

Wren Hall Nursing Home Limited

Wren Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Wren Hall Nursing Home is registered to provide accommodation for up to 54 people who require nursing or personal care, the majority of whom are living with dementia. A day service which people within the service and community can access, is also provided.

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

The service clearly demonstrated how it continued and consistently met the characteristics of providing excellent care. People were at the heart of the service and the registered manager and staff were fully committed to providing high-quality person-centred care. Staff were clearly committed and compassionate, striving to provide excellent care at all times. People were treated with exceptional kindness, dignity and respect and received their care and support from a highly motivated and dedicated staff team.

There was an extremely open and transparent culture within the service and the providers vision and values were clearly understood and upheld. The registered manager and management team worked in partnership with others and strove to ensure the service was the best it could be.

Comprehensive auditing and monitoring programmes had been completed and excellent governance was embedded within the service. There was a strong emphasis on continuous improvement and the thoughts of the people using the service, relatives, staff, stakeholders and members of the local community were continually sought and listened too.

Staff were recruited safely, and appropriate numbers were available to meet people's needs. Staff were extremely proud to work at the service and had received the training and support they needed to meet people's needs in a person-centred and holistic way.

People were provided with a stimulating environment, which met their specific needs as well as promoting independence and socialisation. The staff team went above and beyond to find out the things important to people and activities and social interaction were an integral part of people's lives.

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.

People were supported safely. Their needs had been comprehensively assessed and the risks associated with their care and support had been reviewed and managed. People felt extremely safe living at Wren Hall Nursing Home and staff knew their responsibilities for ensuring people were kept safe from avoidable harm.

The registered manager and staff team embraced comprehensive and innovative approaches to safeguarding and positive risk-taking, supporting people to have control over their lives.

Comprehensive plans of care had been developed and staff knew the people they were supporting extremely well. Staff worked hard to promote people's right to make their own decisions about their care where possible and respected the choices they made. People's consent was always obtained.

People were supported to access relevant healthcare services when they needed them, and they were supported to eat and drink well. People received their medicine safely and as prescribed.

People were provided with care and support that not only met their care and support needs, but also their emotional, social, cultural and spiritual needs. People were greatly respected as individuals and their values and beliefs were upheld.

An end of life suite had been created to offer more comfortable, relaxed and private facilities for people and their families facing death and bereavement. People's wishes at the end of their life were sought and followed and people received excellent end of life care.

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 outstanding (published 23 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

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 

Wren Hall 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

The inspection was carried out by an inspector, a specialist nurse advisor 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

Wren Hall 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, (who was also the provider) registered with the Care Quality Commission. This means that they 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 the inspection

We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority that monitors the care and support people receive and Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with five people living there and four relatives. We spoke with the registered manager, the training coordinator, five registered nurses and 11 members of the staff team. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included three people's care records and associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for a new staff member employed since our last visit. We also looked at a sample of the provider's quality assurance audits the management team had completed.

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 now improved to outstanding.

Outstanding - This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been comprehensively assessed. This enabled risks to be successfully managed and monitored. Risks assessed included those associated with people's ability to eat and drink and the risk of falls. Where concerns had been identified, appropriate actions had been taken to reduce the risks and keep people safe. For example, it was identified one person was frequently falling in their bedroom at night. The staff team worked in partnership with them and their relative paying particular attention to best practice guidance. This enabled them to optimise the environment by improving the person's bedroom lighting, they ensured bed and motion sensors were working correctly; provided a more appropriate bed and removed unnecessary furniture and clutter. They also sought advice from the Falls Team. Records showed these actions had had a positive effect in reducing the number of falls the person experienced.
- The registered manager and staff embraced comprehensive and innovative approaches to safeguarding and positive risk-taking, supporting people to have control over their lives.
- Staff monitored people's reactions and associated behaviours and reflected on how people or the environment may have triggered situations. They then ensured such triggers were removed. Where they identified constraints to people's well-being, they challenged and addressed them. For example, one person was constantly trying to leave the service. They had worked for the post office and had walked for miles every day. Staff recognised the immense importance of walking to them and combined them taking the resident therapy dog for a walk to their home. They would have lunch with their relative and then the relative would drive them back to the service. As a result, the person stopped trying to leave Wren Hall.
- The registered manager and staff team constantly thought of innovative ways to support people whilst maintaining their safety. Positive risk taking was wholly promoted, enshrined into practice and encouraged to enable people to live full and meaningful lives, and champion people's independence. People were always actively involved in managing their own risks along with their relatives. For example, one person who was a retired landlord had recently 'taken to their bed'. One day their keyworker was reminiscing with them about their landlord days. This person's mood was higher than usual, so their keyworker grasped the opportunity to offer to take them to visit their old friends at their pub. Following this outing they began getting up each day with the request they be taken to their local. The service embraced this, and they were able to eat and drink with their friends on a regular basis. Now they take a taxi to and from the pub on their own and the current landlord phones the service to say they have arrived, and when they are on their way home. This person now has a mobile phone with 'find my phone' activated so their whereabouts can be

