Formations Care Services Ltd

Formations Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
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

Formations Care Home is a Care home. People in care homes receive accommodation and 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 provides care to predominantly older people and those living with dementia in one adapted building.

The home is registered to accommodate up to 24 people at any one time however the service had reduced its capacity to 19. On the day of the inspection there were 19 people living in the home.

The inspection took place on 28 August and 6 September 2018 and was unannounced. This was the service's first inspection since it registered in July 2017. A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback from people, relatives and health professional about the service was exceptional. They all said that people received extremely person-centred care that resulted in very positive outcomes for people.

There was an innovative approach to staff training based upon the needs and learning styles of staff and the needs of people who used the service. People and relatives were fully involved in delivering and receiving training. Staff were highly knowledgeable about people and their individual needs.

Staff were exceptionally kind and caring and knew people very well. Staff spent quality time with people meeting their social needs at every opportunity.

Staff had developed extremely caring and compassionate relationships with people which helped them fully understand people, their histories and their future needs. The service was exceptional at helping people maintain and develop their independence through creative methods and activities.

People and their representatives were truly at the heart of the service. People were fully involved in how the service was run including recruitment decisions, chairing meetings and monitoring quality. The service did not see communication difficulties as a barrier and took steps to fully involve all using innovative approaches, patience and dedication.

The service had developed exceptionally strong relationships with local health professionals whose expertise was used to develop and improve the service. The service was highly effective in its approach to meeting people's individual healthcare needs. The service worked very effectively with other organisations to ensure the service worked to and contributed to the development of best practice guidance.

Management and staff had an excellent understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Working practices in this area were excellent and focused on involving people to the maximum extent possible, even where people lacked capacity to make decisions on their own.

A thorough and person-centred assessment process was in place resulting in detailed care plans. Everyone said care needs were met and the service was very responsive. We saw very positive outcomes had been experienced by people.

End of life care within the home was exceptional. People, relatives and health professionals were fully involved in the planning process.

The service had strong and effective vision and values. People, relatives and staff were fully involved in the creation and review of these values. We saw the service was true to their values and produced exceptional results.

There was a strong focus on continuous improvement of the service. Robust improvement plans were in place and people and relatives had been involved in quality processes through creative methods.

The service had developed exceptionally strong links with the local community. This led to social opportunities and meaningful activities for people who used the service.

The service was dedicated to ensuring people's wishes and dreams became a reality. They adopted a truly person-centred approach to ensure this happened. Activities and trips out were thoughtful and meaningful for people.

The service recognised the importance of good nutrition and hydration and had put innovative steps in place to meet people's needs in this area.

The premises was appropriate and had been adapted to meet people's individual needs. It was tastefully decorated with appropriate space for social interaction.

Medicines were managed safely and people received their medicines as prescribed. Risks to people's health and safety were assessed and mitigated.

There were enough staff deployed to ensure people received highly personalised care. Safe recruitment procedures were in place.

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.

People received their medicines safely and as prescribed.

There were enough staff deployed to ensure people received prompt care a high level of interaction and support. Staff were recruited safely.

Risks to people's health and safety were assessed and mitigated. The service worked with people to ensure a good balance between risk control and personal freedom.

Is the service effective?

Outstanding

The service was very effective.

The service worked very effectively with other organisations to ensure the service worked to and contributed to the development of best practice guidance.

Creative and innovative methods of staff training were in place. People and relatives were fully involved in the delivery and receipt of training.

People praised the food provided by the home. There was a strong focus on ensuring people had enough to eat and drink taking into account people's diverse needs.

Health professionals provided exceptional feedback about the service and their working relationships with the management team.

Is the service caring?

Outstanding

The service was very caring.

Feedback from people, relatives and health professionals about the caring nature of the staff and management was exceptional. The service had a high regard for people's privacy and dignity.

The service was very effective at promoting people's

independence and helping people to become more mobile.

People's views and opinions were sought and truly valued by staff. People's diverse needs and views were recognised and taken into account.

Is the service responsive?

Outstanding ☆

The service was very responsive.

The service achieved exceptionally positive results for people. People said care needs were met and good outcomes achieved.

People had access to a range of activities and social opportunities, focused around their wishes, needs and desires. People were supported to achieve dreams and goals.

The service was exceptional at facilitating discussions about end of life care and fully involving people, relatives and health professionals.

Is the service well-led?

Outstanding ☆

The service was very well led.

People, relatives and health professionals said the service provided extremely high-quality care. Everyone said the management team were exceptionally engaging and dedicated to continuously improve the service.

The service had developed extremely strong links with other agencies, professionals and the local community to ensure a high performing service.

People and relatives were put at the heart of everything the service did. Their views and feedback was an integral part of service improvement.

Formations Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 28 August and 6 September 2018 and was unannounced. The inspection team consisted of two adult social care inspectors on the first day and one adult social care inspector on the second day.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. 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 safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority Commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with seven people who used the service, nine relatives and six care workers. We also spoke with the registered manager and provider. We spoke with nine health and social care professionals who work with the service. We reviewed three care plans, medicine records, and other records relating to the management of the service such as training records and audits and checks.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the mealtime experience, activities and how staff interacted with people throughout the day.

Good

Is the service safe?

Our findings

Medicines were managed safely. People said they received their medicines appropriately. Staff received training in medicines management and had their competency to give medicines assessed. We looked at medicine administration records (MARs) and found these were well completed. We checked the stock of five medicines against the MARs and found they were correct. People had well completed MARs in place for topical medications such as creams including a body map of where the cream should be applied. Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered to help ensure consistent use. Some people were prescribed medicines which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to enable this to happen. Regular audits of medication took place and any issues were followed up.

