were aware of people's dietary needs and appropriate risk assessments were in place. People and family members we spoke with told us the food was good and nutritious.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions mental capacity assessments and best interest decision meeting records were available. DoLS had been applied for people where appropriate and CQC had been

notified of any authorisations. People's capacity and ability to make specific decisions was documented in their care records and staff were trained in the MCA and DoLS.

Care records showed that people had given consent to their care and treatment, for health and social care professionals to view their care records, and photographs.

Some of the people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date and showed the person who used the service and their family members had been involved in the decision making process.

People who used the service had 'Hospital passports' in place, had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to provide hospital staff with important information about them and their health if they are admitted to hospital. Care records contained evidence of visits to and from external specialists including GP, hospital appointments, advanced nurse practitioners and respiratory specialists.

The premises was appropriately designed for the people who used the service. Some of the people had a dementia type illness and appropriate dementia friendly signage was in place. Carpets were plain, not patterned, and clear from obstruction. On the first floor dementia unit we saw bathroom and toilet doors were painted in a bright blue colour. Bedroom doors included the room number, person's name and a photograph of the person, and other photographs they had chosen such as family members, activities and favourite places. Walls were attractively decorated with paintings, photographs of local landmarks and a large seaside mural. This meant the service had incorporated dementia design into the home.

Outstanding ☆

Is the service caring?

Our findings

Without exception, people who used the service and family members told us staff were extremely caring. A person told us, "The staff, let's call them friends because that's what they are to me. They are so jolly and jovial that they have brought me out of myself as I can easily get a bit down." Another person told us, "The atmosphere is brilliant here." Another person told us, "I was a bit insecure when I first came but the staff soon sorted me out. The staff are very helpful and will do anything for you." A family member told us, "We are so happy with her 24/7 care that we sincerely believe that if we hadn't brought her here she would have passed away by now. I can't praise them enough." Another family member told us, "It's very good care here, they give her cuddles and hold her hand."

We spoke with the registered manager about a person who had a social anxiety disorder and didn't socialise or communicate very well with other people at the home. The registered manager had thought of ways of helping the person increase their social skills and activity levels. The registered manager had asked the person what they thought of the décor of the main dining room and lounge on the first floor. The registered manager gave the person a paint colour booklet so they could choose the colours. They had decided on a 'shabby chic' look for the room and supervised the maintenance staff paint the room. The registered manager showed us a beautifully decorated and furnished small lounge on the first floor and explained the person had also designed this room, choosing a sideboard that the activities coordinator and maintenance staff went out to buy. Evidence of this was included in a booklet the service had put together for the person, including photographs of them looking at colour charts and making flower arrangements. The person had commented, "This was a lovely way to spend a morning. I loved making the flower decorations." The registered manager told us the person now took part in bible group meetings and was always coming up with new ideas for the home.

Staff had identified people with communication needs or who required additional social stimulation. They took the time to visit people in their rooms and engage in activities or conversations of the person's choice. One person told us, "Things are great, they do my hair and my nails and as I'm quite nervous they are constantly asking how I'm doing and come and have a chat." A family member told us about the support their relative received with their communication and social needs. They told us, "Even though everyone is busy, they still manage to find time to talk to her and cheer her up." Communication support plans were person-centred. We saw specific information for staff to follow in relation to how they engaged with people. For example, one person's communication support plan contained guidance for staff to clean their glasses daily and more often as needed and for staff to speak slowly and clearly giving the person time to reply. Another person's support plan informed staff to check the person's hearing aids before putting them into their ears to ensure they were in good working order, and as the person had had cataract surgery and wore tinted glasses staff were to ensure the person's glasses were cleaned.

A family member had written to the service to thank them for the care they had provided to their relative. The service had arranged for a plaque to be placed on the person's favourite chair in their memory. The family member had commented, "It was absolutely lovely and we appreciate all the organising that went into making it a memorable day." Another family member had written to the service saying, "Thank you from

the bottom of my heart for the care and attention you gave to [family member]. It gave us our life back just knowing that [family member] was cared and loved by so many of you."

