

Larchwood Care Homes (South) Limited

Badgers Wood

Inspection report

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Norwich
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Tel: 01603867247

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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

About the service: Badgers Wood is a residential care home that provides residential care and accommodation for up to 37 people. At the time of our inspection, 33 people were using the service.

People's experience of using this service: The service met the characteristics of outstanding.

- People using the service benefitted from an extremely well led and caring service. People and their relatives were placed at the heart of the service and involved at every level. People received exceptionally kind and responsive person-centred care from staff who were motivated and led to provide the best care they could.
- The registered manager and activities co-ordinator went the extra mile to promote intergenerational relationships and harvest the benefits these offered to enrich the quality of people's lives. People could regain a purpose and sense of contribution from this. The service worked hard to promote the value of people's identities and backgrounds within the local community, ensuring that this was celebrated and people still felt attached to it.
- People's independence and dignity were cornerstones of staff practice, staff understood how to support and enable individuals to maximise their potential, identifying new skills and being able to share these with people they met in newly formed relationships. People were encouraged to meet goals and regain independence when possible.
- Staff supported people to make decisions for themselves and frequently engaged with people about their wishes and preferences. People felt they were partners in their care and encouraged to make decisions about this. The service's vision and values promoted people's rights to make choices and live a dignified and fulfilled life. Staff understood how to make people feel valued.
- The service was led by a registered manager and management team that were committed to delivering a service which improved the lives of the people in fulfilling and creative ways. The leadership team encouraged and facilitated staff to go the extra mile in delivering care that made people feel special. Innovation, creativity and sharing ideas and best practice were common place, staff were regularly involved in local initiatives to trail blaze the best care and support.

Rating at last inspection: Good (Published July 2016)

Why we inspected: This was a scheduled inspection based on our previous rating.

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

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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Badgers Wood

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of older people.

Service and service type:

Badgers Wood is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from a clinical commissioning group and the Local Authority quality officers.

During the inspection visit we spoke with four people using the service and three people's relatives. We also

spoke with a community health professional and teaching staff from a visiting school. Staff we spoke with included:

The registered manager

The deputy manager

Two care workers

The cook.

The activities co-ordinator

We made observations of how staff supported people.

We looked at three people's care records. We also looked at other records relating to the management of the service including staffing, accidents and incidents, medicines and quality assurance.

After the inspection visit, we reviewed additional information that the registered manager sent us at our request, which were examples of events and initiatives that had taken place 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

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

Systems and processes to safeguard people from the risk of abuse

- Staff understood their roles and responsibilities in keeping people safe. They were trained and supported to meet people's needs.
- The service had raised safeguarding concerns appropriately when they were worried about people's safety.
- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.

Assessing risk, safety monitoring and management

- People told us that they felt safe using the service. One person said, "There's a lot of carers here, coming and going and keeping an eye on things 24 hours a day, I am well looked after."
- People's care records included risk assessments which guided staff about how the risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, choking, moving and handling and nutrition.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service. Equipment, including hoists, lifts, portable electrical appliances and fire safety equipment, had been serviced and checked so it was fit for purpose and safe to use. There was a system to reduce the risks of legionella bacteria in the water system.

Staffing and recruitment

- There was sufficient staff to meet people's needs. People told us that their requests for assistance, including when they used their call bell, were responded to promptly. One person told us, "There are lots of carers here and they move about, they don't stay in one place, they are always coming down the corridor and checking that I am alright." In addition to this, staffing was planned to ensure people could access activities and appointments. The registered manager was clear that having enough staff on duty went further than keeping people safe or providing task led care.
 - A dependency tool was used by the registered manager to calculate the number of staff required based on people's individual needs. The registered manager told us that this was reviewed regularly with systems in place to cover any unplanned staff absence such as sickness.
 - Systems were in place to check that staff were of good character and were suitable to care for the people who used the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people.

Using medicines safely

- Medicines were stored safely and securely in the service. There were procedures in place to ensure the

service did not run out of people's medicines.

- People said they received their medicines as needed. People were supported to manage their medicines themselves if they wished to and were able. People told us this promoted their independence.
- Staff were trained in medicine administration and their competencies were checked regularly to ensure they followed company policies and procedures.
- Regular audits and checks on medicines supported the registered manager to identify and address any shortfalls promptly.

Preventing and controlling infection

- The service was visibly clean throughout. Regular redecoration and modernization took place including installing flooring that promoted better infection control and cleanliness, but looked homely and not institutional.
- People were complimentary about the cleanliness of the service.
- Disposable gloves and aprons were available for staff to use to reduce the risks of cross contamination.
- Staff had received training in infection control and regular audits supported the registered manager to address any shortfalls promptly.