People were protected from abuse and improper treatment. People said they felt safe and secure living in the home. Safeguarding policies were in place and staff had been trained to recognise and report signs of abuse. Staff had a good understanding of safeguarding processes demonstrating training had been effective. We saw safeguarding concerns had been appropriately raised with the local authority and the CQC. When incidents had occurred, they were reviewed using a lesson learnt template to reduce the risk of reoccurrence.

There was a strong focus on learning from incidents. From the records we reviewed, we concluded accidents and incidents were recorded in detail and accurately. Handovers and staff meetings were used to keep staff up to date with incidents and any changes to practice required to improve the safety of the service. For example, one person had developed a mark on their skin. A full review took place of this incident with additional measures put in place to prevent a re-occurrence. The manager also implemented additional checks to ensure staff picked up on any future issues more rapidly.

Risks to people's health and safety were assessed and mitigated. A range of appropriate risk assessments were in place which covered areas such as nutrition, mobility and skin integrity. These were person centred and subject to regular review. Staff had a very good understanding of the people they were supporting and how to keep them safe. The registered manager was keen for people to maintain their freedom and took steps to make this a reality. For example using positive risk assessments to allow people to access the community independently.

The premises was safe and suitable for its intended purpose. Risk assessments were in place detailing the environmental hazards and how they were to be controlled. Checks were undertaken on the fire, electrical and gas systems to help ensure they were kept in safe working condition. A fire risk assessment was in place, which had been completed by the registered manager. We spoke with them about the need to get a specialist to conduct a risk assessment which they arranged immediately. Personal evacuation plans were in place which detailed how to safely evacuate in the event of a fire.

There were enough staff deployed to ensure people received appropriate care. People said there were enough staff who were always quick to respond to their needs. One relative said "Yes enough staff, never see

a room that doesn't have any staff in." The registered manager carefully assessed staffing levels. Overlapping shifts were in place so that there were six staff available in the morning when people liked to get up, this dropped to four until late afternoon. This demonstrated a carefully thought out process based on people's activities, needs and preferences. We observed there were sufficient staff on duty to meet people's needs. We saw staff were supporting with social activities as well as spending time talking to people. Communal areas were well supervised.

Safe recruitment procedures were in place. We checked three staff recruitment files. Appropriate checks such as references and Disclosure and Barring Service (DBS) were obtained prior to employment. All of the staff files we checked demonstrated that the correct procedures were being followed. The registered manager was selective about who they employed and only employed people in fitting with the values of the organisation.

The home was clean and hygienic. Staff received training in infection control training, including practical training in the home to look at how easily contaminants could spread. We saw them adhering to good hygiene techniques including the wearing of PPE. The service had received a 5* rating from the Foods Standard Agency. This means food was prepared and stored hygienically.

Outstanding ☆

Is the service effective?

Our findings

People, relatives and health professionals all provided exceptional feedback about the effectiveness of care, stating it had resulted in truly positive outcomes for people. A relative said "Never seen [relative] as settled as here, if there are any health concerns they really take care of [person]." Feedback from a health professional stated "I just wanted to say how impressed and pleased I have been with the support that you have provided. Without your care and perseverance, I am sure that [person] would not be as settled as [person] is. Your skilled person-centred interventions have meant that [person] has been able to express themselves within the safe boundaries that you have put in place." Another professional said "Both [registered manager] and [provider] are so proactive and the home, environment and everyone's commitment is like a breath of fresh air and a huge credit to them. I would certainly put my relatives in the home." A third professional stated, "The home is amazing, its brilliant that you recognise mindfulness can improve mood, reduce stress and therefore improve services."

The service worked in a highly effective manner with other organisations to keep up-to-date with new research and development and to train staff. The provider had only one home and had recognised the need to ensure effective relationships were built with others to develop and maintain expertise. They had engaged with a range of health and social care professionals which they called "service advisors" bringing their skills into the home in a structured and thought out way to provide training and support. We found the management team and staff had a very good understanding of these areas and health professionals praised them on their knowledge demonstrating this work had been very effective.

The service also contributed to the development of best practice guidance. Several initiatives developed by the home had been shared with other homes as examples of best practice by commissioners and other health and social care partners, who had been impressed with the work. This included the use of a discreet chart to monitor and promote fluid intake of people and a heatwave management plan. A health professional who had been involved in this dissemination of information spoke very positively about the registered managers ability and dedication to continuously improve the service.

People and relatives were involved in the recruitment of staff and had an influence on the outcome. This included people with limited capacity to make decisions and those who could not communicate verbally, demonstrating the service valued everyone's contribution. One person could not communicate verbally and was shown pictures to help them make choices about candidates and other people posed questions to candidates. A relative told us they had used their professional expertise to support the home to structure interview questions to help in the recruitment of staff, showing a collaborative approach to recruitment involving a range of stakeholders.

The service had an innovative and creative training programme in place which had become embedded into staff practice resulting in consistent, high quality care. The service had thought very hard about how best to structure training, based on the topic and the needs of staff in order to optimise staff learning. They had concluded visual or kinaesthetic (learn by doing) methods were needed therefore visual and practical training resources had been invested in. For example, a life size dummy was purchased which on training

exercises was left in different locations, to simulate falls, choking incidents, the need for skin checks and dealing with an unexpected death. These particular training subjects had been identified through training needs analysis of staff. Staff were required to act as if the scenario was real, take action and complete mock paperwork. These sessions were observed by people, relatives and health professionals with their input valued. The service had also bought 'germ dust' and run an exercise where a contaminated package handed from the postman to staff had resulted in 'germ dust' being spread throughout the home. Staff walked around all the areas that had been contaminated to give them an appreciation of the importance of good infection control techniques. This had been shared with other organisations as a way to improve infection prevention practices. Comments from staff on the practical training included "I feel confident of what procedure to follow now I have done it, "I don't feel worried now about what I need to do." "They are very forward thinking, they are very committed to staff development" A health professional commented "Lots of thought gone into staff training."