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had independent advocates. The registered manager told us about a person who needed to go into hospital for an operation. The person told staff they had relatives who had never visited. With the person's permission, the registered manager used social media to find one of the relatives and they visited the home. Other members of the family subsequently visited the home, giving comfort to the person and it also meant the person did not need an independent advocate.

We observed and heard many examples of the caring nature of staff. For example, we overheard a staff member say to a person, "There's your cup of tea [name]. Are you warm? Would you like the window open?" During our visit it was the home's Christmas party and everyone was asked if they wanted to go. Most people went to the church hall where the party was being held but some chose to stay behind. Additional staff had come in on their day off to attend the party and help support those who were staying at the home. Staff had wrapped up presents so that less able people could give them to their families. At the Christmas meal we observed staff were patient and caring, prompting people. For example, one staff member said, "See if you can eat that full dinner for me." Another said, "We'll have a little Christmas dinner, just you and me." Another said, "Just eat what you can."

Staff were sensitive to times when people needed caring and compassionate support. We observed how carefully staff put people into the mini bus for the Christmas party, reassuring them all the time. Staff recognised distress and discomfort at the earliest stage. For example, at the Christmas party we observed one person, who was being fed by her family member, suddenly became distressed but the activities coordinator held her hand and stroked her shoulder whilst talking to her and she calmed down immediately. Another person wanted to get up and walk around. Again, a staff member calmed them down as they were agitated and guided them back to their seat where they prompted them to continue eating.

The caring and fun nature of the staff was also observed at lunchtime at the home. For example, "The dinner is on the way, the problem was they couldn't catch the turkey!" Another staff member said to a person who was laughing, "What's tickled your fancy? What's made you laugh? And then the staff member gave the person a cuddle." We observed staff getting people ready to go to the Christmas party. Staff spoke with people in a very person-centred way. For example, "You're looking gorgeous", "You're as smart as a carrot", "I'm loving your jumper", "Sweetheart can I pop your feet on those footplates", "You're looking lovely" and "Hello handsome." A person was getting upset because they'd lost their blanket. A staff member reassured them and said, "They'll find your blanket, I'll look everywhere for it and will help you with everything."

We asked staff what was the best part of their job. One told us, "The residents because they're all different and they've allowed me to be part of their journey and it's lovely to see them smile."

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. We saw staff knocking on bedroom, bathroom and toilet doors, and asking permission before entering people's rooms. A person who used the service told us, "I keep my dignity when having a shower. They always knock and I do the parts I can reach and they do the rest." Another told us, "Staff are respectful. They don't just walk in." Another said, "Two carers take me to the toilet and see to it that I'm covered at all times for my dignity."

Two staff members were dignity champions. We discussed the role with one of them. They told us they had received additional training and helped staff see things in a different perspective rather than a nursing perspective. They gave the example, "If someone wants a pint of beer, why not?" Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Care records described how people were supported to be independent. For example, "[Name] independently goes to bed at 8pm", "[Name is independent but may require prompts in unfamiliar surroundings" and "[Name] is independent with washing and dressing." We observed how staff supported people to be independent where possible. For example, when mobilising, eating and drinking, and getting themselves ready to go out. This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

Staff helped people express their views and people's preferences were clearly documented in their care records. For example, one person had a preference for female staff. Staff were directed to support people in making choices and respecting their decisions.

People were supported with their religious and spiritual needs. One person told us, "I'm a Catholic and they are getting someone from the church to come and say hello and give me Holy Communion."

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Outstanding ☆

Is the service responsive?

Our findings

The service was extremely person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. A person who used the service told us, "I don't think things could get better than this. The girls [staff] are brilliant." A family member told us, "I can't believe the improvement in my [relative], it's a weight off my mind knowing that [relative] is being looked after so well. You can't improve on it." A letter from the local GP practice stated, "The team are dedicated to ensure their residents are always their first priority and their comfort, health and care is foremost in their minds."

