

Community Homes of Intensive Care and Education Limited

Bramerton

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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Bramerton is a residential care home. It provides accommodation and personal care for up to 11 adults living with learning disabilities or autistic spectrum disorder. At the time of the inspection there were 11 people living at the service.

People's experience of using this service:

The service effectively applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service lived as full a life as possible and achieved the best possible outcomes, that include control, choice and independence.

People and relatives consistently praised the exceptional and distinctive way the home was managed. People, relatives and staff overwhelmingly told us they felt their opinions and ideas mattered, which made them feel valued and part of something 'special'. The management team and deputy manager consistently motivated and inspired their staff, which had resulted in exceptional staff morale and very high levels of staff satisfaction. Professionals consistently described the home managers as excellent role models, who led by example and continually strove for excellence.

Governance and quality assurance were exceptionally well-embedded within the service. Quality assurance surveys were overwhelmingly positive.

The service had a track record of being an excellent role model for other services within the provider's care group. Professionals consistently praised the registered manager for the "meticulous attention to detail" within people's care records.

The service provided exceptionally responsive, person-centred support to people.

Excellent consistency and continuity of care provided by a stable staff team had a positive impact on people's quality of life.

People consistently experienced exceptional person-centred care, which has significantly reduced the level of behaviours that may challenge others, the incidence of self-injurious behaviour and the level of prescribed medicines to control people's behaviour.

Visiting professionals consistently told us that the service was focused on providing person-centred care and support, which achieved exceptional outcomes for people.

Staff were particularly skilled at helping people and their families to explore and record their wishes about care at the end of their life, which made them feel empowered, valued and listened to.

People were supported by a stable core staff group who were kind, caring and inspired by their manager to deliver high quality, personalised care.

People were protected from discrimination, neglect, avoidable harm, and abuse by staff.

Staff ensured the human rights of people who lacked a voice, were upheld and respected.

Risks to people's safety had been identified and assessed. Staff followed people's risk management plans to keep them safe.

Staff felt valued and respected by the management team, and consistently demonstrated high levels of

morale.

Staff had the required skills to meet people's needs effectively, which led to successful outcomes for people's care and support and promoted their quality of life.

People's care plans were comprehensive, providing staff with the required information about people's needs and how to meet them.

Rating at last inspection:

At the last inspection the service was rated Good (13 October 2016).

Why we inspected:

This was a planned inspection to review whether the service remained good.

Follow up:

We did not identify any concerns at this inspection. We will therefore aim to re-inspect this service within the published time scale for services rated good. We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Bramerton

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Bramerton 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. We looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we looked at information we held about the service.

We asked the provider to complete a Provider Information Return. This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed the notifications received since the last inspection.

We contacted local authority teams engaged with the service, including clinical commissioning groups, continuing health care groups, the local fire authority, police service and environmental health for information to aid the planning of our inspection.

During the inspection:

We communicated with eight people living at Bramerton.

We spoke with the registered manager, the deputy manager, the deputy manager, assistant manager, an assistant regional director, the cook, housekeeper, activities coordinator, seven staff, including an agency support worker.

We observed care and support people received in the shared areas of the home, including the preparation and consumption of lunch.

We looked at 11 people's care records, seven staff recruitment and training files, the provider's policies, procedures, quality assurance systems and other records demonstrating how the service was managed.

After the inspection site visit:

We spoke with five relatives of people who use the service and six health and social care professionals who support people living at the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe and trusted the staff who supported them.
- One relative told us, "They [staff] have worked wonders. Bramerton is his [loved one's] castle where he feels happy, content, safe and secure." Another relative told us, "The managers [named] are excellent and lovely with it, and some carers [staff] have been there years and years, which stops him [loved one] worrying."
- Staff completed safeguarding training, which was refreshed regularly to maintain their knowledge and to update them on any changes in guidance.
- Staff knew how to recognise and report abuse. One staff member told us, "The training was very good it really emphasised safeguarding is everybody's business, See it; Stop it; Report it."
- The provider worked effectively with other professionals and relevant authorities, to make sure people were protected from abuse and avoidable harm. For example, the home had a joint protocol with the local police, who visited the home to support staff deliver messages about keeping safe.
- The provider also supported people to complete first aid and safeguarding training to meet their individual needs.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been identified and assessed. Staff followed clear guidance manage these risks safely.
- Staff could explain how they minimised risks to people's health and well-being. For example, the support people required to avoid choking and the risks associated with dehydration.
- Risk assessments were reviewed regularly with people's relatives and advocates, which ensured they were up to date and accurately reflected people's changing needs.
- Staff supported people to remain safe whilst maintaining their freedom and giving them choices.
- Some people living in the home lived with severe learning disabilities and some lived with autism spectrum disorder and associated behaviours which may challenge. People had detailed positive behaviour support plans, which detailed a proactive approach to keep people and staff safe.
- Staff worked with people, their families and community learning disability teams to look at how they managed risks to themselves and to others.
- Arrangements were in place to keep people safe in foreseeable emergencies.
- Fire systems and equipment were monitored and checked. Staff and people took part in regular safety drills. For example, there were weekly fire drills and safety checks and an emergency evacuation procedure was completed monthly, to ensure staff knew how to evacuate people quickly and safely if required.
- The provider effectively operated systems to review the safety of the building and equipment. For example, the provider took swift action to address an identified risk in relation to asbestos.

Staffing and recruitment:

- People, relatives and professionals consistently told us people experienced good continuity and consistency of care from regular staff who knew them well.
- The provider had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances.
- The provider checked prospective staff's conduct in previous care roles and their right to work in the UK. Where necessary the provider had completed risk assessments to assure that applicants were suitable to support people living with a learning disability.
- Recruitment interviews involved people using the service, who explored assessed if candidates would be a good fit with people living in the home.
- The registered manager completed a daily staffing analysis which ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. This was confirmed in staff rotas.
- During our inspection, whilst the home was exceptionally busy, there was a calm, unhurried atmosphere, with enough staff to support people to do things they wanted to do.

Using medicines safely:

- The provider's policies and procedures provided clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff competency to administer medicines was assessed regularly by the registered manager, to ensure their practice was safe.
- Staff clearly understood their role and responsibilities in relation to each person's medicines.
- People's ability to manage their own medicines and their capacity to understand what their medicines were for was assessed and support plans reflected this.
- Staff had received additional training in relation to supporting people living with epilepsy and how to manage and administer their emergency medicines if required. Medicines were booked in and out effectively, in accordance with the provider's policy and national guidance, when people were supported in the community.
- There were regular audits to review records to look for any medicines administration errors and these were reported.
- Two staff were present when administering medicines to check prescriptions against medicines given to reduce the risk of error.
- Where people had as required (PRN) medicines, for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and how to record their use.
- Records demonstrated that people has received their medicines as prescribed, in a way they preferred, in line with their medicine management plans.
- Medicines management at the home had been subject to audit by an external pharmacist. The pharmacist made positive comments regarding the safe management of medicines at the service.
- The service had recently changed their supporting pharmacy and had implemented a new administration system. Staff told us they thought the new system was more effective and would reduce the incidence of administration errors.

Preventing and controlling infection:

- The service was clean, tidy and hygienic. Staff maintained cleaning schedules to demonstrate that daily, weekly and monthly tasks had been completed.
- Staff completed relevant training in infection control and food hygiene.
- We saw that staff followed the required standards of food safety and hygiene, when preparing or handling food.
- Staff had access to personal protective equipment, such as disposable aprons and gloves to use when

supporting people for the purposes of infection control and prevention.

Learning lessons when things go wrong:

- The registered manager had developed an open blame-free culture, where staff were actively encouraged to report incidents.
- All accidents and incidents were recorded and reviewed daily by the management team.
- The registered and deputy manager took prompt action to implement the required learning identified from accidents and near misses. For example, devising risk management plans to support people to access the community safely and improved medicine administration processes to reduce the risk of errors.

Is the service effective?

Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Care and support plans considered all aspects of people's lives, clearly detailing their needs and how they wished to be supported.
- A relative told us, "They [staff] are very good at keeping me informed and always want to know my opinion. It does feel like we are all pulling together to give [loved one] the best life possible."