Learning lessons when things go wrong

- Accidents and incidents had been reported appropriately with action taken to make improvements.
- The registered manager carried out regular reviews of accidents and incidents in the service to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks. These were also monitored by the provider. Records we reviewed confirmed this.

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

Good: 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

- Prior to people moving into the service, a comprehensive needs assessment was undertaken by a member of the management team. This was done in consultation with people, their representatives and any appropriate health and social care professionals. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had so those needs could be met. Information for people, such as the list of activities available, were printed in accessible formats including large print where people required this. The sensory champion had sought guidance from the local blind association, which had supported them to meet people's needs who had a visual impairment.

Staff support: induction, training, skills and experience

- People told us that staff had the skills and knowledge to support them.
- The provider's induction procedures and ongoing training, provided staff with the skills and competencies to carry out their role effectively. This included training in people's specific needs, such as, dementia, pressure care and diabetes. All staff in a senior role at the service had completed 'Dementia Friends' training, a nationally recognised programme to raise understanding and awareness of supporting people living with dementia.
- Staff were provided with one to one supervision meetings. These provided an opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Staff told us that they felt supported and had received the training they needed to meet people's needs effectively and could undertake professional qualifications. A member of staff said, "We are always on training, we get group supervisions, the manager is always watching us and is on our backs to do things well! She does lots of training with us, she is helpful if we want support to know what to do if something is new."

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

- People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. One member of staff had been assigned the role of nutrition champion, this included reviewing the records of people who were at risk of not eating or drinking enough and acting where required. A relative told us, "[Family member] doesn't think to have a drink, even if it's in front of them. The carers will remind her and they know to do that."
- Most people were complimentary about the food they were provided with. People told us they always had choices of what they wanted to eat and the quality and quantity of food was generally good. There was a regular meeting attended by people, the cook and the registered manager to review the menu and make changes. We saw minutes of these meetings which also showed actions taken.

- People enjoyed a positive meal time experience with support provided by attentive staff where required. The registered manager told us they strove to make the dining room experience "Special" and had regularly reviewed the provision with people. Improvements had included providing staff with smart cloth aprons to serve people rather than blue plastic, expanding the range of crockery and cutlery to give more choice, and providing new table linen. The registered manager told us that they had seen improved results in people eating and drinking enough to stay healthy with the enhanced dining room experience.

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

- People were supported to maintain good health. They had regular access to relevant healthcare professionals and records were maintained regarding who had visited and any action taken. This included with the GP, Dentist or community Nurses. The registered manager had a strong relationship with the local surgery across the road.
- People and their relatives told us that staff were quick to act if they experienced a decline in their wellbeing. One relative said, "[Family member] was experiencing some pain in her side, the carers were quite concerned about it. I think they handled it well, they took advice from the doctor and called the paramedics." A visiting community Nurse told us, "The staff are very helpful, willing to help, and are prepared for you coming, they know the history of a person and are on the ball."

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

- The design and layout of the service had been adapted to meet people's needs. This included the extensive garden area which had been made accessible for people with mobility needs. People told us that this access was important to them, one person said, "The garden is very nice, I like to get out and have a walk. Last year, we had a hot summer and we spent a lot of time outside under big umbrellas. They gave us ice cream, it was wonderful."
- There were communal areas, such as lounges and a dining room, where people could meet with their friends and family, in private if required. One person who was using the reading room told us, "This room, I just love it. I sit here in this bay, I can look outside and it's peaceful and comfortable, it's my favourite place." We noted the reading room had additional spotlights over chairs and magnifying glasses available for people to use. Another room had been decorated in a retro 1960's style, with murals and paintings of Norwich City centre market place as it was then. Many people came from the local area, and this room could help people reminisce.
- Several areas of the service had items of interest to be explored, including old typewriters and radios, knitted hand warmers were placed in specific areas, as well as containers of wool; and needles, with a sign saying, "Help yourself".

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, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that staff asked for people's consent before providing any care or support.

- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.
- People's care records included their capacity to make decisions and any support provided to support people who lacked capacity, including decisions made with the appropriate professionals in their best interests. DoLS referrals had been raised to ensure any restrictions on people's liberty were lawful.