The provider had innovative ways of protecting people from social isolation. The registered manager showed us and told us about the Amazon Echo devices they had bought for the home. This had been as a result of conversations with some of the residents who had a dementia type illness. People had talked about their interest in sixties music and the devices enabled people to listen to whatever music they liked at any time. As the home had wireless broadband throughout, the registered manager installed the devices around the home. They told us they had plans to sign up to the 'Audible' service that would provide talking books for the less able people. They also told us it could be used as a therapeutic tool that people who were bed bound could operate by voice command.

A staff member told us, "They [registered manager] will get them [people who use the service] whatever they want and they get people stuff that I didn't think was possible. For example, a caravan for a week and every resident gets to go. Some residents, such as [name] likes swimming, and from this [name] now goes to the local swimming baths. They make residents feel like they're going somewhere special." We discussed the caravan with the registered manager. They told us they had visited first to ensure it was suitable for the people who used the service, there was disabled access and it was close enough to the home so people could return in case of emergency.

People had detailed activity support plans in place. One person's plan detailed that they loved to listen to music and adored Elvis Presley. The plan described how staff could support them with putting on their television or music. The plan also stated they required encouragement to join in with the 'sit and be fit' activity, and staff should encourage them with this. Another person's activity support plan how they recently had been supported by staff to visit Blackpool for three nights, which was their "aspiration", and they had thoroughly enjoyed it.

The home had a weekly activities timetable and included several external outings. We spoke with the activities co-ordinator, who told us of the events they organised at the home such as bingo, movies, baking and crafts. They also told us they "took people out a lot." They showed us a daily record of care that they had for each person stating their likes and dislikes. They told us that for the people with severe dementia, they arranged hand and head massages, and coffee mornings. In the new year, they had plans for virtual reality reminiscence glasses for people to try. These allow people to take part in fun activities that spark positive memories and emotions. They also told us they liked to bathe people as it was "truly one to one time and you can talk and sing to them and have a lovely time."

Staff went the extra mile for people they supported and to find out what they had done in the past. It had been identified that one of the people who lived at the home had served in the armed forces. A staff member decided to do a sky dive in honour of the person and had raised the money to do it. The home held a Help for Heroes charity day that was well attended by the local community and a local person provided a tank that was parked outside the front of the home!

One of the nurses at the home was the provider's current nurse of the year and had been put forward for the National Care Awards, where they won the national nurse of the year award. The National Care Awards recognise excellence in the care industry. The award was in recognition of the nurse's "outstanding clinical and managerial qualities" and "high level of dedication". The nurse was recommended for the award by a family who had described in detail the moving impact and great relationship the nurse had with their relative and the family as a whole.

The service provided outstanding end of life care to ensure people's end of life was as comfortable, dignified and pain free as possible. Staff had completed specific training in end of life care and support plans were in place for people, which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected. For example, one person's end of life care plan detailed that their preference was to be nursed in the home when coming to the end of their life, they would like to be kept pain free and comfortable, they would like to see their priest and would like their family member to be present.

We discussed end of life care with staff. One staff member told us, "It's [end of life care] fabulous. We're all palliative care trained, we can all use syringe drivers, and we've all completed verification of death training. We pride ourselves in also caring for the person's loved ones and offer support and bereavement counselling services to them, and we're always at the other end of the phone. We give them a follow-up call and as a team we like to offer our support. We all have different skills and can offer something different. We go through the palliative care plan at the beginning when a person comes in and we ask them to add to it after."

The service had innovative ways of involving people. For example, in making improvements to the home. The registered manager told us about the bar area that had been identified as being "a bit dated". The registered manager had asked people whether they had any suggestions as to how the bar should look and what they would like. They then discussed the ideas with the relative of a staff member, who was an artist. The artist provided some ideas that the registered manager discussed with people at residents' meetings. People chose a display that was a painting of mine tunnel, which was painted by the artist. Staff told us people got a lot of pleasure out of the new display and the registered manager told us, "It brings the local heritage back into our home."

Care records were reviewed and updated at least once a month to ensure they contained relevant information, and were reviewed annually. Each person's care record included important information about the person, such as next of kin, medical history, diagnosis and details of their personal background, family and friends, and interests. We saw these had been written in consultation with the person who used the service and their family members.