Staff support: induction, training, skills and experience:

- Staff were supported to develop and maintain the required skills and experience to support people effectively and safely through the provider's training programme.
- Staff had worked with healthcare professionals to provide individualised support for people who had complex needs. For example, personalised support to meet people's mobility, communication and behavioural needs, including intensive interaction and strategies for crisis intervention and prevention.
- The provider had a multi-disciplinary Positive Behaviour Support Team (PBST) which provided prompt intervention and guidance for staff about how to support people presenting with behaviours which may challenge.
- Staff consistently told us they received regular supervisions and praised the support they received from the management team.
- Staff told us their training had fully prepared them to meet people's needs.
- Staff underwent a thorough two-week induction programme, which included periods getting to know the person and shadowing an experienced colleague.
- The registered and deputy manager operated a competency framework to ensure staff delivered care in line with their good practice and training.
- Staff were motivated and supported by the provider to develop their skills and achieve further qualifications relevant to their roles.
- The registered manager effectively operated a system to monitor staff training, supervisions and appraisals, which was up to date at the time of inspection.
- Staff consistently praised the deputy manager for their support and guidance in relation to the implementation of a new medicines management system.

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

- Staff ensured people received enough food and drink to meet their needs.
- Staff supported people to make healthy choices about what they ate and drank to improve their diet, which had a positive impact on people's lives.

- We observed staff consistently protect people from the risk of poor nutrition, dehydration and choking by following the guidance in their nutrition plans.
- Staff could tell us about the unique needs of each individual and the support they required to maintain their health, for example; those who required support to eat more slowly or drink less.
- We observed staff regularly encourage a person to remain hydrated who did not drink and only took nutrition through pureed food.
- Staff promoted people's independence by supporting them to participate in preparing some of their own meals.

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

- People and relatives consistently told us that staff quickly provided assistance when needed.
- There was a low staff turnover which meant that people experienced consistent care from staff who knew them well.
- Staff promptly referred people to other healthcare services if they had concerns and worked effectively with other agencies, including social services, case managers, and healthcare professionals.
- Staff engaged with healthcare professionals to ensure people had the required equipment to promote their safety, independence and meet their health needs.
- Healthcare specialists consistently told us staff effectively followed their advice and guidance to ensure people's support met their needs.
- People were supported by staff to arrange and attend health care appointments.
- Each person had a health action plan which reflected the support they required to maintain good health and wellbeing, including an annual health check, in line with best practice for people with a learning disability.

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

- The provider had created a safe environment at Bramerton, where people were supported and encouraged to move about freely.
- People and their representatives were involved in decisions about the premises and environment.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

- The service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and any conditions on such authorisations were being met. The provider had recorded regular requests for updates from the relevant bodies where the grant of authorities had been delayed.
- Throughout the inspection we saw care staff asking for people's consent and offering them choices and options.
- People were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Capacity assessments considered specific decisions people needed to make about their care and treatment and detailed how decisions about capacity had been made.
- Where decisions were required in people's best interests, these included the least restrictive options for

people, involved those important to them and considered any relevant past or present wishes.

- We spoke with a DoLS assessor who praised the staff for their commitment to upholding and protecting the person's human rights and ensuring any conditions were complied with.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People consistently told us they were very happy living at Bramerton, which was their home. One person told us, "I like it here because everyone is kind and [named staff] are my friends and help me to do things."
- People with limited verbal communication showed us they felt well cared for. For example, we observed people regularly hugging staff, laughing and smiling, making gestures to demonstrate they were happy, such as putting their thumbs up.
- Relatives told us their loved ones experienced good continuity and consistency of care from regular staff, with whom they shared a special bond.
- People experienced close relationships with staff and communicated in ways which were meaningful to them. Staff spoke with warmth and affection about the people they supported.
- Some people living at Bramerton were unable to tell us about their experience of living at the home. However, family members, advocates, care managers and visiting health and social care professionals, described the provision of support by staff to be very caring and compassionate.
- One relative said, "The manager and staff have worked wonders. They are so understanding and intuitive. They know what he [loved one] wants and make things possible."
- Staff had completed equality and diversity training and knew how to care for people's emotional and spiritual wellbeing, in line with their wishes.
- Staff spoke with pride and affection about people they supported. Comments from staff included, "The last time I had a holiday I was moved to tears when I returned. As soon as I walked in [named person] was beaming and shouting, 'you're back, you're back' as he gave me a big bear hug. He was so happy. It was so humbling" and "I love it here. I could never leave. I just feel so privileged to work here. It is a real joy to be here with the guys."
- The management team assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.
- Staff knew people's interests and preferences and supported them to access community activities of their choice, which enriched the quality of their lives.
- Visiting professionals consistently made positive comments, including "They [staff] are very caring towards their residents and they take the time to really get to know them all very well" and "I was struck by their [staff] warmth, level of knowledge and enthusiasm working with [person being supported]", "I was impressed by the safety and quality of care being provided by the home. He [person using the service] is well understood by the staff team]."