People and relatives were fully involved in staff training. For example, relatives had received training in "Do not resuscitate orders" training to help them understand what this meant for the people and the care that they would receive. The management had observed some people making negative comments about another person living with dementia who was displaying behaviours that challenge. Staff were concerned that this could amount to bullying. The service had then arranged dementia awareness training for people, helping them to understand the condition and symptoms. This had created a more supportive, understanding and acceptable environment for the person living with dementia.

Staff received a comprehensive induction to the service and regular training updates delivered through a variety of methods. Staff competency was assessed in areas such as medicines, manual handing and safeguarding to ensure training had become embedded into practice.

Staff received supervision and appraisal and told us they felt well supported. Staff said they felt they had enough support through supervision and training, to do their work effectively. They said there was always someone to approach if they needed to discuss any issues. Supervisions were comprehensive and assessed staff performance against the organisations values. There was also a strong focus on staff development and career enhancement.

The service promoted and made use of subject champions. These were staff who took the lead for a subject, bringing best practice into the home and sharing their learning to improve the effectiveness of care. Champions were in place for 12 areas which included equality and diversity, infection control, medicines and behaviours that challenge. The champion role was truly meaningful and we saw evidence of how each champion had improved the safety, effectiveness and overall quality of care in their area. For example, the equality champion had delivered training and raised awareness of LGBT issues and the pressure area champion had delivered training to people, relatives and staff which had resulted in some people being able to check their own skin and alert staff to any concerns. Tissue viability nurses praised pressure area care in the home and said there had been no pressure sores demonstrating training was effective.

There was a strong emphasis on the importance of eating and drinking well and the service used creative methods to encourage people to eat and drink enough. For example, one person had lost weight and the service had identified through understanding their interests they ate better with their favourite music playing. The service had actioned this, the person had begun eating better and their weight had increased by over 10%. Each person had specific individualised information about diets and nutritional needs located in their care records. People's weight was monitored regularly against their admission weight as one of the measures of the success of the placement within the home.

People provided very positive feedback about the quality of the food. One person said, "Excellent food, cooked really well. We choose what want to eat. We are never refused anything. We have snacks and drinks when ever want them." Relatives were able to sit and eat with people if they wanted to and many told us they regularly chose to do this. Mealtimes were an extremely social experience. We saw staff sitting with people eating the same food. This made for a warm and inclusive environment and meant staff had time to engage in conversation with people. We saw people smiled and clearly enjoyed this company. The service considered people's cultural or culinary preferences. Although nobody who used the service was vegetarian some staff were. The service provided alternatives for these staff so they could enjoy a meal with people and were not discriminated against. There was a creative approach to informing people of food from different cultures. For example, food from a range of cultures was made available to people and staff on different religious celebration days. This had been met by positive feedback from people and staff.

The service recognised the importance of good hydration and had taken steps to increase people's fluid intake. Relatives said staff had an excellent awareness of promoting good hydration. One relative said "Once when [person] was ill, staff were giving water every 15 min to keep hydrated. They have gone over and above all of my expectations of staff and management." The service had considered the size of cups and beakers provided to people and made changes to increase input. People's intake was monitored on a discreet chart kept in the home which staff referred to regularly. The service had reviewed the success of these practices and concluded that nobody had shown any signs of dehydration since it had been introduced showing it had been highly effective. We observed staff had an excellent awareness of fluid intake and were constantly checking people had enough to drink during the course of the inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found the registered manager had a very good understanding of the MCA and DOLS and ensured the service was working within the legal framework. A number of appropriate DoLS applications had been made for people who used the service. The status of this, any authorisations and any conditions were monitored by the registered manager. Where DoLS had been authorised, conditions were being met.

The service was skilled in obtaining people's consent and involving them in decisions even when disability or other impairments made this difficult. One professional who worked for the DoLS supervisory body told us "This is one of the best care homes I have seen in nearly 20 years of social work." They went onto say from their team's reviews of DoLS applications that there was lots of evidence of staff doing their best to take the least restrictive approach, and that staff had a very good understanding of the MCA and understood the principles. This was confirmed by our own observations and discussions with staff and the management team. Their answers demonstrated an understanding of the legislation and how it had to be applied in practice. One staff member said, "even if a person has a DoLS in place we will still involve them in decision making". We saw one person with a DoLS in place was still involved in the recruitment of staff with communication aids and pictorial displays used to support them even though they had limited capacity and could not communicate verbally. Their reaction to and opinion about each staff member was monitored to ascertain how comfortable they were in the company of each candidate.

Where people lacked capacity, relatives and health professionals had been involved in decisions as part of a best interest process. There was a clear focus on ensuring the least restrictive option. For example, a best interest process had been followed resulting in a decision made to be able to give one person their medicines covertly. Staff had a clear protocol where they patiently tried on two separate occasions each medicine round for the person to take their medicines overtly before covert was undertaken. This strategy had resulted in no covert use.

