

Alexandra House Care Services Limited

Stonebridge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Stonebridge Nursing Home is a residential care home providing personal and nursing care for up to 52 people aged 18 and over. At the time of the inspection 47 people were using the service. The home has four wings, each with its own lounge and outside gardens, with bedrooms on two floors. Three wings provide care for people living with advanced dementia and one wing specialises in providing care to people living with long term mental health conditions. There is a separate building for staff training and administration.

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

People were at the heart of the service. The provider's philosophy, vision and values of person-centred care were understood and shared across the staff team. People were supported to maintain their purpose and pleasure in life.

People received care which was highly responsive to their individual needs. Staff had an excellent understanding of people and ensured this was used to provide exceptional individualised care which took account of people's life histories

The provider and staff team were passionate about providing high quality care tailored to people's individual needs and preferences. Staff invested time to understand the experiences of people who lived at the home.

People told us they had formed excellent relationships with the provider, staff team and other people who lived at the home, built on trust and respect. People contributed to the running of the home because their ideas and choices were acted on.

People were supported to maintain relationships with people important to them. Visitors were welcomed at the home, without restriction and were encouraged to be actively involved in people's lives.

People, relatives and staff agreed the service was extremely well managed and was an exceptionally caring home. Everyone consistently praised the skills of the management team and emphasised they were motivated to provide an exceptional service.

The provider ensured care was based upon good practice guidance. Exceptionally good governance was embedded into the provider and registered manager's processes. This ensured people received a highly effective service which put them at the heart of their care.

The home had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. There were processes to monitor the quality and safety of the service provided and actions were taken to drive continuous improvement for the benefit of the people who lived there.

The staff provided a flexible care approach and people were empowered to decide how and when their care was provided. People, relatives and health professionals told us the care provided was effective and people experienced positive outcomes. People and relatives told us staff were empathetic and gave compassionate care.

Staff understood their responsibility to safeguard people from harm and had a good understanding reporting concerns both within and outside the home. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks.

Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence. Staff had a good knowledge of how to support people at these times.

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

Skilled staff were available at the times people wanted to receive support, in all aspects of their lives. Staff had received training, so people's specific care and support needs were understood and met. We saw training was put into practice. Staff told us the provider proactively ensured they had many opportunities to further develop their skills and knowledge. Staff felt supported and valued by the provider and they prided themselves on providing high quality care.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was promoted and maintained.

Wherever possible staff supported people to retain responsibility for their own health. Medicines were managed so that people received their medicines as prescribed.

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

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

Rating at last inspection

The last rating for this service was good (12 May 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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

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?

Outstanding ☆

The service was exceptionally 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.

Stonebridge Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

There was one 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.

Service and service type

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

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

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with six people who used the service and five visiting friends and relatives about their experience

of the care provided. We spoke with nine members of staff including the provider, registered manager, two deputy managers, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns if required. One relative told us, "Within half an hour (of moving into the home, you could see the difference in him, I felt I could finally relax and know he is safe".
- Staff knew how to recognise abuse and protect people from the risk of abuse and reported abuse to safeguarding when it was identified.

Assessing risk, safety monitoring and management

- People's risks had been assessed and they were supported by staff to promote their well-being and independence. Staff supported people to maintain their safety and knew the type and level of assistance each person required.
- People's identified risk had been recorded and documented for example associated risks with any physical needs.

Staffing and recruitment

- People were supported by enough staff to meet their physical and social needs. Staff told us the number of staff always reflected the needs of people living in the home. Staff told us the team worked well together. One staff member told us, "We never feel short staffed as there are so many of us." They said this was because the staffing numbers were planned over and above the required numbers and agency staff were never used.
- Staff recruitment records included relevant checks to ensure staff were suitable to work with people who lived at the home.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. The deputy manager planned further improvements to better monitor the temperature of where medicines were kept.

Preventing and controlling infection

- People told us the home environment was clean and their rooms were kept clean. One person told us they received, "Excellent care and (the home) always smells fresh".
- Staff who prepared food followed good food hygiene and staff helped reduce the risk of infection. Staff

were seen to use personal protective items such as gloves and aprons.