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

- Relatives told us they were fully involved in decisions about all aspects of people's care and support. One relative told us, "We are fully involved in all important decisions and are consulted about any changes. It is very reassuring knowing our opinion matters and is listened to."

- People were supported to make choices in ways which were meaningful for them. We saw that social stories had been created and successfully used with people to discuss areas including fire evacuation and discrimination.
- During our inspection, we observed people consistently making choices about how they wanted to spend their time. The management team and staff demonstrated high levels of commitment and flexibility to meet people's wishes, especially when people changed their minds at the last minute.
- Staff created social stories to enable people to understand and prepare for forthcoming events and activities, which reduced their anxieties and reassured them.
- Staff understood the different ways people wished to communicate and invested time to engage in meaningful interactions. We observed staff consistently communicating with people in the way they preferred in line with their communication plans.
- Professionals made positive comments confirming that staff treated people as individuals and respected their choices and decisions.

Respecting and promoting people's privacy, dignity and independence:

- We observed respect for privacy and dignity was embedded in the culture at Bramerton.
- People's representatives and staff felt respected, listened to, and influential in the development of people's care.
- People received care and support from a regular staff team which helped to promote people's confidence and independence.
- Relatives and professionals were impressed with the caring support people received at the home which they consistently attributed to the significant advances made by different individuals.
- Staff told us the management team allocated enough time for them to get to know people, which enabled them to understand people's care and support needs, wishes, choices and any associated risks.
- Staff consistently sought people's agreement before delivering any care, which we observed in practise.
- Staff treated people with dignity and respect, and maintained their privacy.
- Care plans contained detailed information to enable staff to respect and promote people's dignity.
- People's changing needs and current preferences were reflected in care plans, which staff reviewed regularly.
- Staff described how they supported people to maintain their privacy. They told us they made sure doors and curtains were closed and people remained covered whilst they were supported with their personal care.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

Is the service responsive?

Our findings

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

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Excellent consistency and continuity of care provided by a stable staff team has had a major impact on people's quality of life.
- People consistently experienced exceptional person-centred care, which has significantly reduced the level of behaviours that may challenge others and incidence of self-injurious behaviour. This has enabled people to access the community and take part in stimulating activities, which has enriched their life.
- Visiting professionals consistently told us that the service was focused on providing person-centred care and support, which achieved exceptional outcomes for people. Staff worked closely with the provider's Positive Behaviour Support Team (PBST), the NHS Intensive Support Team (IST) and Community Learning Disability Teams to support people whose behaviours posed a high risk to the staff and others. Staff supporting individuals had developed outstanding skills to support people's individual needs.
- For example, a person who experienced extreme behaviours that challenged staff and endangered their life, required frequent visits to the hospital. The provider successfully worked with a speech and language therapist to develop effective communication systems to support the person, including assistive computer technology. This system was tailored to meet their unique needs and enabled the person to communicate more effectively with staff, to understand what was happening and to make their own decisions. Due to the close bonds developed with staff and their skills, this person now rarely experiences behaviour which may challenge, does not engage in self-harming behaviour, can access the community safely and take part in activities which enrich their life. Staff no longer need to wear protective equipment whilst supporting this person, who now interacts safely with other people at the home. The intensive interaction and support provided by staff, following the guidance of professionals, has led to a dramatic reduction in this person's prescribed anti-psychotic medicines. Antipsychotic medicines help to regulate the functioning of brain that controls thinking, mood, behaviour and perception.
- Staff have continued to work collaboratively with IST who have helped to craft a 'Stay Well' support plan, to consolidate the excellent progress and outcomes achieved. Professionals consistently provided positive comments regarding the effective implementation of their guidance by staff.
- Analysis by the provider demonstrated that intense interaction and personalised care provided to people, had significantly reduced the experience of behaviours that may challenge across the service.
- Medicine administration records confirmed that people had consistently experienced a reduction in their prescribed anti-psychotic medicines. The management team and staff were proud of the service' achievements in relation to STOMP, which is a health campaign to stop the over-use of psychotropic medicines to manage people's behaviour.
- One relative told us how previous secure placements had continually failed to deliver responsive care that met their loved one's needs. They told us, "The [named managers] and care staff have been amazing. You

wouldn't recognise him [loved one] now. Before he was always lashing out and being restrained but [named manager and staff] are really good at listening and talking to him which calms him down and reassures him."

