

# Care UK Community Partnerships Ltd

## Sherwood Grange

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Sherwood Grange is a care home providing personal and nursing care for 56 older people, at the time of the inspection. The service can support up to 59 people. The provider is Care UK Community Partnerships Ltd, and the home is situated in south west London.

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

People and staff said they thoroughly enjoyed living and working at the home. Each person and their relatives, that we spoke to, could not speak highly enough of the care, support and attention provided. This was reflected in the vibrant and positive can-do attitude of staff and the management team.

People and staff felt safe living and working at the home. People were able to live safely by having risks to them assessed and this enabled them to take acceptable risks and enjoy their lives. Accidents and incidents were reported, investigated and recorded including safeguarding concerns. There were suitable numbers of appropriately recruited staff. Medicines were safely stored and administered.

People did not feel discriminated against and had their equality and diversity needs met. Everyone we spoke to praised the excellent quality of the care and support staff provided, in a friendly and inclusive environment. Staff who were highly trained and well supervised, spoke to people in a clear and friendly way and at a pace that made it easier for them to understand. Staff encouraged people to discuss their health needs and people had access to community-based health care professionals. People were protected from nutrition and hydration risks and staff encouraged them to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were very well adapted to meet people's needs. Transition and joined up working between services was highly developed, smooth and based on people's needs, wishes and best interests.

People received exceptional care that was tailored to their needs and wishes. This was provided by caring, attentive and compassionate staff. The home's atmosphere was positively buzzing with activity, very welcoming, warm, and inclusive with friendly staff providing care and support in a way people liked and enjoyed. Positive interactions took place between people, staff and each-other throughout our visit. Nothing was too much trouble. People had their privacy, dignity and confidentiality observed by staff, and they were encouraged and supported to be independent. People had access to advocates.

People, including those with dementia had numerous activity choices tailored to their individual and group interests and hobbies and did not suffer social isolation. Their needs were comprehensively assessed and reviewed, resulting in focussed person-centred care. People were provided with information, to make decisions in a timely way and end of life wishes were sensitively identified with people and their relatives, at a pace they were comfortable with. Complaints were fully investigated, recorded and learnt from.

The home's culture was very open and positive with transparent management and leadership. People, their

relatives, staff and healthcare professionals all remarked on the first-class leadership, at the home, that resulted in a vibrant, caring and animated culture that everyone enjoyed. There was a clear organisational vision and values. Service quality was constantly reviewed, and areas of responsibility and accountability identified with staff eager to take responsibility. Audits were carried out and records kept up to date. Excellent community links and working partnerships were established. Registration requirements were met.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection and update

The last rating for this service was Good (published 25 April 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### 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 ☆

# Sherwood Grange

## 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

This inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced, on the first day.

#### What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people, six relatives, nine care staff, and the registered manager. We looked at the personal care and support plans for six people and six staff files. We contacted five health care professionals

to get their views and spoke with the visiting GP.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included training matrix, audits and activities. We received the information which was used as part of our inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us, and their relaxed body language indicated that they felt safe. One person said, "A very safe place." Another person commented, "They [staff] make you feel safe and secure without it being an institution." A relative told us, "I can relax in the knowledge that [person] is safe here."
- Staff received training in how to identify abuse and the action to take if encountered. They also had access to provider's policies and procedures. People were safeguarded by staff who were well-trained and knew how to raise a safeguarding alert. There was no current safeguarding activity.
- Staff advised people how to keep safe and areas of individual concerns about people were recorded in their files.
- The home's general risk assessments were regularly reviewed and updated. This included equipment used to support people that was serviced and maintained. There were clear fire safety plans for staff of what to do in the event of an emergency. Fire drills were held regularly.

Assessing risk, safety monitoring and management

- Staff received clear direction, risks were appropriately assessed, and measures put in place to mitigate them. All aspects of people's health, daily living and social activities were included, and the risk assessments were regularly reviewed and updated as people's needs, and interests changed.
- People were encouraged to take acceptable risks to enrich the quality of their lives.
- People who displayed behaviours that others may find challenging at times, had clear records of incidents and plans in place to reduce these incidences. Records showed that action was taken, and the advice of specialist professionals sought when they occurred.
- During our visit, staff checked on people frequently to ensure they were safe and happy.

Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a six-month probationary period with regular reviews.
- The home employed enough staff to provide care flexibly to meet people's needs. Staffing levels during our visit matched the rota, and enabled people's needs to be met and for them to follow activities safely.
- Staff received regular quarterly supervision, an annual performance review and there were monthly staff meetings, where all aspects of the running of the home were discussed and information exchanged.