Health professionals all said that service worked exceptionally well with them to ensure people's needs were met. One professional said "Excellent relationship with the staff, everyone seems happy when we visit. Nice feeling when I come here, they treat them well, like a little family." We saw the service had liaised with a range of health professionals to help ensure needs were met. The registered manager had contributed to the development of the "Red bag pathway", an initiative to ensure key information on people's care needs, likes and preferences was transferred with them should they be admitted to hospital. We saw this was fully utilised within the service, with comprehensive information following people on admission to hospital. Feedback from the hospital stated, "the best handover we have received from a care home." Conversations had been held with people about what they would like to take with them to hospital. The home then planned in detail, including the need for extra batteries for people's headphones and religious artefacts that they might need to ensure they were as comfortable and distress free as possible.

The building had been appropriately decorated and adapted for the needs of people using the service. There was a strong focus on points of interest and sensory material throughout the home. People had also been involved in deciding how they wanted communal areas of the home decorated; for example, corridors had been decorated to resemble streets with people deciding on the street names. Material was located throughout the home to provide sensory stimulation. For example, a number of people had been to see a theatre musical performance which they had thoroughly enjoyed. Information and pictures about the band in question were located in the corridor, as well as music from the band which could be activated to stimulate memories by pressing a large button. During the inspection we saw one-person dancing and laughing to the music as the button was pressed. There were adequate amounts of communal space for people to spend time, including two dining spaces one of them was tastefully decorated into a 1940's theme. A bar and cinema had been created on the lower ground floor of the building following requests from two people. This included a number of television screens and one specifically for one resident to watch horse racing on.

Outstanding ☆

Is the service caring?

Our findings

People and relatives provided exceptionally positive feedback about the service and staff. One person said, "They are wonderful, it's amazing here." Comments from relatives included: "It's amazing actually, staff are excellent, they look after the emotional side of everyone else that comes into the home. They get to know each resident personally, they are really good, they go above and beyond with everything that they do they know how to make [person] smile, the compassion of the staff is outstanding," "Straight away we looked and found it was right for [relative]. Brilliant so far, if there is anything that is worrying, they will sort and let me know. Really open minded, don't hide anything from you, all brilliant," "[Relative] is a lot happier and settled since moving in here," "Absolutely outstanding place, unbelievable, like a big happy family. The staff are impeccable, there is so much love for these ladies and gents you cannot believe the feeling coming in here, it is so nice," "Formations is absolutely wonderful, most caring care home I have ever seen. The way the staff care [for person] here is unbelievable."

Feedback from health professionals about the caring nature of the home was also exceptional. Comments included "Your home is such a credit to you all. The dedication and commitment you have put in to make the home so lovely is evident, you should be proud of yourselves." "Such a lovely place, I would live here" and "This is the kind of place you would put your mum, staff are always really pleasant, ladies and gentlemen are always looked after really well."

Staff demonstrated extremely caring values and a dedication to providing people with person centred care. A staff member said "Love it here. So rewarding, residents are so amazing, they just lighten my day, every day." Another staff member said "I love working here, I've learnt so much. It's given me a nice warm feeling. When I come to work knowing that people are getting support they need. I get full on support from the team. We are a strong team, strong managers we know what we are doing and it works well."

We observed care and support and saw staff were true to these values, treating people with a high level of dignity and respect and being attentive to their social, emotional and physical needs. Staff engaged in conversation with people throughout making for a very friendly and inclusive atmosphere. They sat and played games with people or helped them undertake their favourite pastimes such as sewing. We observed staff were consistently positive in their interactions with people, smiling and making people feel at ease, having a laugh and a joke with people throughout the day. Staff and the management team showed a great care for people's welfare. When one person became distressed they immediately stepped in and used distraction techniques effectively to calm the person down. Staff used a good mixture of verbal techniques, body language and communication aids to help reduce distress.

There was a strong focus on promoting people's independence which was embedded into every day practice. For example, one person was brought their toast and plate of butter separately so they could spread the butter on their own toast. The service had installed sensor lights in some people's rooms so they could navigate their room in the night to the toilet independently, and another person had signage put up showing them the way to the toilet. These steps had led to these people being able to successfully manage their own continence care at night.

A physical health champion was in place whose role was to improve people's mobility and independence. They promoted daily exercise classes in the home to help people develop and maintain their strength. This had resulted in successful outcomes for people. For example, one person came to the home in a wheelchair unable to support themselves. Through the dedication of the staff team in ensuring they did up to six sessions of exercises a day, through gradually building up the complexity of exercises they were now able to access the community and order their own drink at the pub, one of their goals. Staff had worked with another person, their social worker and advocate to formulate a step by step plan to achieving a goal; to allow them to access the community independently. The person now successfully accessed the community independently through the hard work and dedication of staff. The effectiveness of these initiatives was reviewed for each resident quarterly, with a significant number seeing improvements to their independence.

The service was exceptional at listening to people and communicating appropriately to meet their individual needs. One person who used the service used to display behaviours that challenge during personal care. The service identified the person got on with some staff better than others and used picture boards to establish which staff they wanted to support them. This was put in place alongside a discreet board on the back of their bedroom door with information about the person and their interests to promote conversation. The strategy had worked with behaviours that challenged being eradicated. Staff told us this information board had been very useful to remember key things to talk about if the person was showing signs of distress.