located. This meant the service was truly successful in finding innovative ways for people to remain independent and safe.

- The registered manager used the 'Dementia Care Matters' Emotions and Risk Assessment (ERA) Tool to assess the emotional risks associated with people not wishing to perform an activity. The use of this tool had a demonstrable impact on both staff and relatives by supporting them to recognise that risk was part of everyday life and removing all risk from a person's life would lead to boredom, isolation and inactivity. The use of the ERA tool resulted in empowering people and increasing their level of independence. For instance, a person with severely contracted limbs and considerable cognitive impairment, peeled an orange and proceeded to eat it having been given the opportunity to do so. It also gifted staff to understand that no matter how small, any form of independence can make the ultimate difference to a person's emotional well-being.
- People were assured their home was a safe place to live. The registered manager sought out best practice and used this to drive improvement for everyone using the service. Since our last inspection the provider's nurse call system had been updated to enable people to have greater freedom to walk around the premises. The system was tailored to each person's individual needs and allowed people freedom without intrusive shadowing by staff or restrictions. When people approached an area of potential danger, the system alerted members of staff who could then support people to remain safe.
- Regular checks had been carried out on the environment and on the equipment people used to ensure it remained safe.

Systems and processes to safeguard people from the risk of abuse

- People felt extremely safe with the staff team who supported them. One person told us, "I am safe. I am a very anxious and nervous person and there are staff here at all time. The staff come in every half an hour to check that I am ok. They give brilliant care." A relative explained, "Oh [person] is very safe here they have one to one care and they [staff] are a great team. There is always someone around, they really do take care of [person]."
- Staff had received training on keeping people safe and understood their responsibilities around this. They had meticulous knowledge of the provider's safeguarding systems and procedures and implemented these with excellent effect. One explained, "I would pass my concerns to the nurse in charge, or go higher to [registered manager], she would definitely act, 100%."

Staffing and recruitment

- People told us there were always enough numbers of suitably qualified and trained staff to meet their needs in a safe and timely manner. One person told us, "The staff tend to come quite quickly if I press my buzzer. I also have another monitor here I can use if I need them." A relative explained, "I think there are usually enough staff around, there are generally four or five staff in this lounge and at weekends. There is always someone to step in for sickness."
- Staff felt there were enough staff to meet people's needs. One explained, "I feel there are enough staff. We have a high ratio of staff to people."
- Staff numbers meant staff continuously had the time to spend with people without feeling rushed and were able to meet people's needs in a holistic and meaningful manner.
- The recruitment of new staff remained robust with appropriate checks being carried out to make sure they were safe and suitable to work at the service. The registered manager was dedicated in responding to any concerns expressed about staff performance and addressed any poor performance or behaviour effectively.
- The registered manager modelled the recruitment process on involving people using the service in the recruitment of new staff. This ensured people felt partners in the staffing of the service.

Learning lessons when things go wrong

- There were robust procedures in place which ensured lessons were learned from accidents, incidents,

complaints and other significant events. When accidents, incidents, complaints and other significant events occurred, investigations were carried out to determine what happened and to identify the root cause of the issue. The registered manager then involved key staff in identifying the most appropriate action to resolve it. Where they lacked the relevant expertise to comprehensively address any issue, they obtained appropriate external advice.

- Staff were strongly encouraged to report incidents that happened at the service. For example, following an audit developed to look at people's skin integrity, it was identified there was a higher number of incidents of accidental skin damage in one of the four lounges. To address this, staff received updated moving and handling guidance and weekly body maps were completed. This action was successful in reducing the number of incidents occurring.