Learning lessons when things go wrong

- Staff completed reports where a person had been involved in an incident or accident and reported to the management team.
- The registered manager identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The registered manager told us they took learning from any untoward incidents, and records showed where people's risk had been updated in their care plans.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had shared their needs and choices with the management team before moving to the home. The management team checked people's preferences and the care they required, to assure themselves they could provide the care needed.
- Staff said the information contained within people's assessments supported them to provide care to people based on their preferences at the time people moved to the home.

Staff support: induction, training, skills and experience

- Staff were exceptionally positive about the standard of the training. The provider had become an accredited training centre, dedicated to training their own staff. Staff told us the benefits of this was that the training centred on people living at the home so they could put relatable knowledge in practice. One relative told us, "The staff are amazing, well trained and always well intended."
- Staff told us they were supported in their role with structured, routine staff meetings and individual discussions, which included career progression. The registered manager gave staff opportunities to talk about their responsibilities and the care of people living in the home.

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

- People's mealtimes were not rushed, and staff sat with people to offer support where people required assistance.
- People were supported to access food and drinks in line with their personal needs and choices. People were able to sit and eat their meal or had access to snacks and finger food to eat whilst walking. There was a selection of non-alcoholic and alcoholic drinks. One member of staff told us, "We offer [person] a beer as that was something they had done with their sons; going to the pub."
- Each lounge had an open kitchen where people were able to make their own drinks and snacks, with staff support where needed. Staff told us this reflected a homely environment. One staff member told us, "It's just like being at home, you would just go into your kitchen and see what you fancy, it's no different for people living here."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager was open in their communication with other agencies such as the local authority and local clinical commissioning groups. One staff member told us, "Regardless of whether the relative can meet people for the appointment, a member of staff always accompanies them to reduce the resident's

stress and provide a familiar face."

- There was a consistent staff team and a regular handover meeting so relevant and important information could be shared amongst staff.

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

- There were several communal areas to choose from including quiet areas.
- People chose how they spent their time at the home with communal areas which were easily accessible.
- The needs of people who lived with dementia had been considered and were further supported with objects of interest and the development of easily accessible sensory gardens.

Supporting people to live healthier lives, access healthcare services and support

- People had seen opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs. People who required glasses and other aids had these in place. One visiting health professional told us the staff responded immediately to any advice and had the skills needed to look after people well.
- Care plans showed that care was provided in line with current guidance and advice that had been given by community health professionals and GP's was followed.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained outstanding. This meant 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; equality and diversity

- People's wishes and needs were central to life at the home. People told us there was a culture of celebrating their unique lifestyles and personalities. For example, one person was now able to celebrate Diwali where this had not been possible where they had lived recently, bringing spiritual meaning back into their life. This caring approach ensured people's needs were exceptionally well understood by staff, and people knew they mattered as an individual.
- The provider's inclusive ethos demonstrated by the staff was evidenced by improved life experiences of a person who had recently moved in. This person had initially been unable to express their needs and had experienced heightened anxiety, due to their previous experiences of care. Staff used their skills and developed individual strategies, by monitoring the person, discovering as much as possible about them and varying their interactions until they were successfully engaged with the person. The result being that the person had successfully settled in to the home and was enjoying an improved quality of life. Their relative told us how impressed they were as their family member was now more relaxed and required less staff intervention in order to meet their care and support needs. It was a success that they had gone from requiring more than three staff to support them to one staff member. The person now had more freedom and choice over their life. They told us, "There were very few places that could have managed [person]."
- It was evident the people had developed close bonds with the staff team and addressed staff in terms of affection. These relationships were built on trust. One staff member told us, "People come here after a failed placement and we improve their care. When you listen to family and understand the person behaviours improve."
- There was a culture of fostering kind and supportive relationships between people and staff living at the home. Staff and management were fully committed to ensuring people received the best possible care in a loving and compassionate way. For example, one person had been depressed and no longer valued themselves when arriving at the home. The staff team supported the person to feel safe, valued and listened to. The person now had a sense of purpose and self-confidence. They took pride in themselves and enjoyed trips out.
- Staff were highly motivated and passionate about the care they provided to people living in the home. Staff acted professionally, although we saw they were not afraid to show love and affection, for example, by hugging people, when people needed it, with their consent. Their passion was echoed by the provider and management team, who described people and staff as "Family". One person told us, "It's the friendliness and caring shown, not just for me but for my family as well."
- Staff had developed an exceptional understanding of the people they supported, and people were matched with staff who shared their interests and personalities. This provided enhanced opportunities for

people to reconnect with their past and enjoy increased well-being, as well as acquiring new interests. One staff member told us they used their knowledge to inspire a person to discover a new passion for fishing. They told us this had given the person a renewed sense of purpose and enjoyment. Another person had been encouraged to reconnect with their passion of illustration. A staff member told us as a result of this the person had, "Really engaged and have grown in confidence."