- People, their families, commissioners of their care and visiting professionals consistently described the responsive care provided at Bramerton to be outstanding. One person told us, "This is the best place for me. I love my home because [named staff] listen to me. Another person told us, "They [staff] don't tell me what to do. They talk to me and help me decide."
- Care and support plans were tailored to meet the needs of individual people and delivered in a way to ensure excellent flexibility, choice and continuity of care.
- People and relatives were fully involved in the planning of people's care and support. They consistently told us the registered manager was passionate about enabling people to have as much choice and control of their lives as possible.
- Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the service developed. The deputy manager was also a qualified trainer in relation to dignity and values and was the home's dignity champion.
- Staff spoke highly about the deputy manager's commitment to provide reflective practice sessions to discuss issues in relation to equality and diversity.
- Staff were aware of people's cultural and religious needs and effectively supported people from Jewish and Muslim backgrounds, and those with other beliefs. We observed the multi-cultural staff team worked in harmony to address the needs of people, creating a culture of respect for all.
- Staff made sure that people maintained relationships that mattered to them and encouraged family, community and other social links to protect them from the risk of social isolation and loneliness.
- For example, one person was being supported by staff with their grief in relation to recent bereavements, using social stories to help their understanding and provide reassurance and solace. This person was supported to make daily phone calls to their only surviving relative, who was now unable to travel. Staff had arranged to transport the person to see their loved one every fortnight.
- Another person was being supported by staff using social stories to understand and come to terms with the breakdown of a close family relationship. With support from PBST and IST, staff were sensitively supporting the person to make home visits to see their loved ones and explain the absence of others.
- Staff were extremely responsive and went the extra mile to support people's needs in relation to protected equality characteristics. For example staff volunteered to support a person throughout their admission to hospital with pneumonia and appendicitis
- Staff ensured they were present to reassure the person in this unfamiliar environment and undertook all of their personal care, support with nutrition and medicine administration. Staff supported the person to communicate with hospital staff and ensured they were treated with dignity and respect.
- The provider promoted the innovative use of technology to support people's independence and provide opportunities to carry out person-centred activities. For example, one person enjoyed nature walks but needed to walk behind staff members to reduce their anxieties. On one occasion this person managed to run away from the allocated staff. A thorough review and risk assessment was completed, in line with a best interest process, which now supports the person to access the community without any form of restraint, with a concealed tracking device. The service has an agreed protocol with the police should the person be able to run away from staff.
- Due to behaviours of some people, bedroom doors had coded locks, One person frequently required to spend time alone when they were becoming anxious but lacked the understanding and dexterity to operate a coded lock. This person was very active and repeatedly went up and down the stairs and rang a bell to indicate they wished to enter their room. The repeated activation of this bell increased the anxieties of other people. The registered manager, relatives and professionals explored other options and have now provided the person with a keycard which operates the door lock on their approach and departure.

End of life care and support:

- Staff were particularly skilled at helping people and their families to explore and record their wishes about care at the end of their life, which made them feel empowered, valued and listened to.
- At the time of inspection, whilst no-one at Bramerton required end of life care, relatives overwhelmingly praised the sensitive manner in which the registered manager had arranged meetings with them to explore their loved one's feelings and wishes. This included the use of individual social stories.
- The service was very responsive in enabling people and their relatives to engage with their religious beliefs and preferences at the end of their life. For example one person had decided that they wished to pay for another boat trip they had enjoyed with their friends at Bramerton, to celebrate their life.
- We reviewed one end of life care plan which provided comprehensive step by step guidance to ensure staff respected the traditions of their religion, including how to treat and dress their body immediately after their death. Staff fully understood essential steps required to respect the person's wishes.

Improving care quality in response to complaints or concerns:

- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.
- The registered manager demonstrated how they used investigations into concerns and complaints to improve the service, for example; safety measures implemented whilst supporting people to access the community.
- No formal complaints had been received since our last inspection
- People and their representatives were provided with a copy of the complaints procedure, which was available in an easy read format and displayed in a communal area.
- People's relatives and representatives were aware of the provider's complaints process and knew how to use it.
- The registered manager used feedback to drive improvements in the service.
- People and relatives consistently told us the registered manager worked hard to make improvements to improve the quality of people's lives.