Using medicines safely

- People were supported to have their medicines at the right times and in a safe way. One person explained, "I take my medication in the morning and the evening. I already know what medication I am on. They also give me painkillers on demand as I have a wound on my leg." A relative told us, "They talk nicely to [person] when they give them their medication."
- Medicines were stored in line with manufacturers guide lines and robust records were kept.
- Staff responsible for supporting people with their medicines had received the appropriate training and their competency had been regularly checked. This made sure they remained competent and capable to carry out the task.
- Protocols were in place for medicines prescribed to be given only as required and a record of any allergies was included in the records held.

Preventing and controlling infection

- Staff had received training on the prevention and control of infection and they followed the providers infection control policy. Personal protective equipment (PPE) such as gloves and aprons were readily available, and these were appropriately used throughout our visit.
- The service was clean and tidy and well-maintained. All communal areas, bedrooms and equipment were regularly cleaned and monitored to ensure people were provided with a comfortable place to live.

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 has now improved to outstanding.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People and their relatives were extremely positive about the environment and overall décor of the home and were provided with a thoroughly delightful place to live.
- A huge amount of thought and planning had gone into ensuring the service met people's needs in an exceptional way and reflected their individual and personal preferences.
- People had been involved in deciding how the service was decorated and furnished and were fully involved in all aspects of the service.
- There were four lounges on the ground floor where people could spend their day. These were tastefully decorated and included possessions important to people which they could access at all times. Corridors were brightly painted and themed with pictures and memorabilia. One corridor had a beach and seaside theme, whilst another had a music and instruments theme. The third had a sports and equipment theme and the fourth was themed around cookery and food.
- Bedroom doors were numbered, and each room had a story board outside which included information about the person who lived there. Memory boxes with articles of interest to them as individuals were also displayed by their bedroom doors and held in the lounge areas for easy access.
- In the reception area there was a post office and sweet shop display, and a dressing area where people could choose a scarf or hat and select jewellery they would like to wear for the day. On our arrival we watched a staff member supporting a person to choose some headwear which they helped to put on.
- There were exceptional outside facilities with numerous places available for people to access. A small church had been built in the grounds where people could spend quiet reflection. A bar and tea room were available for people to enjoy drinks, snacks and afternoon tea, and there were numerous seating areas for people to enjoy. A crazy golf course had been created where people could enjoy a game of golf and a bird aviary and chicken coup were available for people to visit, enabling them to collect eggs to be used by the kitchen staff.

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

- People's needs, choices and preferences had been comprehensively and holistically assessed prior to moving into the service. Assessments covered people's health and social care needs, their life history, preferences, hobbies and interests. They also included any protected characteristics under the Equality Act 2010 and these were considered in people's plans of care. For example, people's needs in relation to their age, gender, religion and disability were identified. The registered manager told us they recognised and

respected people's diverse needs and these were discussed at the assessment stage. Staff had also completed training in equality and diversity and showed great respect and understanding of people's diverse needs.

- Staff had an exceptional understanding of people's backgrounds and the pastimes they enjoyed because of the thoroughness of the assessment process. People consistently received exceptional care and treatment because staff had very detailed information and used this to develop meaningful relationships with people and their families.
- The service worked in partnership with other organisations and kept up to date with new research and development to make sure staff were trained to follow best practice. For example, two registered nurses had completed post graduate modules on 'Focussed Intervention Training and Support' to reduce the use of anti-psychotic medicines. The use of these medicines was now minimal at Wren Hall Nursing Home.
- The registered manager fully embraced new initiatives. The service had been a finalist in the 2019 Nursing Times awards for their work around Integrated approaches to care. (Services being better joined-up and coordinated to meet people's needs and improve their experience of care).
- Care and support were provided in line with national guidance and best practice guidelines. For example, for a person who lived with a specific health condition, the signs and symptoms to look out for and actions to take were included in their plan of care.
- The registered manager consistently researched best practice guidance and had a collaborative approach in supporting people to achieve good outcomes.
- People were empowered and supported to make choices about their care and support daily. For example, we observed staff supporting people to make decisions about what they wanted to wear that day, how they wanted to spend their time and where they wanted to eat their meals. One person told us, "I can do what I want really and get up when I like. I am an early riser and I can go to bed when I like as well."