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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- The registered manager strove to provide the highest levels of care whilst ensuring people could maintain their independence, enjoy their lives and be free from loneliness and social exclusion. We observed staff to be exceedingly kind, caring and thoughtful. The service had identified that older men, had found moving to residential care isolating and worrying, and a difficult environment in which to share their thoughts about this. To counter this, the service had a staff member who was the homes 'older men's champion'. Their role was to spend time with people to explore ways to talk about or combat this, looking for ideas to improve wellbeing, self-esteem and promote personal interests for enjoyment. This scheme had a very positive effect for some people, for example through this work it was discovered that one person was a follower of a football club when they were young. The older men's champion did some research so they could talk about the players they were interested in from the 1970's. They also wrote to the club to ask for any information they could share about the club's history. This resulted in the club sending the person some signed artwork of their favourite player from their youth.
- Staff including managers viewed people as partners and influencers of the care that was provided. We saw a wall display from an initiative where by people and staff worked together to form a pledge. This detailed what people wanted the staff to be for them, and how staff would try to achieve this.
- People and their relatives and friends told us they felt the service embraced them and the contribution that could make. The registered manager had recently arranged for a local school to work on a poetry project with people living at the home. This enabled people to be able to contribute the skills they had to local young people's development and share perspectives. Each cycle of the project lasted six weeks, and children would work with people on a poetic theme, the most recent one was 'Kindness'. At the end of the project, the children made a decorative presentation copy and performed the poem for people to listen too.
- The registered manager told us that the services work to promote kindness and respect for people receiving health and social care extended to the local community. They had set up a 'Carers Café' that took place twice a month at the service, and was a support network for relatives or carers of people living at the home and in the local community. This enabled conversation and sharing of worries or concerns with Badgers Wood staff who are very experienced in care and support, and could share ideas.
- The registered manager and activities co-ordinator saw people's personal histories and backgrounds as a cornerstone of providing person centred care and enrichment. One person told us, "The carers are very good to me, one of them brought me in a book because they know I like to read biographies." Staff were motivated by the senior team to go the extra mile to achieve this. Staff had detailed in depth knowledge of this and in some cases, strove to explore this for people. For example, one person who had a career in the military had expressed a wish to talk about their experiences with someone with a similar back ground. As

no one else living at the home had this back ground, staff looked for other ways to achieve this. Staff had contacted a charity that provides information on caring for veterans and found the person a pen pal who was a Captain in the Royal Artillery.

- Many of the people living at Badgers Wood had spent their whole life living in the local community. The registered manager saw that recognising and celebrating this was an important in promoting people's self-esteem and identity. They had arranged events such as a local historian visit to talk about the local villages where people grew up. On the inaugural 'Norfolk day' in 2018, the service had arranged for an inter-generational sports day to take place with a local school to mark the occasion and celebrate all things Norfolk.

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

- People felt very involved in the planning and delivering of the care and support. They said that managers and staff regularly talked with them about this to gain their views and satisfaction. People were encouraged to make decisions where ever they could. The registered manager had recently completed a research study project as part of a professional qualification, in which she focussed on assessing and improving the involvement of people in planning their care.
- Staff were exceptionally patient and supportive when communicating with people making a choice. We consistently observed that staff approach people at eye level, and spoke discreetly when offering choice. Where people needed time to respond, or could become confused, staff did not rush them to decide and kept a smile on their face to show they remained engaged with the person.
- People told us they had excellent communication with staff and were involved in decision-making around their care. We observed people were not rushed and were given time to speak and when they did, staff listened and acted on what they said and respected their views. People said their care was designed and planned collaboratively with staff and included their relatives and friends. One relative told us, "She's a sociable lady, at home I think it got more difficult for her to bother and she just got tired and was staying at home more and more. Here, she's joining in, she's much more involved and its helped her. I'm sure living here is making a difference in terms of her wellbeing."
- People were encouraged to use the service of advocates where they wished. The home provided information for people including about what an advocate could do for them, and how they could access them through organisations such as Age Concern.

Respecting and promoting people's privacy, dignity and independence

- A member of staff had the role of 'Dignity Champion' for the service, this role was to promote the importance of providing, and expecting the provision of dignified care. We saw that the dignity champion had provided a wall display containing ideas and information. They had run projects called, "The little things that make a big difference" and engaged staff in "Meeting the dignity challenge", following the 10 key points of the common core principles for dignity.
- Staff were conscious of maintaining people's dignity when helping them to mobilise, knocking on doors before entering and providing clothing protectors at mealtimes. People looked very well presented and cared for and staff recognised and promoted the importance of this for people.
- The registered manager had implemented an initiative whereby people supported by staff created an album called 'My dignity story'. This was a collection of photographs and reflections, put together so people could show how they met planned goals to promote their dignity. The album was then used for reflection and discussion with relatives, friends and staff.
- Staff were proactive and patient in supporting people to maintain their independence. Staff were enthusiastic and encouraging when supporting people to help themselves. For example, staff identified that one person living with dementia who was quite shy and anxious was an expert at knitting. They asked her if she would come to a knit and natter group, to tutor other people. This had had given the person confidence

and was now running the group rather than the staff.