Using medicines safely

- Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's medicines records were fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to administer their own medicines. Monthly medicine audits took place and records were checked after each shift.

#### Preventing and controlling infection

- Staff had infection control and food hygiene training that was reflected in their work practices. The service premises were spotlessly clean. We observed staff wearing appropriate personal protective equipment (PPE) when supporting people and washing their hands using recognised techniques.
- Infection prevention and control audits took place on a rolling schedule.

#### Learning lessons when things go wrong

- The management team and staff understood and demonstrated that learning from when things went wrong was an opportunity to improve their practices and there was a shared team commitment.
- The service kept accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable using, although they felt very confident to approach the management team direct. The incidents were analysed to look at ways of preventing them from happening again.
- People who were assessed as being at high risk of falls or choking had clear plans in place to reduce the likelihood of these incidents. Falls were recorded in daily notes and the registered manager analysed them to look for patterns and trends.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A lot of thought had gone into the design and layout, to make it more than a care home. There was a cinema that actually looked like one, complete with sign over the entrance, a very well patronised coffee bar and plenty of garden space for people to use and grow vegetables and flowers. The registered manager was in direct competition with one person over who grew the best beans and sweet peas. There was also a visiting hairdresser and fully equipped salon, similar to one you would find in a high street. This, with the coffee shop and cinema added to the community feel. One relative commented, "Standards are high, and the atmosphere and environment are excellent." One person told us, "It [the home] ticks all the boxes." Another person said, "Surpasses all my expectations."
- The design of the service demonstrated that the management team had embraced a commitment to taking acceptable risks and providing a dementia friendly atmosphere. This enabled people to make their own decisions, in a supportive environment and try things for themselves. A relative said, "Before mum came in here, she was very apprehensive about trying new things. Since she has been here, she has blossomed and has a better social life than I do."
- The home was well adapted, and equipment provided was regularly checked and serviced to meet people's needs. People could bring items of furniture with them, provided it would fit into their private accommodation.

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

- People chose their meals and there was a good variety of choice available. The meals provided were of good quality and special diets on health, religious, cultural or other grounds were provided. They were well presented, nutritious, hot and monitored to ensure they were provided at the correct temperature. Staff supported people in a timely way at mealtimes and no one was kept waiting for their lunch.
- During lunch people with dementia had their needs met by staff in a patient, inclusive and encouraging way. Their meal choices were explained, and staff revisited them as many times as people required to help them understand what they were, re-assure them and make them comfortable. They also spent time explaining to people what they were eating during the course of the meal and checked they had enough to eat. This made mealtimes an enjoyable experience for people, who were able to eat at their own pace.
- People's care plans included health, nutrition, and diet information and health action plans. There were nutritional assessments and fluid charts that were completed and regularly updated. The home carried out monthly mealtime experience and nutrition audits.
- A healthy diet was encouraged by staff observing and recording the type of meals people ate, to encourage and make sure people were eating properly. Meals accommodated people's activities, their preferences and they chose if they wished to eat with each other or on their own. Healthy eating was

underpinned by the information provided for staff from the British Nutrition Foundation.

- Whilst encouraging healthy eating, staff made sure people had meals they enjoyed. One person told us, "The food is just great."
- Staff frequently went around with drinks, to make sure people stayed hydrated and there were snack stations on each floor. When people went out on excursions, the home made sure they had plenty of water with them.

Staff support: induction, training, skills and experience

- People and their relatives told us how good the staff were at their jobs, which meant they received top class care and support. Staff provided consistently excellent care, support and interactions with people. This was enabled by the training staff received. One person told us, "You will not find better staff or [registered] manager anywhere." A staff member said, "He [registered manager] leads from the front, is approachable and enables you to grow."
- Newly recruited staff shadowed more experienced staff, as part of their induction. This enabled them to become gradually more familiar to people, particularly those with dementia and improved their knowledge of people living at the home, their routines and preferences.
- The induction was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix showed induction was signed off on completion and identified when training was required. The records demonstrated that training was up to date. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. The specialist training included dysphagia awareness and the International Dysphagia Diet Standardisation Initiative framework (IDDSI). This was important as the team identified seven special diets. Diabetes training was also delivered.
- Cycle of dementia training was provided for staff, to improve their understanding of dementia and best practice when delivering dementia care. They had also completed dementia friends training and there was a dementia champion.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging.
- The registered manager ran individual meet the manager sessions for new staff to identify their knowledge of caring for people and any further learning required to enable them to provide good quality care.