Strong and creative ways were used to communicate with people. As soon as the inspection team arrived on the first day of the inspection, the manager showed us a book of communication profiles highlighting how we should communicate with those who had difficulty articulating a verbal response. This explained the aids and techniques needed to communicate with each resident. These were shared with any visitors who came in to the home including health professionals which demonstrated the service recognised the importance of ensuring those who could not communicate verbally were not ignored. Flashcards and a communication book were used regularly with people to promote choices and establish people's feelings. We saw these were used during the inspection to good effect. A relative told us how effective this approach had been with their relative for them to articulate their choices. This demonstrated all people's views and opinions were sought and truly valued.

Our observations of care, review of records and discussion with the manager, people and relatives showed us there was an outstanding approach to equality and diversity with the service being pro-active in promoting people's rights. The service had an equality champion in place who had undertaken meaningful work to promote equality, diversity and human rights. An equality action log had been created which had driven improvement in this area. For example, changes had been made to the intercom system to make it more accessible for those with a hearing impairment and flashcards were used for fire evacuation for some people who could not understand verbal instructions. The service had promoted LGBT issues, discussing them at staff meetings and engaging with relatives on the subject. A logo had been installed in the premises to show it was LGBT friendly, staff had been trained and information on people's needs in this area was assessed during the pre-admission assessment.

The service's approach to equality encompassed people, relatives and staff with all these people's diverse needs taken into account. Staff said that during a religious festival the staff were very understanding and flexible. A room was available for people and staff to pray or maintain their faith. One staff member said, "management team are excellent, they understand cultural needs very well."

There was a high regard for people's privacy and dignity. A dignity champion was in place who had made

several improvements to the service. For example, discreet signs were used on people's doors when they were receiving personal care to reduce the likelihood they would be disturbed. The service had a strong appreciation of people's individual requirements. For example, they had identified that two people with hearing impairments would not be able to hear if staff knocked on their doors to ask consent to enter. As a result, they had installed lights which flashed on the person's door, so that people could respond as to whether staff were permitted to enter. Staff we spoke with were able to give examples of how they respected people's privacy and dignity and during our observations of care and support we saw staff treated people in a dignified and respectful manner.

There was a strong focus on building and maintaining exceptionally strong relationships with people, their families, friends and other carers. People and relatives knew the staff and management team by name and clearly knew them well. Staff demonstrated they were extremely familiar with people and their needs. For example, they knew exactly how people took their drinks or what they liked for breakfast but still took the time to ask people if they wanted something different to promote choice. There was a philosophy to promote familiarity and ensure people were at ease before they received care from staff. One staff member told us "I wasn't allowed to do personal care until I got to know residents and their needs. It's about building relationships with people, you can't do personal care properly unless you have a relationship with people."

During the inspection we saw there were many visitors in the home. This included children for which the service had provided toys and activities. We saw people greatly appreciated having children in the home. People's relatives chatted to each other and there was a very close sense of community. They had been introduced and had worked together on various projects including training and reviewing the quality of care within the home.

Strong support mechanisms were in place for families. This included involving families in the running of the home but also providing training and support to them to understand people's conditions and help them at times of bereavement. For example, at the annual evaluation day, the service held a memorial, planted a tree and held a celebration of a person who had passed away. The family had been fully involved. They were very complimentary about the service. Comments from their relative stated "Even after person's death you are still thinking about what mattered to [relative]...this place is a credit to the managers and staff."

Staff were very familiar with people's past lives and likes and preferences and had used these to develop individualised plans of care. People's life history had been sought and used to formulate person centred plans of support. For example, one person used to work in a cinema, so the home had first had a number of movie nights which had been a success. Due to this they had installed a cinema room in the home. Another person used to sing in a choir, so the service had invited a local choir to sing which been greatly appreciated by the person. This demonstrated a very person-centred approach to ensuring people's needs were met.

The service truly cared about people and went the extra mile for them. This included staying with people into the night if they were admitted to hospital so they were not alone. Despite people having a diagnosis of dementia and having displayed behaviours that challenge, staff treated each individual with respect and respected their views and desires, for example taking a group of people living with dementia to the theatre, resulting in successful outcomes for them. Staff regularly took people out into the community in their own time and treated them like friends.

Outstanding ☆

Is the service responsive?

Our findings

People, relatives and health professionals all told us the service was exceptional and people received excellent care and achieved positive outcomes whilst living in the home. Comments from people and relatives included: "They have been open and willing to listen and taken on new ways of working to promote the benefit of the resident. The team they have are lovely, caring individuals who work well together but also separately, knowing the residents likes, dislikes and promoting individual functions to help get the best from each person," "No issues or problems, but they always ask me if I am happy with everything or is there anything we could do to make it better. Every day I come. I love it more and more," "10/10 cannot fault the place at all, care is excellent, staff are excellent," "I was absolutely blown away by the care you and the staff have given [relative] when she was ill over the past few days, you were all amazing. The time, patience and care you all showed was outstanding to her and to us."

Care was exceptionally personalised with a strong focus on therapeutic interventions to meet people's social needs. One person had been displaying behaviours that challenged. Whilst other agencies had suggested medicines should be considered, the service had been keen to avoid this. They had analysed patterns in the person's behaviour identifying the person enjoyed being outside. Two greenhouses had been purchased, the person helped build them and then grew a range of fresh produce. The person was also supported to purchase an allotment and staff accompanied them there regularly. The person no longer displayed any behaviours and enjoyed spending time in the greenhouse and at the allotment, providing food for the home to cook. The service had also reduced another person's behaviours that challenge, by putting in place an hour of complimentary 1-1 time each morning just after they got up which had been highly effective.