Staff support: induction, training, skills and experience

- The provider had worked with the local Integrated Care Home Group to create React to Dementia and End of Life training resources. These provided staff with guidance on how best to support people with dementia and empowered them with the knowledge and skills to support people effectively.
- Staff had been provided with a comprehensive induction into the service, and the training they needed to support people exceptionally had been completed. Staff spoke highly of the training provided. One explained, "I really, really enjoy it here. The training I have done has really brought me out of my shell and helped me find my voice." One of the people using the service told us, "They have special skills and training, but they also have this special talent, they go above and beyond what they should do, they must be specially chosen."
- Training on the butterfly model of care had been provided to all staff. This model of care rests on the belief that for people experiencing dementia, feelings matter most, that emotional intelligence is the core competency and people living with a dementia can thrive well in a nurturing environment. We observed staff spending continual snippets of time with everyone using the service, whether it was to chat, hold their hand or simply sit with them. People clearly benefited from this approach as happy and relaxed interactions were seen throughout our visit.

The provider had introduced the role of nursing associates to support the registered nurses. This offered care staff the opportunity for further training, education and personal development. There were two registered nursing associates at the time of our visit and a further four were enrolled on the programme. One nursing associate had recently been involved in the Florence Nightingale Foundation Leadership programme. This supported them to develop as a leader to ultimately improve people and health outcomes.

- The registered manager fully supported the nurses working at the service to meet their requirements for revalidation and maintain their professional registration. They had recently held a registered nurse development day for all the nurses employed at Wren Hall. This provided them with the opportunity to work

together as a group to share experiences and discuss topics relevant to their work.

- Staff were fully supported through yearly appraisals and regular supervision and they told us they felt very much supported by the registered manager. One explained, "There is always someone around you can talk to. I feel very much supported in that sense."

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

- There was a strong emphasis on the importance of eating and drinking well, and staff supported people to maintain a healthy balanced diet.

- Staff embraced people's cultural and religious preferences regarding food and festive celebrations were catered for.

- People and their relatives were extremely complimentary about the food and drink provided. One person explained, "Oh this is [name], they make me the most wonderful milkshakes and they taste them for me. The food is good, and they are looking after me as I am not feeling well at the moment. When I came in here I was malnourished, I had no idea." Another told us, "The food is always nice tasting and well presented."

- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly.

- The chef had information about people's dietary needs. They knew about the requirements for people who needed a soft or pureed diet and for people who lived with allergies. They worked extremely well with healthcare professionals and followed their specialist advice regarding people's food intake. They followed research which showed changing people's diets could help the symptoms of Alzheimer's. The menus devised reflected this.

- Mealtimes were extremely relaxed. The atmosphere in the dining rooms was lively, with lots of interaction and chatter. Staff sat with people during the meal service and supported them in a calm and attentive manner. Food was served in tureens on the table and people could help themselves or be served by a member of staff. Menus were read out to people, so they knew what was on offer and staff showed the food to people to enable them to make a choice. Snacks and drinks were offered throughout the day.

- Themed restaurant evenings were a regular occurrence. People using the service and their family members and friends were invited to enjoy a three course al-a-carte meal where they could meet and enjoy a sociable meal together.

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

- The service was awarded LPZ care home of the year 2018 for sustaining exceptional levels of care and driving towards continuous improvement. LPZ is an audit tool which monitors the prevalence of common care issues such as pressure ulcers, continence, nutrition, falls and pain management. By completing this tool, the service was able to make changes to care delivery to improve the safety, health and wellbeing of the people using the service.

- There were champions within the service who actively supported staff to continually improve the care and support being provided, and people experienced excellent healthcare and wellbeing outcomes because of this. Champions were available to offer support and advice within mental capacity, tissue viability, dementia care and infection control. This meant staff were able to support people in a way that reflected best practice.

- People were supported with good oral care. Staff had received training, and a member of the staff team had been made 'oral hygiene champion' to embed good oral care into the service.

- The staff team worked with external agencies including commissioners and healthcare professionals to provide effective care. The registered manager had worked collaboratively with Nottingham University NHS trust and Health England to reduce hospital admissions through promoting good practice. This meant staff were able to proactively recognise deterioration in people's health and avoid unnecessary admissions.

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.

- Staff were fully trained in MCA and DoLS and had an extremely good understanding of how these impacted on people's daily lives.
- Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves.
- DoLS applications had been submitted where required. A log was used to record when and why the application had been submitted, date authorised, any conditions and duration of the authorisation.

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 the same.

