

# The Orders Of St. John Care Trust

# Apple Trees Care & Reablement Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Apple Trees Care and Reablement Centre is a care home registered for 64 older people and people living with dementia. The home is split into four households with 16 bedrooms in each h. There are two household's downstairs and two upstairs. At the time of our inspection 59 people were using the service.

### People's experience of using this service:

People received excellent care from staff who were highly dedicated, extremely compassionate, kind and caring. They went above and beyond what was expected of them by volunteering to support people in their own time. Staff told us this was out of choice, they had high regard for the people in their care and had developed meaningful relationships and close bonds. People who used the service and visiting relatives were complimentary about the staff's caring approach that they felt was exceptional. Staff were frequently described by people as being "a part of the family." Staff treated people as equals and had developed trusting relationships and had in depth knowledge about people's routines and what was important to them.

The registered manager had worked with the Alzheimer's Society in developing and piloting training for staff, people who used the service and relatives called, 'Lift the lid on sex, intimacy and relationships.' This positive approach to care, recognised and celebrated the importance and equality and diversity and people's rights to develop personal relationships with others.

Risks associated with people's needs and choices were managed well and effectively, people were involved in discussions and decisions about safety as fully as possible. People lived in a safe environment that was monitored and equipment was serviced and checked on a regular basis.

Staffing levels were sufficient, but deployment of staff was found to have some shortfalls which was addressed immediately by the registered manager. People's prescribed medicines were managed following national best practice guidance. The environment was found to be clean and hygienic and infection control practice had recently been improved upon. Incidents were monitored and analysed for themes and patterns and learning outcomes were used to reduce the risk of incidents from reoccurring.

The provider used recognised assessment tools to support staff to safely and effectively assess, monitor and manage people's needs. Positive relationships had been developed with external healthcare professionals to support people with any health conditions to achieve good outcomes.

People had a choice of meals and drinks and any dietary needs, including preferences had been assessed and planned for. 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.

People received opportunities to participate in a varied activity programme including community and social activities. The environment was spacious, bright and of a high standard. End of life care was well planned to ensure people's wishes were known and understood by staff. People experienced dignity and respect at the end stage of their life and relatives and loved ones were supported.

People had access to the provider's complaint procedure, independent advocacy information and their communication and sensory needs assessed. People received opportunities to share their experience of the service and systems were in place to review the quality and safety of the service. The provider had oversight of the service and the registered manager had a commitment and drive to further develop the service.

Rating at last inspection:

The service was last inspected in March 2016 and was rated 'Good' in all key questions.

Why we inspected:

This was a scheduled planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit at the next scheduled inspection. If any concerning information is received 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?

Good ●

The service was exceptionally responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was exceptionally well-led

Details are in our Well-Led findings below.

# Apple Trees Care & Reablement Centre

## **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:

This inspection was completed by two inspectors, an assistant 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:

The home was for older people, including people living with dementia.

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 was an unannounced inspection.

#### What we did:

Before the inspection we asked the provider to send us their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also reviewed information we had received about the service since the last

inspection. This included details about incidents the provider must notify us about, such as potential safeguarding concerns; and we sought feedback from the local authority.

During the inspection we spoke with six people who used the service and eight visiting relatives. We spoke with the registered manager, regional manager, the cook, a housekeeper, activity coordinator, three care staff and two senior care staff. We reviewed a range of records. This included five people's care records and medicine records. We also looked at a sample of staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider. 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.

After the inspection the registered manager sent us further information in relation to the provider's quality checks and audit process and training records. We have reviewed these as part of the inspection process.

# 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

- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff had received safeguarding training and had access to the provider's policies and procedures. The provider had reported allegations of abuse to safeguarding when it was identified. A staff member said, "The safeguarding policy is available, so we know about safeguarding, with a reference of what to do and who to report to, I've not had to do it but if I suspected abuse I would follow that."
- People were supported to understand how to keep safe and to raise concerns when abuse occurred. People told us they felt safe living at the service. A person said, "I feel very safe, I suppose it's having all this help around me, and the staff are very nice, that makes a person feel safe." Relatives confirmed they felt their relation was cared for safely.