Prior to using the service, a thorough pre-assessment process took place taking into account people's individual needs, interests, social and cultural values. The managing director explained the pre-assessment process, "we don't just go out for a few minutes to complete paperwork, the pre-assessment process lasts most of the day, we go out and meet the person, meet the family, have a drink and observe." The process was centred around a social visit to chat with the person and their relative, as such involving them fully in the process. They explained how this process enabled them to build up a comprehensive picture of each person, through informal questions and observations of the person going about their normal day, in a relaxed environment. We saw this resulted in thorough care plans created on admission and no failed placements (any admissions that had resulted in negative outcomes for people or having to move to other services) in the home with analysis showing people's outcomes had consistently improved after moving in. A relative told us how comprehensive the pre-assessment period was, and that every detail of their relative's needs was discussed. They went onto say that following admission, the person's condition had greatly improved.

Care plans were very detailed and demonstrated people's needs had been assessed in a range of areas including mobility, nutrition and behaviours that challenge. People and relatives told us they were fully involved in the creation and review of care plans. A relative told us there had been "a very positive partnership all around". They told us the friendly nature of staff and management and the great care made

them want to visit the home and get involved. This was evidence during the inspection when there were a large number of visitors who clearly knew each other and the other people. People and relatives were involved in all aspects of the service from the recruitment of staff, the provision of activities, delivery of training, and to providing feedback on the service at the annual quality event.

The home helped people achieve exceptional results. A health professional told us a person moved into the home from another care provider. Previously the person was socially isolated and depressed. They explained that once the person moved within a very short time both they and their family knew Formations was where the person needed to be. They said it had been transformational for the person and their family. We saw a bespoke plan had been developed for the person including enhanced social interaction, individualised communication techniques and counselling to support them to achieve positive outcomes. The service had measured the person's mood through the poetry they wrote to express their thoughts. We saw there was a stark difference in poetry written before entry to the home and after a few months, showing how the person's wellbeing had been transformed. Another health professional told us "The training and support given by the home is exemplary and shows a determination to deliver to the individual needs of the residents. This shows with Formations Care not having any pressure ulcers developing since they opened through implementing a good positional change regime and monitoring of skin on residents who are vulnerable to pressure damage."

The service was exceptional at providing people with meaningful activities that met people's individual needs so they could live as full a life as possible. During discussions with people in 2017, the home had established people were happy living in the home, but missed certain aspects of their old lives such as places, pets and special meals. The registered manager had also conducted research which showed the importance of social interaction and how it could significantly increase a person's welfare including reduced mortality rates. They implemented a strategy called 'Time 4 care.' This was a pledge to ensure each resident received several hours a week of one to one support to undertake meaningful and personalised opportunities for social interactions by taking part in activities which spark memories and happiness. The registered manager said, "giving people time, attention and quality of life is the single most important thing you can do." As part of this, the service had spoken to every resident to find out what they missed and what they would like to do. A wishing well was also in place where each resident posted a wish ranging from simple to complex activities. Each person now received a range of person centred activities alongside regular social interaction and group activities on a daily basis and the service had worked tirelessly to meet each person's wishes.

A relative told us "The team got to know [relative's] past and family, talking to him regularly about his life which brought him lots of pleasure. Opportunities to go out were offered but extra care was taken to make sure it suited (person). For example going to the local deli for lunch as [person] loved Italian food and the way of life. Formations staff were able to give him their time to make his life a little more content." Another resident wanted to revisit a park in Scotland which they had fond memories of visiting for many years. A trip had been arranged with two staff taking the person up for an overnight stay so this wish could become a reality. A third person missed going to the pub, so staff now supported them each Sunday to attend the pub and meet their friends. The person said, "Sunday nights in the pub, it's what I have always done, I'm glad it doesn't have to stop." A fourth person used to knit, so the service had bought a knitting machine. We saw the person using this during the inspection. Residents had also enjoyed knitting items for the special care baby unit at the local hospital. A sewing club also took place and people had knitted lavender pouches for everyone in the home.

Each staff member was responsible for providing people with social activities and interaction and we saw it

was embedded into practice around care and support tasks, which ensured people were kept occupied and stimulated. During the inspection we saw all staff engaging people in activities and social opportunities. People were kept engaged and stimulated and we saw people smiling and laughing. Staff were taking one person to attend a hospital appointment. We heard them ask them if they wanted to go out for a drink or something to eat after, showing staff kept promoting activity at every opportunity. The registered manager said, "Our staff spend quality time doing things that are important to people."

The service took a key role in the local community and was actively building further links. This was clear in the attendance at the home's recent evaluation day, where over 100 people including people, relatives, community professionals, member of the church and wider community attended a garden party to help the service evaluate its performance. People worked with the local community on a regular basis. This included through the 'intergenerational project' an initiative to allow people to mix with a range of young people including meetings with nursery, primary and secondary school children. As part of this, the service had organised meet ups between some people and a local group of Rainbows. The people in question enjoyed spending time with children and the children were learning new skills such as knitting to help them achieve badges.

People attended a community café held at the local church and community groups such as a dementia group held monthly events at the home. When the dementia group held these events, extra staff were put on to support the group and allow staff to offer support if needed. Another person told the home she was a teacher and loved spending time with children. The home has worked with a local church and the children now visited the home and undertook different activities with people. We saw a comment recorded from the person stating, "I love spending time with children, I have been a teacher for a lot of years."