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; respecting equality and diversity

- There was a strong, visible person-centred culture at the service and staff were highly motivated and provided care and support that exceeded expectations.
- People and their relatives without exception, spoke extremely positively about the standard of care provided. Relatives commented on how friendly and welcoming the staff were and described them as kind, thoughtful and considerate, and always willing to help. One person told us, "Recently it was our anniversary, not a special one but they truly made it special. They provided lunch in [person's] bedroom with a table and linen table cloth, we had a three-course meal. Then later we had a cake made of chocolate to celebrate. We went into the garden and had a special tea in the pavilion. The staff had made us lots of lovely sandwiches and cake and there were lots of balloons written in the word love. Where else would you get that, it was amazing. At the end of the day when I went home, they gave me a photo in a frame of the two of us from the day, it was wonderful. It brings tears to my eyes now when I think about it."
- Staff were extremely proud to work at the service and demonstrated real empathy for the people they supported. One explained, "I love it, I have fallen in love with working here. Everyone is so nice, it is the best thing I have ever done."
- Staff had a positive and respectful approach in how they provided care. People and relatives spoke highly of the staff's courteous and respectful manner. One relative told us, "The looks of love they shared with [person] was a joy to behold. They are all so deserving of so much praise and gratitude." Another explained, "They really do get to know your loved one."
- Throughout our visit we saw staff treat people with exceptional kindness, empathy and compassion. When people showed signs of distress, the staff team knew exactly how to support them, whether it was with a simple touch of their arm or a kind, gentle word.
- We saw many positive interactions of staff with people. Staff were attentive, had time to spend with people and it was clear from the jovial exchanges, smiles and laughter, people had developed positive and trusting relationships with staff.
- The staff team had an exceptional understanding of people and their needs. One person explained, "Yes I know them, and they know me. They offer compassion and care. When I was ill last week the staff member knew I did not want to be alone, so they laid beside me on my bed and stroked my hand, they looked after me for at least 30 minutes to reassure me. They went above and beyond and that's not about training, they had something extra and that's what a lot of staff who work here have got. It must be in the way the staff are chosen to work here."

- Staff fully understood the importance of promoting equality and diversity and respecting people's religious beliefs. They had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them.
- The registered manager had looked at ways to make the service LGBTQ+ Friendly. Training had been arranged and a number of staff were due to attend. One explained, "We don't discriminate against anyone. Everyone has their own identity and are free to be anyone. The training will give us a really good insight." An equal opportunities assessment tool had been developed and they were looking at ways people from the LGBTQ+ community would feel comfortable living at the service. They explained, "We don't want anyone to feel they can't be themselves."
- Staff were extremely positive about their work and spoke about people with great empathy and kindness and showed an interest in people's wellbeing. One explained, "We are here for them, to provide them with the best care possible. It's about making sure everyone is included. The big ethos here is inclusion and treating everyone as an individual."

Respecting and promoting people's privacy, dignity and independence

- Respecting people's privacy and dignity was at the heart of the service's culture and values. It was embedded in everything the staff did and people felt respected and listened to.
- People and their relatives told us they were always treated with the upmost respect and their dignity was comprehensively maintained. One person told us, "The staff are really wonderful here." Another explained, "They always knock on the door and ask if you are ok." A relative told us, "It is the most wonderful care home. There is a great sense of community and every member of staff takes the time to really get to know the ladies and gentlemen. The level of respect shown is unprecedented."
- Privacy notices were used on people's bedroom doors when personal care was provided. These ensured people were not disturbed, and their privacy and dignity preserved.
- We observed staff supporting a person to move using a hoist. The staff were extremely caring and considerate. They explained exactly what they were doing, they were very careful with their legs and made sure their dignity was maintained by adjusting their clothing.
- The provider's nurse call system enabled people to maintain their independence and walk freely with purpose around the service and grounds. Some people were provided with pagers in the shape of watches rather than a fob around their neck. These promoted people's dignity and promoted their self-esteem.
- Competency checks were carried out on staff to ensure they were respecting and promoting people's privacy, dignity and Independence.
- Feedback in surveys completed by people and their relatives about privacy, dignity, independence and choice was extremely positive and evidenced care was consistently excellent.

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

- People were strongly encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. One person told us, "They [staff] ask me what I would like to do and make sure I can do it."
- Meetings for people using the service and their relatives were held regularly, providing them with the opportunity to decide on things that happened within the service and giving them choice and control. A relative told us, "We have meetings regularly, we had one last month. All the staff from this lounge came and the nurses, and we discussed care and progress. They let me know if there are any issues."