Assessing risk, safety monitoring and management

- Risks associated with people's needs had been assessed and staff had guidance of the action required to protect people from known risks. For example, falls prevention assessments detailed the level of falls risk, factors to consider and the desired outcome to keep the person safe. Other risks had been assessed for example in relation to skin care and eating and drinking. Risk assessments were regularly reviewed to ensure they reflected people's current needs and risks.
- Where equipment had been identified to manage known risks such as mobility equipment, pressure relieving mattresses and cushions were available and being used. Assistive technology was used such as sensor mats, to alert staff when a person at risk of falls was independently moving around. Pendants were worn by people to enable them to call for staff assistance.
- Staff were knowledgeable about the types of risks people were exposed to. Through discussion, staff demonstrated a good level of understating that assured us they knew people well, and how to protect them from harm.
- We saw staff provided safe care that reflected the guidance provided to keep people safe. For example, staff supported people to walk safely by ensuring their mobility equipment, such as walking frames were near them at all times. Where people were cared for in bed, staff regularly checked to make sure they were comfortable, repositioned and their health conditions monitored.
- Checks were regularly completed on risks associated with the premises and environment including the maintenance of equipment. This included checks on fire safety and personal evacuation plans had been completed, these instructed staff on how to safely evacuate people from the building if required. Water testing was also completed to assess and control the risk of exposure to legionella bacteria, that can cause serious illness.

Staffing and recruitment

- People were cared for by sufficient numbers of staff who knew them well. However, we identified staff

deployment could be improved upon. For example, on the day of the inspection an agency staff member and a staff member from another service within the organisation, came on shift in the afternoon. One had worked at the service before and one had not. On arrival neither knew where they were required and the staff member who had not worked at the service, was left for a short period with people alone in the communal area. We also saw occasions where no staff were present in communal areas. Whilst this was for a short time and had not impacted on people's safety, we discussed this with the registered manager. They took immediate action and spoke with senior care staff of the need to deploy staff more effectively. Following the inspection, the registered manager gave us further assurances a meeting had been held with all staff to discuss the importance of staff deployment further.

- The provider used an assessment tool to determine people's level of dependency, this determined the staffing levels required. People's dependency was regularly reviewed to ensure staffing levels remained correct to meet people's needs.
- Staff told us staffing levels were sufficient, but short notice staff absenteeism could be difficult to manage. The registered manager assured us shortfalls in staffing were covered either by staff picking up extra shifts or bank and agency staff were used. The registered manager also provided care if required. The staff rota confirmed what we were told.
- During our inspection people were positive about staff responding to their needs in a timely manner. A person said, "I have rung the bell on occasions, they (staff) are quick, it depends if they have a lot on." A relative said, "I can't say anything but good about them, great team of staff and the manager is always about if you need her for anything she's very approachable."
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

#### 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.
- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff told us they had completed training in medicines management and administration. They also had competency assessments completed to check they followed national best practice guidance.
- People were positive about how their medicines were managed. Where people wished to manage their own medicines, this was supported. A person said, "I am on medication, but I look after it myself, it's all locked away, so I am in control and I know what I'm taking." Another person said, "I do get my tablets regularly, and they (staff) will stand and watch me take them."

#### Preventing and controlling infection

- Staff followed national best practice guidance in managing risks associated with cross contamination. The management team told us how a recent internal audit had found some shortfalls, but action had been taken to make improvements. We found the service to be clean and free of malodour.
- People were complimentary of the cleanliness of the environment. A person said, "The home is very clean, and my room is always kept beautiful."

#### Learning lessons when things go wrong

- The registered manager had systems in place to review, monitor and analyse all incidents. This enabled them to identify any themes and patterns and action was taken to reduce further risks. This included additional observations of people, changes to equipment and updating risk assessments.



# 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

- The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. Recognised assessment tools were used such as the Abbey Pain assessment used for people living with dementia.
- Assessment of people's needs included the protected characteristics under the Equality Act 2010 and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. The registered manager told us how they discussed people's diverse needs at the pre- assessment stage, to ensure people did not experience any form of discrimination.

Staff support: induction, training, skills and experience

- People were supported effectively by staff who had received ongoing training and support. Staff received an induction and training that met the needs of people in their care. Staff were particularly positive about the dementia awareness training they had completed. A staff member said, "The dementia training teaches you how someone with dementia sees the world, that helps us understand why they do the things they do and how best to support them." Other staff told us how they were encouraged and supported to complete additional training such as the diploma in social care.
- Staff told us they received opportunities to discuss their work, training and development needs. A staff member said, "We have 'trusting conversations' it's the same as supervision, it's about twice a year." Another staff member said, "We can have informal chats with staff in addition to the trusted conversation, if there is an issue then it would be more formal."