The service was meeting and exceeding the requirements of the Accessible Information Standard 2016. The registered manager had discussed the requirements of the standard at staff and resident meetings and asked them what they would like to see to improve information accessibility. An equality and accessible information action plan had been put in place. This had resulted in a number of innovative solutions. Communication books and flashcards had been used to good effect, to support people to make choices over their preferred activities, any anxieties they had and the staff that they wanted to support them. For people who are visually impaired the home had purchased talking tiles and recorded the complaints procedure and other key polices which could be played by pressing buttons on the wall. Sensory material throughout the home was in place to evoke memories including sounds, music and visuals to ensure all people were able to enjoy them. In case of emergency visual evacuation cards have been produced to assist people to evacuate the building. Accessible and easy read documentation was available in a range of areas. The home has translated some of the key information and policies into different languages for people whose first language wasn't English and documentation was available in Braille.

Systems were in place to log and respond to any complaints. Complaints had been logged in a central file. These had been investigated with outcomes, actions and lessons learned as a result. We saw outcomes and actions had been discussed with the person raising the concern. The registered manager told us "If we ever had any serious complaints we would use external professionals to get an objective view on the situation." This showed the management team treated complaints and concerns seriously and investigated appropriately, as well as analysing for trends/lessons learned to minimise the risk of recurrence.

Large volumes of feedback were gained and collated into each month via a feedback tree. It was all very positive and showed people were truly happy with the service. Comments included, "Thanks to all the staff at Formations for the wonderful care they have given [Person]. They are like one big family. It's lovely to go and visit [Person]. "Home is where the heart is. This home has a big heart," and "Partnership working in this

home is exemplary, the managers are committed to working together to achieve best outcomes for the residents."

Relatives said the service provided exceptional, dignified end of life care. One relative said "[Person] was treated with humanity and dignity right until his death and even for us as a family this has continued." The service had facilitated end of life discussions with people and families. This included getting a local undertaker to visit to discuss funeral arrangements with people. This facilitated discussions amongst people about how they would like their body treated after death. The meeting was led by two relatives showing people were fully involved in this. Following this discussion, advanced care plans were created with all people with support from family members and the community matron. Staff, people and relatives had also received training about 'Do Not Resuscitate' orders and what they mean for people. We saw good, detailed plans were in place detailing resident's future wishes. A relative said of the end of life care "very kind, accommodating and compassionate."

Outstanding ☆

Is the service well-led?

Our findings

Feedback from people, relatives and staff about the quality of the service was exceptional. One relative said "Management are unbelievable, everything is correct, the way they run it and talk to the staff. They all blend and work well together." Another relative said "It's so friendly this home, its outstanding. I would give it 10/10. They know [relative] inside out and [relative's] likes and dislikes and they honour those." A relative said "Couldn't have got [relative] anywhere better. Like a home, not a care home. Excellent. [Registered manager] and [provider] are fantastic, the home is brilliant and so are they. 10/10."

A health professional told us of the registered manager, "I have been inspired by her dedication and passion for continuously improving the experience of care, not only for her own residents but also from a system perspective. [Registered Manager] has a warm inclusive leadership approach and has a natural ability to influence, challenge and engage across partner organisations, ensuring that the person/patient/resident is at the heart of everything."

The service was committed to excellence and had achieved this through ensuring highly innovative and effective systems were in place. Staff and management's knowledge was excellent and they were committed to continuous improvement, putting people, relatives and health professionals at the heart of this work. The registered manager had extremely high standards and was very proactive in all aspects of service delivery. They had an extensive knowledge of how the service operated. The staff team had very clear roles and responsibilities and worked in a highly effective manner.

The service had clear, person-centred objectives focused on improving and maintaining the health and wellbeing of people, their quality of life and participation with the local community. Clear values were also in place which included kindness & compassion, safety, openness, happiness, collaboration and excellence and continuous development. People and staff had been involved in a series of workshops and meetings to create these values based on how they wanted the service and its staff to behave. The service recognised the importance of being true to these and all projects were checked to ensure they were compatible, for example the Time4Care programme. Staff performance was monitored robustly against the service's values during supervision and observations of practice and an employee of the month scheme focused on staff who had upheld the values. People were involved in the evaluation of whether the service was true to its values during monthly resident meetings and the annual evaluation day. We concluded staff and the service was true to its values and meeting its objectives.

Staff were motivated in their work and incredibly proud of the service. They all said it was the best place they had worked and they would recommend it to others. One staff member said "Formations have values about respecting others, working with residents, good communication, team work, and compassion and working in an ethical manner. The management team really care so that reflects on the staff, if you give your staff care and support them, then they will give you twice as much back. It is fantastic here." Another staff member told us "I feel supported in my role, if I find anything difficult, I can always go to my colleagues and managers. We are compatible with each other like a little family." Staff were given opportunities to develop and the home had plans to support them to turn into future leaders through a structured development plan

including enhanced training.

There was a strong organisational commitment towards ensuring that there was equality and inclusion across the workforce. Staff said the felt valued and any diverse needs were catered for. This included being sensitive during religious festivals and arranging staff time off as well as providing space for staff to pray and food which met their diverse needs so they could enjoy meals alongside people.

There was a strong framework in place to monitor performance and risk leading to continuous improvement of the service. People and relatives were put at the heart of this process. There was a highly creative way to monitor quality which focused clearly on the outcomes people had experienced whilst in the home. On admission, people's risk level and dependency was measured in key areas which included weight, skin integrity, behaviours that challenge, mobility and social isolation, focusing on the factors which had resulted in that individual needing 24-hour care in the first place. The service then re-assessed people's dependency and risk at quarterly intervals by using an outcome target scale to determine how successful the placement had been. Analysis had showed that 100% of people had seen improvements in at least one key area and 80% in two more. This included people who had had several failed placements in other homes. This combined with the feedback we received from people, relatives, staff and health professionals led us to conclude the service was provided highly effective care and strongly focused on continuous evaluation and improvement.