- The warmth of the conversation between people and staff made the everyday tasks a shared and enjoyable experience. People experienced love and affection from staff who reached out to people when they passed them, either by a friendly word or by a reassuring gesture or gentle touch of the hand. This made people smile and relax and feel valued.

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

- There was exceptional commitment to involving people in making decisions about their daily lives and care. People lived their lives as they wanted. People gave us examples of the choices they made on a daily basis such as full choice on their daily living routines, meal times and going out.

- People had as much support as they individually desired and required, at the changing times they preferred. This ranged from full physical care, to support with mental health. One staff member told us, "You go with the flow here." One person decided they wanted support with personal care later in the day, rather than in the morning. Staff respected and accommodated their preference. One person chose to stay in their room but enjoyed the company of staff. The provider ensured staff had as much time as they needed so they were able to spend time with the person as often as they wanted. Another staff member told us about a person's love of music, they said, "They [person living at the home] love Elvis and will dance with us." They told us the person enjoyed this immensely.

- Staff understood the importance of people's views, preferences, wishes and choices being respected. For example, one person regularly went shopping and brought ingredients back for the chef to make them an individual meal. This was important to the person as it meant they could continue to select their own meat from their local butchers. This option was available to all.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were exceptionally skilled at promoting their independence and helping them to grow and regain their independent skills. One person explained they were being assisted to develop their life skills and told us, "I've got my own room and I can do whatever I like. I clean up after myself." They were enjoying their independence and their regained skills and made the most of their local facilities. They had previously not been able to do this,

- People gave us examples of where staff had worked sensitively so they knew they were respected. People told us staff worked proactively to promote their privacy and dignity. One staff member told us how they sensitively supported a person to maintain a relationship which was very important to them. They said, "During Valentines we ensured a rose and card was done and we helped the person sign a card which meant the world to the wife." They gave another example of how they had printed a personalised calendar for another couple. Staff were keen to promote these personal touches as it gave people a sense of importance as they were able to show their love for each other.

- People were free to express their views, with support when needed, in an inclusive and accepting home. We saw staff were polite and respectful and ensured people's human rights were upheld. There were examples of the inclusive atmosphere with celebrations of cultures, religions, LGBT+ lives and people's histories. People trusted and felt comfortable with staff to talk about these important aspects of their lives. They told us staff responded with acceptance and kindness and that this made them feel included as part of life in the home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People benefited from receiving highly personalised care which reflected their unique needs and preferences. One relative told us, "A care plan was drawn up and transferred with [person who lives at the home] and since then the reviews happen organically. I can talk to the staff at any time."
- Staff gave examples of the creative ways they worked to involve people to drive decisions about their person-centred care. People were proud to share their experiences of how they had been supported and benefitted from the positive choices made to improve their wellbeing. Staff gave us an example of the positive impact on the quality of a person's life since they had moved into the home. They told us this person had previously stayed in their room and had experienced self-neglect. The quality of this person's life had now improved and they enjoyed taking part in social experiences with others at the home. A staff member told us about this person, "Their mental health has improved. They now spend time in the lounges and tell amazing stories." Staff had taken small steps to get to know the person, building their confidence to reach this point where the person was experiencing positive social interaction. This was a massive achievement for the person and staff team.
- To reduce people's anxiety, the provider employed a staff member who worked with each person to develop an interactive way to identify their feelings. People were then assisted by staff, who understood each individual person, and the exact action required to minimise any anxiety they may experience. This promoted people's mental health and well-being, with very positive effect. For example, one person, prior to coming to live at the home, had shown extremely aggressive behaviours. This meant contact with their family was limited. With the support from staff, incidents involving this person had reduced greatly. Their family was now able to visit more often and they had recently celebrated a special occasion together. A visiting health professional told us how impressed they were with the care and support provided for this person at Stonebridge. They told us, "It really is person centred, they understand the person and know how to support them." They told us that in addition people's physical health had also improved under the care at the home.
- People's individual goals were clearly defined within their care and support plans. People and staff recognised through regular reviews when people's aspirations were achieved. People told us this inspired them to plan additional goals. For example, to successfully regain additional independent living skills.
- Should people's health decline, the management team were proactive in accommodating people's needs if their wish was to remain at the home. This included, for example purchasing new equipment and enhanced staff training, so people continued to receive care they required as they wished, based on their preferences.
- Staff teams focused on supporting people to experience an enhanced sense of well-being by working in innovative ways. They told us about one person, who enjoyed pub quizzes but liked to go to bed early. They