People received personalised care that was responsive to their needs. Individual support plans were in place and included physical well-being, eating and drinking, mobility, communication, personal care, activity and social care, and end of life care. These described people's ability in the area and the support they required from staff. For example, some of the people living in the home were at varying risk of pressure ulceration. Assessments had been carried out to identify which people were at risk of developing pressure ulcers and

preventative pressure relieving measures were in place for those people who required them. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin. We saw the system that was in place if people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity. There were body maps in place to record any bruising or injuries sustained by the person.

Recognised tools such as the Waterlow pressure ulcer risk assessment and Malnutrition Universal Screening Tool (MUST) were used, which helped identify the level of risk. The Waterlow scale is used to assess people's risk of developing pressure sores. Assessments were regularly reviewed and updated to ensure they reflected people's current level of risk.

Daily communication notes were kept for each person. These contained a summary of support delivered and any changes to people's preferences or needs observed by staff. This helped ensure staff had the latest information on how people wanted and needed to be supported. Handover records showed that people's needs, daily care, treatment and professional interventions were communicated when staff changed duty at the beginning and end of each shift.

The provider had an effective complaints process in place. The complaints procedure was available to view on the foyer wall. There had been two formal complaints recorded at the service in the previous 12 months and we saw these had been dealt with appropriately. None of the people we spoke with had a complaint about their care but if they did they told us they would go to see a staff member and it would be sorted out. A family member told us, "I can't complain about anything. If I did have any complaints and I don't, I would see a staff member, they are always talking to me."

Outstanding ☆

Is the service well-led?

Our findings

The service was exceptionally well-led. A person who used the service told us, "They [registered manager] make constant checks. They [staff] are angels. I would give them top marks for everything. I don't think you could get better staff." Another person told us, "I've only had one complaint in all of the time that I've been here and that was when my trousers came back from the laundry and they were 'shiny'. I only mentioned this to the manager and she took me to buy two pairs of brand new trousers, not one. Marvellous, just marvellous!" A family member told us, "I think it's very well managed and [registered manager] is very approachable." Another told us, "It's well managed, everyone is nice and will help any way they can."

Staff told us they received exceptional support from the registered manager. One staff member told us, "They [registered manager] are very good, very resident orientated. They go out of their way for them to feel special. They've done that much it's amazing. Their door is always open, they make the home very welcoming." Another staff member told us, "The manager's always 20 steps ahead!"

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered at the service since 2014 and during this time had focussed on developing a strong and visible person-centred culture in the service.

The registered manager continually strived to develop their knowledge and skills, and shared this learning with staff to ensure continuous improvement across the staff team. For example, the registered manager sourced a training initiative on the 'Focus on undernutrition' via a local NHS foundation trust. The registered manager and a member of the catering team attended the training to support and develop their skills and knowledge in promoting nutrition, and to ensure they were kept up to date with best practice. This learning was shared with staff to ensure people were fully supported with their individual nutritional needs, resulting in a reduction in weight loss for people at risk.

The registered manager enrolled on a clinical skills course at Teesside University, which led them to carry out research regarding sepsis. They researched ways of early detection for the condition and sourced an electronic application to support with this. The registered manager piloted the application known as NEWS (national early warning score) in the home. Having evaluated and recognised the effectiveness of using this application, they decided to roll it out to staff at the home. The provider told us the impact of using this application had increased staff confidence and knowledge in relation to sepsis and enabled a more effective, timely responsive approach in terms of medical intervention. The provider also told us the use of this application had reduced unnecessary medical professional visits and hospital admissions as staff were able to converse effectively and relay relevant and accurate information to support medical colleagues to advise on treatment more swiftly and decisively.

The registered manager prepared a presentation for lecturers at Teesside University to outline the benefits of the implementation of the application and the university asked the registered manager to write an academic paper on the subject. We saw correspondence from Teesside University that stated, "Whilst

undertaking the Fundamental Clinical Skills module at Teesside University, [registered manager] adapted and implemented the use of the National Early Warning score with the home and was able to demonstrate how this had made a big difference to the residents and the staff within the home. [Registered manager] was very keen to adapt new ideas to improve the care of the residents in the home."