Is the service well-led?

Our findings

Well-Led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff consistently placed people at the heart of the service and clearly demonstrated the caring values and ethos of the provider.
 - People and relatives consistently praised the exceptional and distinctive way the home was managed. One relative told us, "[Named manager and deputy manager] lead by example and are very hands on showing staff how to do things from their knowledge and experience. You can see the others [staff] are inspired by them and follow their lead"
 - The management team had cultivated an extremely open, inclusive and empowering culture. For example, the registered manager sought feedback from people, relatives and staff to create a 'shared vision' for the home, which everyone owned. People, relatives and staff overwhelmingly told us they felt their opinions and ideas mattered, which made them feel valued and part of something 'special'.
 - The registered manager and deputy manager consistently motivated and inspired their staff, which had resulted in exceptional staff morale and very high levels of staff satisfaction.
 - The open culture within the home had cultivated a 'can do' attitude amongst people and staff to achieve their ambitions. This had led to exceptional outcomes for each individual, which had a significant impact on their well-being and the quality of their lives. For example, one person who has lived at the home for many years, received exceptionally determined support from the provider and management team, with an incremental mobility support strategy. This strategy enabled the person to remain at the home he loved, amongst his friends. This included significant consultation with other people and their relatives and extensive building work, converting a ground floor lounge into a bedroom and wet room to accommodate their physical needs. Further work had also been completed to improve their access to, from and around the home. Extensive collaboration with occupational therapists and other healthcare professionals had additionally promoted this person's dignity, confidence and independence and provided opportunities for social interaction with his friends, which have enriched their life.
 - The strong team spirit within the home, meant that staff readily volunteered when there were emergencies or unforeseen circumstances. For example, one person was admitted to hospital requiring an urgent surgical procedure, where they also experienced pneumonia. The person was supported in hospital throughout this time by staff, who provided constant reassurance in the unfamiliar environment. This significantly reduced their anxieties and was a contributory factor in their improving health. Staff supported this person to eat and drink, and with their personal care and medicines administration, whilst in hospital. Staff also acted as the communication medium between hospital staff and ensured the person was consistently treated with dignity and respect.
- Staff readily volunteered to cover the shifts of the person's preferred staff who were providing continual care

and support at the hospital.

- The management of the service was highly intuitive and quick to respond to issues. The collective staff desire to provide the best possible care for people, frequently resulted in the early recognition of symptoms, when people's mental and physical health deteriorated. The management team quickly consulted the whole staff team to develop effective solutions. For example, one person had experienced escalating anxieties which led to frequent behaviour that challenged others and had a significant impact on their nutrition, weight management, incontinence, and their prescribed medicines. The management team quickly engaged psychiatric professionals and the provider's psychology and positive behaviour support team. The person's care plan was reviewed and an improved person-centred approach was used. This ensured they were treated as an individual with different choices, preferences and aspirations in life. This has resulted in an improved quality of life for the person, who experienced less periods of anxiety and seldom experienced behaviours that may challenge others, which has led to a significant decrease in the need for them to take prescribed medicines. This person now enjoys an improved social network and has much greater self-esteem and confidence.
- The management team understood the importance of creating and maintaining an inclusive culture. We reviewed evidence which demonstrated that staff with protected characteristics were valued and protected from bullying or discrimination.
- Relatives consistently told us that staff were always happy in their work, which created a friendly, positive atmosphere where people thrived.
- One staff member with experience of other providers told us, "The thing that made me realise this [Bramerton] is a great place to work was the amount of time that [named managers] spent with me taking me through everything. It made me feel special and that the home was special and every day I work here reinforces that."
- Another staff member told us, "You couldn't get better managers anywhere, you can go to them for anything and they have created such a sense of unity amongst everyone [people and staff] here."
- The service had a comprehensive staff development strategy, which set challenging objectives for staff to achieve their potential, which were realistic and achievable. For example, one staff member told us how they had been supported to significantly improve their knowledge in relation to the MCA. They were able to demonstrate how they had supported an individual through a best interests decision process, which enabled them to achieve an ambition and enrich their life.
- Without exception, staff told us the management team had cultivated a great team spirit, based on attentive listening, mutual respect and close collaboration.
- People, relatives and health and social care professionals consistently described the registered manager and deputy manager as excellent role models, who led by example.
- People experienced exceptionally personalised care from a stable staff team who were committed to ensuring they received care which was individual to them.
- Records supported a person-centred approach. Staff had an in-depth knowledge of people's history and things that were important to them, which enabled them to respond to them effectively.
- The registered manager understood their Duty of Candour, to be open and honest when things went wrong. For example, when accidents had occurred, they were dealt with in an open and transparent manner, in accordance with the provider's policies and procedures.