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

- People's health needs and preferences, including religious or cultural needs in relation to their diet had been assessed and planned for. Staff were knowledgeable about people's individual support needs. The service had received a food hygiene rating of five by the Food Standards Agency. This is the highest rating level and confirms the service was meeting national best practice guidance in the management of food.
- We saw how people received a choice of meals and drinks. Where people required support with eating and drinking this was provided in a caring and dignified manner, staff were unhurried and patient, resulting in people experiencing a positive mealtime experience.
- People were complimentary of the meal choices and quality. A person said, "The food is lovely, I eat a lot of fish, the only meat I eat is gammon, they (staff) know this and will always accommodate me with something else if its meat on the menu." Another person said, "The food is excellent, plenty of choices, always nice and hot, if you need anything they will arrange it for you."

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

- The registered manager gave examples of multi-agency working in meeting people's needs. Positive links had been made with community health professionals such as GPs, community nurses and with specialist nursing teams that supported people and staff in end of life care.
- Information was also shared with external agencies such as ambulance staff and hospital admission teams, to assist people to receive ongoing effective care.

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

- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations to the environment. The service supported people's independence using technology and equipment. Risks in relation to premises and equipment were identified, assessed and well managed.
- The service was purpose built and great thought and consideration had been given to the environment in meeting the needs of people living with dementia. The service was designed in a way that people could move easily around, whether independently or with the use of mobility aids. There was a range of communal areas available for people to spend time with their families, or just a quiet corner to sit and read. Households had been developed that replicated home living. The environment was spacious, bright and colourful with items of memorabilia. This helped create a home from home environment that was welcoming, calm and relaxed.

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

- People's health needs had been assessed and were monitored effectively. Staff reported any concerns in a timely manner to external health care professionals for further assessment or guidance. Staff had detailed information of how to support people and were knowledgeable about people's health conditions and support needs.
- There were staff 'champions' within the service who actively supported staff to make sure people experienced good outcomes. This also included attending external meetings to share and gain knowledge. Champions promoted best practice in safeguarding, dignity, dementia, medicines, infection control and oral health.
- People were positive how their health needs were managed. A person said, "I've seen opticians, dentists, I recently had my feet done." A relative said, "[Relation] has seen the dentist in here not so long ago, they (staff) have sorted their hearing aids out for them, and they've got new glasses from the optician, I can't say anything but good about them, great team of staff."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff were aware of the principles of the MCA and DoLS. The registered manager told us how they assessed people's capacity if they identified a person was unable to consent to a specific decision about their care. Where required, best interest decisions had been made in agreement with relevant others such as relatives and external professionals. Where people had an authorisation to restrict them of their freedom and liberty, no conditions had been granted.

# 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 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

- Staff went above and beyond to ensure people received excellent care that was individual and important to them. During the inspection, staff consistently demonstrated a clear understanding of the provider's values of providing high standards of compassionate care, this was seen in the delivery of care and how staff talked about their work. They also showed great respect to people. A staff member said, "The residents live here it is their home, we are just visitors." Staff spoken with told us how they regarded people they cared for as 'extended family'. Feedback from people who used the service and visiting relatives, echoed this sentiment. Staff were consistently described as "excellent", staff go "above and beyond" and "I regard staff as my family."
- We saw how staff provided care and comfort with a reassuring smile, kind words and showed affection by appropriate touch such as holding hands and a hug. People were seen to respond to this interaction very positively. Staff's calm, patient and caring approach created a relaxed atmosphere. People gave many examples of how were kind and sensitive. A person said, "I was ill over Christmas, and still not well when it was my birthday in January, they (staff) all came into my room to sing happy birthday to me, it made my day." Another person said, "Staff are very kind here, visitors are made welcome and enjoy the experience of visiting. I think staff communicate very well with us, they speak to us in a very pleasing way." A third person said, "These staff are so good they will do anything for me, they will go out of their way to help, I feel very lucky to be in their care. My son and daughter are always welcomed when they visit, it's good that people come and go as if they are visiting you in your own home, that's what it feels like."
- Staff showed people they mattered by their kind and compassionate approach. This had resulted in excellent relationships being developed between staff, people who used the service and relatives that were based on equal respect. For example, a person said, "I went to the hospital a couple of weeks ago and that young lady (name of staff) went with me, she stayed with me throughout the appointment, I must go back and although it is her day off, she has agreed to go with me, how kind is that." Another person said, (Name of staff member) will go out their way to support me as well as my [relation] they will accompany me to hospital appointments with [relation] because I can't manage them on my own, and even on their day off they have gone with me, they are like family to us." A relative told us how a staff member had worked on their day off to enable a person to attend the theatre at Christmas. In addition, this relative told us how staff had developed a great and in depth understanding of their relation's needs. They said, "Because [relation] has dementia and can't really say if they are in any pain, they (staff) know them so well, just by their expressions they know if they are in any pain, I can't explain how happy, how appreciative of these girls (staff), I truly am, I'm sorry to get emotional, but to know your loved one is receiving the care and love you would give them at home, is truly amazing."
- People and relatives told us it was common practice, that staff would come in on their days off or come in