chose not to go to local pub quizzes as these were held in the evening. In response staff were arranging a pub style quiz in the home, which the person was really looking forward to.

- People thoroughly enjoyed living at Stonebridge as the range of activities were developed by them, for them. They told us they had many opportunities to continue with their personal interests, based on their wishes. One person told us, "I enjoy going on regular trips to the lake for a walk and going to the local pub for tea."
- People told us they enjoyed a range of other activities including relaxation, swimming, gym, gardening and gentle stretching classes. One person had seen a pizza advert whilst watching television and commented how they loved to have one. Staff made no hesitation in placing the order and ensuring the pizza was delivered directly to the person, which they were thrilled to receive. Staff had worked creatively with another person who now wanted to rediscover their religion. A relative told us how important classical music was to the family member and said, "The home always makes sure he gets to watch 'Last night of the Proms' as this is his favourite."
- Through people's feedback, the provider had built several areas to engage people within their home. Plans were in place to further improve the garden with outside spaces and sensory area for all year-round use, as people wanted to access this.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Identified information and communication needs were met for individuals. For example, information was provided to people in a format that met their needs, such as large print and pictorial formats.

End of life care and support

- Relatives were extremely complimentary about the compassionate and loving care provided at the end of their family member's lives. One relative shared their thoughts and highlighted "Tenderness, understanding and excellent quality of care."
- People, relatives and staff had the opportunity of attending individual sessions with a dedicated pastoral care worker. This person helped people find ways to manage stress or to open up about worries and fears they may have. The provider stated, "Losing a resident can be painful for staff and residents as well as families. We acknowledge the part they have played in the life of our home in a number of ways." This included photos around the home and a memory tree every Christmas for those who had passed. When people passed away, staff paid their respects, lining up outside the home as the cortege drove past. Staff told us they always attended people's funerals and where people did not have family, worked with the funeral directors to ensure a personal and loving service. The provider also held an annual memorial service to remember those who had passed, inviting families and staff to share their memories. Staff shared their stories of providing end of life care, expressing their love and compassion, one staff member told us, "We are able to sit with people, no one dies alone here."
- People's end of life care had been enhanced as the provider had developed a number of additional therapies such as Reiki massage and Tibetan bowl sounds. The pastoral support told us how this had helped one person at the end of their life remain calm and pass peacefully. These options were also available to families and staff who wanted additional support.

Improving care quality in response to complaints or concerns

- Where complaints had been received, they were followed up and where needed, information was used to enhance the service provided and make improvements.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People and their wishes were at the heart of the service. The provider's vision was to create a sense of "family" and it was clear that the management and staff team shared this ethos to ensure people received person-centred care. People and their relatives consistently told us that this had been achieved. The management team spent time with and spoke to people and their families to help them focus on people's happiness, health and wellbeing and make sure these were at the forefront of the support given. One person told us how the care provided had impacted so positively on their well-being, they said, "The care is more than 100%, if all the homes were like this, there wouldn't be any issues."
- People expressed great satisfaction with the leadership at the home and said it was managed in an exceptional way, with a strong emphasis on promoting inclusion and independence. One member of staff told us, "We take people here where previous placements have failed and give them a quality life. We are part of their family, it is a home from home."
- There were consistently high levels of constructive engagement with people and staff from all equality groups. Staff were motivated and proud to be part of the home and told us the provider and registered manager recognised their hard work through positive feedback and incentives. Staff felt extremely valued and the registered manager told us, "Staff are our key to success to improving behaviours, improved wellbeing and we live with them as family and there is not expectation for people to conform."
- The provider and registered manager were passionate and committed to providing an excellent person-centred service for people and their relatives. These values were shared by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. One member of staff told us, "I'm part of the furniture and its lovely to work here. There is no hierarchy, ask anyone anytime to muck in. The owner and manager will also help out just like a family."
- There was a strong framework of accountability to monitor performance and risk, leading to the delivery of demonstrable quality improvements to the service. The provider and managers saw this as a key responsibility. An example of this was the installation of a second lift to provide better and safer access in all areas of the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The commitment to continuous improvement was underpinned by a comprehensive range of audits in place which focused on positive outcomes for people. Any identified improvements were actioned in a