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

- Governance was extremely well-embedded within the service. The management team operated a robust monitoring and assessment programme. For example, the provider's Internal performance inspection demonstrated that the strong result of 89% compliance across all areas in November 2018, had increased to an outstanding level of 97% in February 2019, which had been sustained.
- The provider's performance management processes were extremely effective, reviewed regularly, and

reflected best practice.

- There was a clear management structure within the service.
- Rotas demonstrated there was always a designated manager available out of hours.
- The registered manager and staff clearly understood their individual roles and responsibilities, and how they needed to work together to achieve the best outcomes for people.
- The management team often worked alongside staff and monitored the quality of service delivery. This ensured people experienced a consistent level of support.
- Staff communicated effectively throughout the inspection in relation to people's changing needs and moods, to ensure they always received appropriate care and support.
- Health and social care professionals were impressed by the person-centred approach of the registered manager and had confidence in the staff's capability to deliver high quality care to meet people's complex needs.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- The provider maintained high levels of constructive engagement with people and staff, which ensured people experienced care from staff who were consistently striving for excellence.
- The management team were highly visible and readily approachable. They spent meaningful time with people, relatives and staff. This enabled them to seek feedback on a regular basis and involve them in decisions about any changes. People's views were listened to and acted upon.
- The registered manager recognised good work by individuals in supervisions, team meetings and One staff member told us, "The managers here make you want to come to work. They are so committed to people and giving them the best life, which rubs off on all the staff. It is so special here, I can't see me ever wanting to leave."
- Staff consistently told us that the registered and deputy manager actively encouraged them to discuss concerns and voice their ideas to improve the quality of care people received. We observed the management team were highly responsive to suggestions and ideas, for example; changing plans at short notice to accommodate people's changing needs and choices.
- Quality assurance surveys were used to obtain the views of people, their relatives and staff about the standard of care. These surveys were overwhelmingly positive. Service improvement plans were developed to ensure action was taken to drive improvements.
- The provider had suitable arrangements to support the registered manager, for example, through regular meetings with the provider's assistant regional directors, which also formed part of their quality assurance process.

Continuous learning and improving care:

- The registered manager consistently placed the views of people using the service at the core of their quality assurance processes. This was underpinned by a strong emphasis on striving for continuous improvement and excellence.
- For example, there had been a significant reduction since our last inspection, in all reportable incidents within the home, including medicine errors. This was based on the provider's robust monitoring process and a collective staff desire to improve.
- Ample evidence demonstrated that learning from concerns and accidents was a major factor to enable the registered manager to drive continuous improvement.
- For example, staff recorded accidents and incidents, which were reviewed daily by the management team and the assistant regional director. The provider fulfilled their responsibility to identify trends and the

management team took the required action to keep people and staff safe, by reducing the risk of repeated incidents.

- The registered and deputy manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented. For example, positive behaviour management plans.
- Staff received constructive feedback from the registered manager which motivated them to improve, enabled them to develop and understand what action they need to take.

Working in partnership with others:

- The service had a track record of being an excellent role model for other services within the provider's care group. Professionals consistently praised the registered manager for the "meticulous attention to detail" within people's "exemplary" care plans and applications for DoLS authorities. As such the registered manager has now been used in a consultative capacity to drive improvement in care planning across the provider's care group.
- Leaders, managers and staff strive for excellence through consultation, research and reflective practice. For example, the deputy manager delivers training and facilitates reflective practice at the home and within the care group. Staff feel their reflective sessions have enhanced the blame free culture within the home and have further encouraged openness and transparency in the interest of continued learning and development.
- The registered manager worked effectively in partnership with health care professionals from multi-disciplinary teams.
- This ensured people were integrated into their local community and had their health and social care needs met.
- People's relatives, care managers and supporting professionals consistently praised the registered manager for coordinating partnership working across different organisations.
- We saw evidence of collaborative working with learning disability teams, speech and language therapists and commissioners, throughout the inspection.