earlier than their shift started, to sit with people who were at the end stage of their life. A relative said, "This is by far the best care home in a 30 mile radius, their standards are maintained to a very high level, the care is fantastic." This relative told us how staff went to the service on their days off to sit with their relation who was at the end stage of their life, when they could not visit. Another relative said, "See this staff member sat here, has come in before their shift starts to sit with [relation] because staff know this is now the end, and they have looked after them, and got close to them, so it will affect them. The manager has been fantastic throughout everything, I am so happy with this home and how they look after people here. I am going to volunteer to work here one day a week, nothing but praise for the management and staff they go above and beyond in their duty to support people. I can just walk out of this room and all you will hear is the kind voices of staff."

- During the inspection we observed consistent positive interactions between staff and people that demonstrated staff knew them as individuals. For example, a staff member was heard to say to a person, "Come on (name) let's do this jigsaw you love your jigsaws don't you." Another staff member seen talking with a person said, "[Name] are you going to play the piano for this lady, I'll get you the music sheet and you can choose what you would like to play." A third staff member was heard to say to a person, "Oh you like lemon barley don't you [name], I'll just nip to the other household to get you some we have run out."
- The registered manager had worked with the Alzheimer's Society in developing and delivering training for staff, people who used the service and relatives called, 'Lift the lid on sex, intimacy and relationships.' The registered manager recognised the importance and supported people's diverse needs and life style choices. They told us how they enabled and supported people who may identify themselves with the lesbian, gay, bi-sexual and transgender community. This was discussed during the pre-assessment stage, to enable staff to understand and support people's individual needs and preferences. This demonstrated staff had a positive and inclusive approach in respecting people's rights to develop personal relationships with others.

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

- People who used the service and their relatives and advocates were involved in discussions and decisions about their care. Staff encouraged people to make choices in the way they received their care and people's choices were respected. We saw how staff supported people with choices such as their meals and drinks, where they spent their time and the activities they participated in. Staff were seen to use good communication and listening skills. They responded patiently and sensitively to enable people time to make their choices and ensured they were involved as fully as possible.
- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- Staff showed a clear understanding of the importance of respecting people's privacy and dignity. Staff worked together as a team, they displayed, vocally and practically, the importance of dignity, respect, and clear communication. A staff member said, "It is important that we don't discuss residents outside of work, when we have handover meetings we do this in private."
- People told us they were encouraged to keep their independence as much as they were able. A person said, "The girls (staff) are very kind and loving towards me, they will come and give me a nice wash and help me choose what to wear if I need the help. Sometimes I like to manage it myself, and they appreciate I still like to be independent."
- The provider recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the

information recorded.