- The registered manager regularly reviewed the deployment of staff to ensure that people had staff when they needed them, and for enough time so that staff could promote their independence. People told us that care and support was never rushed and did not feel under pressure to not take their time.

Is the service responsive?

Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure

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

- People told us the service was extremely responsive to their needs and staff went out of their way to assist them with any problems or changes to care and support they might require.
- Care plans highlighted individual needs and preferences and included very detailed person-centred information. People, their relatives and visiting professionals told us that staff knew people very well and provided individualised support. People told us they could express preferences on when and how they received care, staff ensured these preferences were met.
- The service used innovative ways to enrich people's lives through activities and social events that enhanced their quality of life. Staff went the extra mile in trying to engage with and explore how people could become involved in activities. For example, they had created information sheets for people to use which explained how they may still be able to engage in an activity where they believed they could no longer do so. For example, one section said, 'I used to love gardening but cannot do that now.' It then stated, 'Oh but you can!' It listed suggestions on how this could still be achieved to encourage people and what support the service could offer. The information also highlighted the benefits of engaging in activities in residential care, such as reducing isolation and keep brain cells active.
- The registered manager continuously reviewed how people liked to receive their support and looked to innovate to meet the areas noted for improvement gained from feedback. For example, people had said that they became bored waiting for meals to be served. Through review, the registered manager identified that although the time the meals were served was clear, and people knew this, people still liked to arrive earlier to the table. Through engagement the registered manager established that this was because people like to find their preferred place to sit. In response to this the registered manager arranged for activities to take place at the table, to pass the time. This took the form of quizzes and word searches, supported by staff. These often had a food or drink theme to stimulate people's appetites.
- People said they enjoyed attending the wide range of clubs and activities provided at the service. One person said, "There's always something going on. It's unbelievable how hard the activity co-ordinator works. There's a lot of choice and staff let me know when something is about to start." A relative we spoke with told us, "I think they use every opportunity to fit in an activity, people aren't left sitting, staring into space." Staff had worked with people to identify common interests. One such initiative led to the formation of a group of people who had an interest in engineering, which was a sub group of a men's group. This group supported by staff worked together on interests such as model aircraft, and organised a trip to an aircraft museum. Staff had also supported people to form 'The silver surfers club', which promoted people's interests in computers and technology.
- The registered manager saw engagement with school groups and younger people as a positive way to counter social isolation. People were actively engaged with six separate community groups and schools, in turn these groups regularly partook in events at the service. The registered manager had been a driving force in establishing these relationships and had earned recognition by being awarded the Good Company

Quality Mark 'Plus' status by the local council for their work in combatting loneliness. Events included forming an intergenerational choir, where people and school children planned and rehearsed for six weeks culminating in a Christmas concert. One person who had never sang before had found a new talent and performed a duet with one of the children. People also enjoyed working on a project with high school children, who ran a community project to improve the design of the gardens for better wheelchair access. Trees were planted as part of the Queens 'Commonwealth Canopy' project. This in turn spawned new projects, including a potting shed club, and a 'men's shed club' which were interest groups promoting communication amongst men living in social care.

- The registered manager had identified that some people were more likely to attend activities when these groups attended. One person told us, "I absolutely love Tuesday mornings when the mothers and babies come. When they first came here no one knew each other and some of the babies were just a few months old. Now they are running about and having a lovely time. Its makes a huge difference to people. I have no idea why, but small children seem to have the effect of lifting your mood." We observed an activity people participated in with a group of visiting primary school children. We saw that relationships between the children and people had formed, with children making pictures for people living in the home. There was a wide range of board games that people were teaching the children to play. We observed that one person had formed a bond with a young person wanting to learn the game of dominoes, and each week he taught him how to play in a 1:1 session supported by a teacher. The teacher told us that this young person looked forward to the session each week, and this gave the older person a sense of purpose when they were helping.