Excellence was embedded in the service driven by highly knowledgeable service champions. For example, the medication champion used to work in a pharmacy. We saw they had devised comprehensive and effective medicine management audits and challenged the pharmacy supplying the medicines after their detailed audits found errors in dispensing. All staff we spoke with had a detailed knowledge of the subjects they were championing and had introduced systems to drive improvement within the service. Performance of the champion roles was robustly monitored. For example, the physical exercise champions role had been evaluated as a success, as through daily promoting of physical activities and undertaking and sharing research on strength and balance with colleagues they had improved the mobility and independence of a number of people.

A comprehensive system of audit was in place. This monitored performance against best practice guidelines including National institute for Care and Health Excellence (NICE) guidance and CQC Key Lines of Enquiry. The registered manager explained that in order to do this properly, they needed to corroborate information from various sources. People and relatives were put at the heart of this process. Workshops were held with people, relatives and staff to go through each key line of enquiry (KLOE) and assess their performance. For example, staff facilitated discussions with people about what it meant to be safe, whether they felt safe and what could be improved upon further. Health professional feedback was also sought, and the findings of audits in a range of areas including safeguarding, training, medicine management and care planning were also used to collaborate the views of these stakeholders. This information was then analysed by the registered manager to ascertain overall performance. A structured service improvement plan had been developed to aid continuous improvement. There was a strong commitment to improve following any incidents. For example, one person had developed skin damage on their foot whilst in the home. A new checklist had immediately been put in place to check people's feet daily. People were asked if they wanted a foot massage as part of this process to make it a pleasant and social experience.

People and relatives were empowered to help run the service. For example, the health and safety committee was chaired by a relative. They reviewed the service's risk management plan and any incidents and accidents which had occurred. The manager said, "relatives see a lot of what goes on and they like to be involved." People and relatives always sat on the recruitment panel for staff and the service's network of

'service advisors' (local health professionals) also contributed to the development of policies and new working practices. The service also used its strong relationships with families to good effect. For example, one relative had used their professional expertise to help the service structure their interview questions.

Joint staff and resident meetings were held where discussions were facilitated about a range of quality issues. This led to good conversation and debate between staff and people about quality. People's comments and feedback was crucial to service development. Although everyone was satisfied with the service, people's comments were always acted on. For example, following a meeting, one person disclosed that they did not feel comfortable using the stairlift, so arrangements were made to move them to a ground floor room.

Instead of only getting stakeholders to complete an annual survey, the registered manager had arranged an annual evaluation day where over 100 stakeholders had attended a garden party and BBQ and provided feedback formally and informally during the day. The level of engagement achieved had led to comprehensive feedback about all aspects of the service. This was very positive, reflecting a very high performing service. The feedback from this was used to update the service improvement plan.

People's wishes were put at the heart of the service, true to the service's objectives about improving quality of life through interests. The service had a wishing well where people could place wishes which were then acted on. These ranged from simple wishes to more complex. Without exception everyone in the home had been considered and the home had worked tirelessly to ensure their wishes were met. People's welfare and mood was evaluated once their wishes had been granted to ascertain whether it had been a success. Evaluation showed the work had been a great success. This demonstrated people's feelings and experiences were at the heart of quality assurance work.

The management team contributed to the development of best practice and standards for the care sector. The registered manager was involved in numerous quality initiatives across the district. For example, they sat on the local service improvement board and had sat on a working group for improving hospital transfers. These initiatives had benefitted people. We saw feedback had been received from a local hospital saying the handover information provided by the home had been the best the hospital had seen and led to the sound co-ordination of care. A number of initiatives created by the leadership team had been shared with other homes and a local hospital by; managers, health & social care partners and commissioners. For example, a heatwave plan, fluid monitoring system and GDPR and infection control training. One health professional said, "Manager shares best practice with other care homes on a regular basis and this is evidenced in the work she has completed in the Service Improvement Board and Red Bag pathway. [Registered Manager] is also a member of the Primary Care Homes working group and is helping to inform and shape the future direction of travel for the health and social care sector."

The management team had developed an extensive support network of professionals to assist them provide a high-quality service. This included local health professionals with the scope of their involvement and input clearly recorded to help improve the service. For example, end of life professionals had been involved in improving end of life care. This had led to the service holding discussions about end of life care with people and relatives and inviting a local undertaker into the home. MCA and best interest assessors had helped the service to evaluate whether it was meeting its requirements in these areas, and the feedback received was very positive. Relatives professional skills had also been utilised for example around leadership management.

The service has also forged effective relationships with other organisations. For example, they were working with a local college who had heard about their good work. The college was spending time at the home to

learn about good health and social care practice to help inform their courses in the subject.

Staff feedback was valued and sought. Staff were paid to attend team meetings to ensure that attendance was good. The service ran two meetings each month to ensure those who were on shift delivering care were not excluded. Staff views were fully valued. For example, incident forms had been simplified following staff feedback that they were struggling to complete them. Creative methods were used in staff meetings to promote learning as they had identified staff learnt better through doing so a variety of role play scenarios was used to help staff learn. Staff were also asked to assess the performance of their management team on an annual basis based on the behaviours they wished the management team to display. Results of this were very positive, any small areas of improvement were fully acted on by the management team.

Staff appraisals were a two-way experience. Staff were asked to write their own action plans to achieve their goals and performance improvements which were then reviewed by management, to fully involve them in the process and empower them to take control over their own development and performance.