# Is the service responsive?

## Our findings

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

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 who used the service had free access to Wi Fi, social media, email, and FaceTime which a number of people used routinely to chat with families. This supported people to maintain contact with family and friends and to access information.
- The provider had secured an NHS email this had resulted in the sharing of NHS information in a speedily and secure way for the benefit of people living in the service.
- The registered manager told us about a person living with dementia who used Doll therapy. Their faith was of huge importance to them. The registered manager subsequently organised for a minister to visit the service and perform a baptism of the doll used by the person and a provided a certificate of baptism. This gave the person great comfort.
- Social inclusion was promoted with opportunities for people to access the community. An example was given how a person wanted to see horses as they had been into equine sport. The registered manager organised a visit to a nearby equine centre where the person was supported to attend and enjoyed plaiting horse manes and tails. This had a positive impact on the person's well-being and this activity soon became offered to other people and is now an annual event.
- People were also supported to have a holiday. The registered manager told us how staff voluntarily took people away for weekend and overnight breaks, A local holiday cottage was used and people were given the choice of either visiting for a day or overnight. This allowed people living with advanced dementia to have maximise control of their lives in the least restrictive of ways.
- A varied activity programme was available for people, Activities included, trips to the seaside were arranged twice yearly, and outings to the garden centre for those who had liked gardening earlier in their life. Visits to places of interests were popular. A person said, "I love to go on the trips, they (staff) are very good at arranging them, I have been to the War Museum and Rutland Water, can't remember the rest I have been on, Staff will always come around and tell you what's happening, and invite you to join in, you're not left out."
- People were very positive about the opportunities they received to participate in activities. A person said, "I like to read, there are many books all over the home on different bookshelves, and of course I have some brought in, I will go to the activities if it's something that interests me, the seating areas are nice and quiet you can have a chat with someone, and staff are always about to have a chat with, I don't feel bored." Another person said, "I love to play bingo, I like the singing, they will always come and tell me come on (name) its bingo today I like all the entertainment, I think they do very well to try and please everyone."
- A monthly activities chart was printed and given to people, to inform them of up and coming events and daily activities. However, people were also personally invited by the activity coordinator, giving them a gentle reminder of the day's activities. Activities were varied and included people's interests and hobbies. Activities included, keep fit, musical entertainment, board games, cake making, a visiting magician and zoo

where different animals and reptiles were brought into the home to show people. A visitor also took their dog for people to stroke. People were also supported with their religious preferences and different visiting community representatives visited people.

- On the day of our inspection we saw people participating in a baking session. Irish coffee and cake were served for afternoon tea which people were seen to enjoy. A person who had a love of music was seen to be playing a piano.
- Days out in the garden, weather permitting, was an attraction for tea, cakes and a get together. People had access to the provider's minibus and daily outings or just a drive into town each day was available on request from 9am to 4.30pm.
- Special events were organised and we saw information on display inviting relatives to a Mother's Day lunch. A relative told us, "There's always something happening, they have lots of activities, they went to the Grantham fair last summer, they have singers and films. The activities are not always on this household so it's like going out for [relation] when they go along to another household for an activity."
- People told us they had personalised their bedrooms and how this was important to them. They also spoke fondly of the maintenance person and said, "The handy man is very good, they will come and do anything for you they are such a good chap. The gardens are very nice to sit in when the weather is nice, it really is a lovely place to be."
- 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. We saw evidence that the identified information and communication needs were met for individuals. For example, the menu was provided with pictures of the food options to support people living with dementia to assist them to make informed choices.

#### Improving care quality in response to complaints or concerns

- People had access to the provider's complaint procedure. People told us they had not experienced any cause to make a complaint, but felt confident to do so if required and that the registered manager would respond positively.

#### End of life care and support

- People received kind, caring and compassionate care at the end of their life. Staff had received training in end of life care and worked well with community specialist end of life care professionals. Working in partnership with others, enabled people to experience a pain free and dignified death. All staff showed a great commitment in caring for a person who was at the end stage of their life, this involved staff volunteering to sit with people in their own time when their relatives and loved ones were unable to.
- We saw examples of end of life care plans that provided staff with guidance of the care people required and wished for at the end of their life. This included consideration of their religious and spiritual needs.
- In consultation with people and external professionals such as the GP and Care Practitioner, people were supported to discuss and agree future advanced care planning. This enabled staff to be responsive to people's needs and wishes about their future care.