The registered manager researched local events and training regarding oral health. They attended an 'Oral health symposium' held by a local NHS foundation trust. The focus of which was to promote oral hygiene particularly when people were unwell or had difficulty using, or preferring not to use, a toothbrush. Following the symposium, the registered manager cascaded the training to staff and contacted other local organisations to secure additional training and develop oral health champions at the home. The registered manager also sourced specialist mouth wipes for people to use to improve oral health.

The registered manager worked in partnership with external professionals such as the clinical commissioning group (CCG) and NHS foundation trust, as evidenced above, to develop and improve outcomes for people who used the service. The service had excellent links with the local community. The registered manager attended local meetings to ensure they were kept up to date with local events. The local Mayor supported the home with volunteer work and people were supported to attend local events and community groups. These included visits to a local café and activity centre, visits to other care homes, visits from a bible reading group, coffee mornings and events in support of charities.

A statement from the Mayor included, "I've had the privilege to help as a volunteer and cover bus driver with all the wonderful staff and clients at Jack Dormand this last year. I feel the staff go above and beyond their duties, it's like a big family unit, a labour of love" and "[Registered manager] supports all these integrated activities and as acknowledgement of the amount of community activities we engage with I presented them with a cheque from my mayoral charity fund in 2016."

The registered manager told us that although the provider was a 'corporate brand', the provider gave them flexibility to manage and run the home. For example, to vary staffing levels and arrange specific activities.

The service had a "One team" approach. This meant all staff were involved in supporting people, for example, at meal times, with activities and during planned holidays. We saw evidence of this at the home's Christmas party that took place during our inspection visit.

'Kindness in Care awards' were presented to staff to recognise and celebrate the efforts they had made and the impact they had upon the lives of people, their families and other staff. Four members of staff had received this award. A senior care staff member who had worked at the service for 29 years was the provider's current care staff member of the year. They showed us around the home and were visibly proud of the home and the staff that worked there.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. Governance was well embedded in the service and systems were in place that continuously assessed and monitored the quality of the service.

The registered manager carried out a variety of audits at the home. These included medicines, health and safety, catering, dignity in dining, and infection control. These formed part of the provider's quality assurance procedure. The provider carried out bi-monthly visits to the home that looked at all aspects of care, staffing and management. Peer visits took place by managers of the provider's other homes and an internal inspection and self-assessment tool was completed.

The registered manager carried out twice daily walk-arounds of the home and held a daily meeting with heads of department to discuss any issues and receive updates on the service.

The service had a 'Resident of the day' system in place. This focussed on the specific review of one person's care and support needs, in addition to the formal review process. This involved liaising with health care professionals and staff at the home to ensure care and support was being delivered in line with expectation.

People, family members and visitors were provided with several ways of feeding back on the quality of the service. 'Residents' and family meetings' took place every month. The registered manager held surgeries every Wednesday evening and an additional surgery one Sunday per month for those who could not attend on a Wednesday. A notice on the lounge window stated the manager was available Monday to Friday, 9am – 5pm and their door was "always open".

An electronic 'Have your say' feedback station was available in the foyer and an annual survey was sent out to family members. Analysis was carried out of all the survey results and fed back to people and family members via the 'You said' and 'Action we have taken' process. For example, a family member had commented that the food didn't look appetising. The registered manager had responded by saying a new menu had been introduced and people's views and preferences had been sought. Comments from the family members' survey included, "I have a peace of mind knowing my [family member] is in good hands and getting the care she needs and all staff are lovely caring people", "I am very happy with how the care home is run and pleased with the care and love given to my [family member] at the home" and "It was really for me to come to terms with my [family member] going into care. It has been easier as the manager and the staff are kind and thoughtful, they give 100% and make you feel welcome at all times".

The home was highly recommended on the care home review website; carehome.co.uk. A recent comment stated, "In my opinion, this is probably the best run care home in the country, with the best care and staff there is. With plenty of activities for residents to participate in on a regular basis. There is a very pleasant and welcoming environment when you enter the premises. The premises are also very clean and tidy."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.