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 outstanding. At this inspection this key question has remained the same.

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

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an embedded culture of person-centred care at Wren Hall Nursing Home.
- The registered manager and staff team were highly creative and innovative in supporting people to actively access interests and activities that were important to them. For example, following discussions with people to see if there was anything they would love to do, one person told them they had a desire to see the sea again. As they were unable to leave their bed the registered manager arranged this for them. The person told us, "I told them I wanted to see the sea. So, the next day they brought in a big screen and projector and when I woke up, there was the sea in front of me on the big screen. The staff said they brought the sea to me. They had to get a different computer, but they did it for me." Another person had a burning desire to go back home and see their garden and their pet. The registered manager spoke with their son and arranged for a photo to be brought in.
- Memory boxes had been created and these included things that were important to people. One person told us, "I have a memory box with lots of things I like to do and also there is some history from my work." A relative explained, "Oh the staff always put [person's] books in front of them, they like dogs and horses. The staff know each person and what they like, they know them very well. In fact, there was a resident, they have passed now, but they were a boxer and they fitted a punchbag to the ceiling and got them some boxing gloves."
- Throughout our visit people were being supported to carry out meaningful activities. For example, some were peeling vegetables for lunch, another person was flower arranging and another was enjoying watching a film on their personal DVD player. For one person who loved cleaning brasses, brasses were placed on a table ready for them to join the others in the dining room. People were fully involved and clearly enjoyed the activities presented.
- Staff knew people extremely well and supported them in an individual and holistic way.
- Since our last visit, the provider had set up a children's nursery next door to the service and much intergenerational work had been achieved. Children from the nursery visited whilst we were there. They joined people in painting, playing games and singing songs.
- A staff member told us, "The children come in daily and engage with people. It brings out their [people using the service] nurturing qualities and encourages them to zip up coats and tie shoe laces. It all helps with their dexterity."
- Staff used innovative and individual ways of involving people and their family and friends in their care and support plans, and people felt consulted, empowered, listened to and valued. A relative told us, "As relatives

we were invited to training with the staff. We particularly enjoyed one around music. We were able to put music together and make a sound track for [person]. It was wonderful. The staff are so sensitive to everyone's individual needs."

End of life care and support

- The registered manager and staff team were committed to providing outstanding end of life care that was dignified, comfortable and pain free.
- In August 2016 the service received the Beacon Status award, the highest rating at that time for providing outstanding end of life care awarded by the Gold Standards Framework. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling frontline staff to provide exceptional care for people nearing the end of life. To be recognised as a beacon, a service must show innovative and established good practice. The registered manager had recently submitted evidence and was being assessed for Platinum status, the highest rating awarded.
- Comprehensive end of life plans had been developed. These included people's wishes and personal preferences for care at the end of their life. For example, they included people's favourite music of choice and how they wished to be physically comfortable. One of the people using the service told us, "Oh yes we have discussed it, I was not sure what I wanted but they went away and gave me time to think about it. I talked about the music I liked."
- An end of life care suite had been created since our last visit. This comprised of a large double bedroom with ensuite facilities with ceiling track hoist. A family room was also available providing a private space for families to stay and be near their loved ones. One relative told us, "We agreed an end of life care plan and they [staff] followed it through to the end. The staff came in regularly to comfort them, the level of care was excellent. It was a good and dignified death made possible by the care and compassion they received."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had been consulted and fully involved in the planning of their care with the support of their relatives. A relative told us, "I am involved in the planning of [persons] care continually, and we have meetings about their health."
- The staff team worked extremely hard ensuring they could meet people's needs however complex. People's plans of care were fully centred on them as a person. They were comprehensive and included information to enable staff to provide the care and support each person needed. They included information on people's history and how they wished their care and support needs to be met. The registered manager and staff team went out of their way to explore people's wishes.
- People told us staff had outstanding skills and had an excellent understanding of their individual needs relating to their protected equality characteristics and their values and beliefs. For example, one person's plan of care showed they, 'likes aeroplanes and likes to have the bible read to them'. The staff were aware of these individual likes and supported them with this.
- A healthcare professional commented, "I love the stimulating environment, it is so inviting and stimulating. It is obvious the staff team are so caring."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people extremely well and knew how each person communicated. This information was included in people's plans of care and staff took the time to learn and understand people's communication

needs.