# 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

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

- The provider had a clear vision and set of values for the service that was based on people receiving care that was person centred, responsive and transparent. An example of inclusion and person centred care was how consideration had been given to how people were involved in their care as fully as possible. This included people being involved in the recruitment of staff.
- People were supported to attend meetings to review their care and documentation was presented in an easy read format. This supported people living with dementia, to share their feelings about the care they received. An example of the positive approach in the care of people living with dementia was how in addition to staff, people who lived at the service were 'dementia friends.' This meant there was a shared and inclusive approach in helping create a dementia friendly community within the service.'
- The registered manager told us how relatives had recently been offered the Dementia Friends training and more sessions had been booked. A dementia café was also available and the service was supported by a Trust Admiral Nurse in running these community sessions. An Admiral Nurse is a specialist dementia nurse who gives expert practical, clinical and emotion support to staff and relatives. This demonstrates the registered managers commitment in ensuring people living with dementia lead active and fulfilling lives.
- Staff were seen to work to the provider's set of values; they had a calm and caring approach towards people in their care. For example, staff showed great dedicated and compassion towards the people in their care who were treated as equals. An example of the recognition of excellent care was awarded to staff, by Lincolnshire Care Association for their dedication and care.
- The provider had met their registration regulatory requirements of notifying CQC of certain information. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

Continuous learning and improving care

- The registered manager attended forums with the local authority and attended internal meetings within the organisation to share good practice and learning. The registered manager had become an ambassador working with the local authority to support, maintain and communicate on safeguarding issues. In addition to the registered manager working with the Alzheimer's Society they also worked with Dementia Action Alliance. This supported the registered manager to update their knowledge and awareness in best practice guidance in the care of people living with dementia.
- The provider had received positive feedback via Care Home UK. This is an independent guide of care



homes providing care in the UK. Feedback was received from people who had experience of the service and the current score was nine point seven out of ten. Comments included, "...Care has been exemplary." "...my relation has received exceptional care." When asked if people would recommend the service comments continually stated, "Extremely Likely." Feedback was monitored by the registered manager and provider to review if action was required to improve the service.

#### Working in partnership with others

- The registered manager was well respected and recognised by external organisations. For example, the Alzheimer's society had invited the registered manager to be a VIP guest in November 2018 at the dementia conference in Brighton where they were a guest speaker. The registered manager had also been asked to be a speaker and hold a workshop on Lift the Lid on Sex Intimacy and Relationships at the Lincolnshire Care Association conference in June 2019. They have also been nominated to be a mentor for new Home Manager Network within Lincolnshire through Lincolnshire Care Association. These examples, demonstrate the registered manager's dedication and commitment in dementia care.
- It was clear from talking with people, staff and viewing care records that the service regularly worked in partnership with external professional agencies. This demonstrated the service had established effective links with external health and social care professionals in meeting positive outcomes for people.
- There was good use of volunteers who added additional opportunities and benefits to people who used the service, such as developing and extending friendship groups.

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

- The provider had policies and procedures that reflected current legislation and best practice guidance, and set out what was expected of staff when supporting people.
- A whistleblowing policy was in place. Whistle-blowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.
- There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and care plans to ensure the service complied with legislative requirements and promoted best practice. The registered manager was required to submit regular audits to senior managers within the organisation to enable them to have continued overview of the service. The provider's representative also completed additional audits. The service had an improvement plan, this included actions identified through internal audits and checks. This told us that the provider had procedures and systems in place that demonstrated the service was continually driving forward improvements to the service people received.

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

- The registered manager was very experienced and dedicated in their work and consistently promoted and led the staff team to achieve positive outcomes for people. The included continually improving standards to improve the service. This resulted in the staff having a shared vision of the service.
- Staff were supported and encouraged to raise any issues, concerns or suggestions and felt valued and respected. Good communication systems were in place to share information, this included daily staff handover meetings, daily heads of department meetings and staff meetings. Staff were positive about the leadership of the service. A staff member said, "The values here are, 'the Mum test' the company say it's their vision I know it's a business, but they give us the tools to make this home a nice place to live." Another staff member said, "The manager is brilliant she's always around and happy to listen and help."
- As part of the provider's internal quality assurance checks, annual satisfaction surveys were sent to

people who used the service, relatives and external professionals. In addition, resident meetings were arranged as an additional method to support people to share their experience of the service. Meetings records showed how previous discussions and actions were discussed and followed up. The provider's quality assurance systems demonstrated how people were involved in the development of the service and how information was shared with people in a meaningful way. People confirmed they received opportunities to feedback their experience about the service. A person said, "I don't go to the meetings I know they hold them regularly. I think the staff work very well together, so we all benefit from this. The manager is always about, and you can just ask for anything on any day, and it will be done. I can't think of anything I would want to change about it." Action taken in response to comments about food choices, resulted in a monthly meeting for people and their relatives, "Meet the Chef". These meetings were held monthly and used to consult people about the menu. his place, I'm very happy."