timely way to improve people's quality of life. We found monitoring of the service to be very thorough, with both the registered manager and provider spending time with staff and people who used the service. Significant improvements had been made and further planned with people living at the home. This included developing a themed train carriage area in the lounge where staff will also wear train guards uniform to make the experience as real as possible. This idea was being driven by the maintenance team as the current space was not of interest to people.

- The management team together provided an exceptionally high level of experience and delivered care which was compassionate and inclusive. Staff were committed to this and told us how they learned together, reflected on situations and demonstrated accounts of how this improved people's care. One staff member told us, "[Deputy manager's] door is always open and is amazing at listening to ideas and suggestions to improve people's lives, a really good leader." Staff told us they had opportunities to put suggestions for improvements forward and these were acted on. For example, they suggested an increase in nursing staff on duty and this was actioned. As a result, people's clinical needs were therefore supported without delay and where needed two nursing staff were able to support people while still having a nurse available to support others.
- Staff told us learning from concerns and incidents was a key contributor to continuous improvement and meant the service continued to change and adapt the support provided and reduce the risk of further reoccurrence. The provider was looking into the possibility of having nurse prescribing and were looking to achieve professional support for such a development.
- The provider continually looked at ways to improve the experiences of people who used the service. For example, recently the chefs' hours had been increased to provide a full days kitchen service. This additional time had meant meals were served directly to people, so individual portion sizes were catered for. This also gave staff additional time to sit and eat with people, at people's own pace. One staff member told us about the catering arrangements, "The whole process is calmer, people look forward to it [meals] and they get what they want [to eat] when they want." Other plans included exploring the introduction of further IT such as installing a hearing loop system within the home.

Engaging and involving people using the service, the public and staff

- The views of people who lived at the home were at the core of quality monitoring and assurance arrangements. A staff member gave us an example of when a person who used the service had told staff they fancied a party. A taxi was booked and staff took the person to the supermarket to purchase party food. They told us, "We made their wish come true. We can do things like that here it's not a problem...we can just access the petty cash."
- People said they were empowered and consulted and had a strong influence in the way their care and support was delivered. For example, people had choice in when and how their care was given, there were no set days for activities and staff were able to react and respond to people's request instantly and in a flexible way.
- The providers constantly communicated with staff directly, attended meetings with them and took an interest in their individual learning and development needs.
- People held and led regular meetings to discuss the running of the home. This included activities, suggestions and discussions on maintenance. Where people had chosen not to attend meetings, one to one discussions were held, so that their views were also taken into account. For example, one person told us they received a monthly one to one meeting with the provider. After each meeting the person received a personal letter to confirm the conversation and the actions staff will take to address any suggestions for improvements raised.

Working in partnership with others

- The provider shared their good practice externally and told us this had been recognised by external

professionals, such as the Dementia Care Matters with accreditation to the Butterfly Community. This is a leading culture change training organisation with a proven model of care for people living with dementia. The registered manager told us, "The language of dementia is better understood here and this means that people don't feel challenged or insecure. We seek to focus on what someone can do before considering what they can't. All of this is a direct consequence of working and training with experts and leaders in dementia care; it is a moving target and with every new admission and every new research paper, the goalposts move. For Stonebridge, it is what keeps us self-critical, motivated, excited and focused on being better. This makes us proudest of all."

- The provider is currently involved in clinical trials to better improve people's health and were currently awaiting the outcome of the trial.
- People were involved in the local community. Staff championed the rights for people with care needs such as those who lived at the home. This included work involving local schools, educational settings, local shops and a pub with the aim to remove stigmas and pre-conceived ideas about care. The registered manager told us, "This determination is something that drives change and improves experiences for people with dementia." People were therefore supported to be involved in their home and community and with staff who had the confidence and expertise to appropriately challenge misconceptions. People were encouraged to be who they wanted to be.