Improving care quality in response to complaints or concerns

- There was a robust complaints policy and procedure in a format suitable for people to read and understand. This was given to people as part of a service user guide.
- We observed during our inspection that the managers were in daily contact with people who used the service and were available to discuss their care and any concerns they might have. When managers spoke to people, they enquired as to whether their care and support was being provided to their satisfaction, or if anything needed to be better or different. This contributed to the services approach people of ensuring people were regularly consulted about their care and treatment.

End of life care and support

- People were supported to make decisions and make plans about their preferences for end of life care. People were supported to remain at the service at the end of their life, in familiar surroundings, supported by staff who knew them well.
- The registered manager had responded to feedback from staff through consultation for a desire to have more training and skills in end of life care. The registered manager undertook further training and attendance at conferences from Public Health England in conjunction with the University of East Anglia. They used this knowledge to update and further train staff.
- The management team and staff provided on going sympathetic care to families of people who had passed away. We saw several letters and cards sent to them from relatives and friends of people who had passed away thanking them for the care, compassion and support.

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 with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The service was led by a strongly motivated and committed registered manager, supported by a team that strived to deliver the best person-centred care they could. The registered managers vision and values of continuous improvement were clear for staff and people to see and feel. These were delivered by the commitment of the whole team and the results seen by people receiving their support.
- The registered manager and staff were held in extremely high regard by people and their relatives. A relative told us, "I don't think we ever need to make a formal complaint, because if we talk to [registered manager] she listens. The next time we visit, whatever we have asked, it has been done."
- Staff could thrive on the strong team work that was present, and felt motivated by the ambition of the registered manager and senior staff. One staff member told us, "[Registered manager] is an amazing, supportive manager. She's always here for you if needed. She is really good at boosting your confidence and feeding back to you." Another staff member told us, "She is so good, it's not often you see a manager go around helping as much as she does. She lives and breathes the place. I love working here, staff stay working here for ages, it's because they want to work for [registered manager]."
- People living at the service and their relatives repeatedly told us that the home was managed to the highest standards, and that team work and morale amongst staff was very high. They told us that this led to Badgers Wood being a service which was providing exceptionally high-quality care in a positive and caring environment. One relative told us, "Let's put it this way, nothing is perfect, things can always be improved, but here, it's as near to perfect as it can be. We even joke that we're going to put our names down to move in here."
- People and their relatives told us that the leadership and staff team were always open and transparent and honest. The service entrance lobby had a display on the wall titled 'You said we did.' This display noted all the suggestions that had been put forward through engagement with people, for example surveys or the services suggestions box. It also detailed the actions that were taken as a result, with photographs displayed of the improvements made.
- The registered manager actively sought opportunities to work with other bodies and individuals to improve the quality of care or find new opportunities for people and staff. This included working with academic studies, of which their intergenerational work was referenced in its publication. Through their own academic studies, the registered manager had focused on a research paper to establish whether any link existed between positive nutritional intake and a positive mealtime experience. They had used their findings

from this to enhance the experience of people living at Badgers Wood.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The whole staff team had in depth knowledge and extensive experience in meeting the needs of people using a residential care home, but continued to look for, and achieve further improvements in their knowledge and skills set. The registered managers expected standards were exceptionally high, and staff were committed in achieving these. Staff took great pride and were passionate in providing care, support and meaningful activity to provide a high standard of life quality for people. The registered manager was motivated to innovate and use new ideas and initiatives to maintain excellent care and quality of life for people, and involved them in improving other people's lives.
- The registered manager actively sought and valued the input and influence of people in driving improvement within the service. This included supporting people in sharing their views using a network of 'champions'.
- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home that managers as well as staff attended. This included meetings for specific areas such as menu planning activities and sensory support. These meetings were used to share information and advice to people as well as gathering their views. The registered manager involved friends and families of people in these meetings so they too could benefit. A recent example was a diabetes care meeting, and people were encouraged to gain valuable information and share experiences in a confidential and relaxed environment. Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.
- The registered manager had an overarching governance system to ensure that good quality care and support was provided. This was monitored by the provider who also undertook regular quality assurance visits to the service. The results of these audits were provided to the registered manager and reviewed with the providers regional manager. As part of their approach to continuous improvement the registered manager had recently pioneered the use of a new 'Feedback App' that the provider was planning to roll out across its service. This new app allowed for feedback to be reviewed by managers in real time, so actions can be taken without delay. We saw that actions were taken in a timely way.
- Community professionals we spoke with told us that communication with senior staff was excellent, and that any direction or clinical advice given was always followed.
- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed, there were systems in place to notify CQC of incidents at the home.