- Information within the service was available in large print and pictorial form.
- The registered manager was in the process of working with an external company to look at up to date technology available to enhance people's wellbeing.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and people knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint. One person told us, "I did make a comment the other day about a staff member. I thought there would be an atmosphere as I commented, but there is no problem, it got sorted."
- The registered manager had received one complaint in the last 12 months. We saw this had been handled in line with the providers complaints policy, thoroughly investigated and responded to appropriately. The registered manager used the outcomes of complaints to further improve the service provided.

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 outstanding. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong emphasis on continuous improvement and the registered manager had implemented many initiatives and innovations since our last inspection.
- The registered manager was extremely passionate and dedicated to their role and both they and the staff team demonstrated a strong commitment to providing person-centred, high-quality care.
- The staff team were highly motivated and understood the registered manager's vision and values. They explained, "It is not for us to control, it is to give them [people using the service] control. No matter what people want, they should have it. We don't compromise. If we say we are going to do something we do it. It's about providing an open and transparent culture."
- It was evident staff knew people extremely well and put the registered manager's values into practice. One staff member told us, "We have an open and honest policy here. We aim to enable people to live better and die better. To make people's lives at their most vulnerable, the best it can be."
- The registered manager and staff team positively engaged with everyone using the service, their relatives and relevant stakeholders. A comment left by a healthcare professional read, "What an amazing home. I have been a district nurse for years and have never been in a home that feels like home. This is so inviting and stimulating."
- The staff team felt extremely supported and valued by the registered manager and management team. One explained, "I feel so supported. If I get stuck I go to [name] they are very approachable. I have also spoken with [name] they have been absolutely fantastic, I can't fault them."
- Relatives told us the management and staff team went out of their way to support them to be involved in their relative's care going above and beyond what they expected of them. One explained, "[Registered manager] and all the staff strive to be outstanding. One thing [registered manager] is good at is empowering others. They are so on the ball and so committed. They ask relatives what they could do better."

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

- The service strove for excellence through consultation, research and reflective practice. The service received an external LPZ [A National Prevalence Measurement of Quality of Care] benchmarking audit which was an annual, independent measurement of the quality of care in the healthcare sector. In 2018 The LPZ awarded the service 'Care Home of the Year' for sustaining exceptional levels of care and their drive for

continuous improvement.

- The service had also been audited by external organisations including Dementia Care Matters, ISO 9001 and the local council with outstanding outcomes. The registered manager was committed to providing top quality care at the highest level.
- Comprehensive internal systems were also in place to monitor the quality and safety of the service. Daily, weekly and monthly audits had been carried out including on people's plans of care, medicine records and records of pressure ulcers, weights and falls. Records showed where issues had been identified, appropriate action had been taken in a timely manner.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. Appropriate notifications had been received from them. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display.
- The registered manager demonstrated excellent leadership skills and was extremely committed to providing an outstanding service. In 2014 they received an MBE in the New Year's honours for services to older people.

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

- The staff team went above and beyond the expectations of the management team and their dedication and commitment to providing excellent care and support was recognised. This included both a staff recognition award and team recognition award and were awarded for amongst other things, 'stepping up and going that extra mile'.
- The service found ways to enable people to feel empowered and voice their opinions. This included regular meetings, the use of surveys and comment cards.
- People and their relatives felt fully involved and the service was committed to engaging with everybody connected to them in ways that best suited everyone.
- Daily and weekly newsletters kept everyone up to date with events happening at the service. This included a football match against another service and a street party.
- The service was an important part of the community and strong links had been forged. People in the community were strongly encouraged and supported to be involved in daily life at the service.

Working in partnership with others; Continuous learning and improving care

- The registered manager was an excellent role model for other services. They regularly delivered talks at conferences held by national organisations and universities about best practice in adult social care.
- The registered manager and staff team worked in partnership with other organisations to develop and drive improvement. This meant staff could access relevant advice and support on managing people's complex needs through person-centred care.
- The registered manager had worked with two external organisations to create two specialist training modules at masters and degree level for nurses working in care homes. This was being delivered at a local university. Two of the nurses working at Wren Hall Nursing Home had completed the two modules at master's level, and a further three nurses were undertaking the frailty module at degree level. This meant people using the service benefited from the latest research and best practice.
- The registered manager and management team were continually striving for improvement. They were extremely passionate and committed to providing the highest possible level of support to both the people using the service and the staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team worked in an extremely open and transparent way when

incidents occurred at the service, in line with their responsibilities under the duty of candour.