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

- Staff had excellent working relationships with external health care professionals such as GPs, speech and language and physio therapists. They understood the importance of working as a team with external agencies, so that people received joined up, holistic care. This was confirmed by the health care professionals we contacted.
- Staff also knew how important early intervention was, to keep people healthy and their relationship with external healthcare professionals was, to achieve this.
- All Staff received falls prevention training provided by Wandsworth Clinical Commissioning Group (CCG) as part of a fall's prevention project. This meant staff from maintenance through to the registered manager knew how important their contribution was to preventing and significantly reducing the number of falls.
- The home had nominated falls champions on the staff team.
- Staff received IDDSI training for the local authority Speech and Language Therapy team (SALT).
- The home provided written information and staff accompanied people on health and hospital visits, as needed.
- Healthcare professionals said how well run and effective the service provided was. One healthcare professional commented, "Following another engaging, refreshing and positive visit to Sherwood Grange, I must compliment the staff. The [registered manager] and the team are always so friendly and welcoming."

It's an absolute delight to visit Sherwood and so refreshing to see staff with such genuine compassion and enthusiasm for the work they do and the energy [registered manager] brings to the service is phenomenal."

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

- Many people experienced respite care or knew people who lived at the home before moving in. The home was well known in the local community.
- Before people moved in, any commissioning body was required to supply assessment information and information was also requested from any previous placements. The home, person and relatives also carried out a pre-admission needs assessment. The speed of the pre-admission assessment and transition was at a pace that suited the person, their needs and that they were comfortable with.
- Prior to deciding if they wanted to move in, people could visit the home as many times as they wished. They were able to share meals, to help them decide. During these visits' assessment information was added to.
- The home provided easily understandable written information for people and their families.

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

- People received annual health checks and referrals were made to relevant health services, when required.
- Everyone was registered with a GP, either the practice retained by the home or their own. A GP surgery was retained with a doctor visiting at least once a week, or as required. People had access to community-based health care professionals such as dentists, chiropodists and speech and language and physio therapists. The GP did their weekly visit during the inspection.
- Health care professionals did not raise any concerns about the quality of the service provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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.

- At this inspection consent to treatment of relevant persons was obtained.
- Staff we spoke with understood their responsibilities regarding the MCA and DoLS.
- 20 people had up to date DoLS authorisations in place and two were awaiting outcomes.
- Mental capacity assessments and reviews took place as required.

## 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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were very relaxed in the company of staff and each other. This was reflected in their positive body language. During our visit there was a lot of laughter shared between everyone. One person said, "Staff are the heartbeat." A relative said, "Staff really give and are keen to do the best job they can." A further relative commented, "Staff adore [person], it's not just a job."
- There were e-mails from relatives on record stating how highly they thought of the service provided. One relative commented, "Thank you so much for the care and love you [registered manager] and all the staff and I do mean all the staff, from the cook, maintenance, housekeeping, carers and office staff showed to mum in her time at Sherwood. She was truly well looked after, and her life was enhanced by everyone's tender care and love."
- People were encouraged to do as they pleased and at their own pace, with staff support. One relative told us, "I'm overwhelmed by their [staff] efforts, it shows they really care."
- The staff were very mindful of respecting people's rights to form relationships and sexuality irrespective of sexual orientation and gender identity and had access to the CQC guidance for providers regarding this.
- One person was supported to visit the National archives to research war connections and family. The research enabled them and their family to bond, by exchanging information that had not previously been shared. They were also supported to research lesbian, gay, bisexual and transsexual (LGBT) social events some of which they attended including the 'Above the Stag' LGBTQI Theatre Vauxhall and films of gay interest at Barnes cinema. This was in conjunction with their early onset dementia and the information enabled them and supporting staff to put together a comprehensive life history. This was written in the person's own words and used as a prompt for them and to improve their quality of life.

People felt respected and relatives said staff treated people with kindness, dignity and respect

- Staff were passionate and committed about the people they provided care for and the way they provided it. It was delivered in an empowering and thoughtful way. A relative said, "The girls [staff] always have time to speak, wonderful people." Another relative told us, "Staff are so considerate, really interested in the clients and I have never seen one instance of it not being that way."
- Staff's equality and diversity training enabled them to treat people equally and fairly whilst recognising and respecting their differences. This was reflected in inclusive staff care practices with no one being left out. Staff treated people as adults, did not talk down to them and people were treated respectfully, equally and as equals.
- Staff were trained to respect people's right to be treated with dignity and respect. They provided support accordingly, in an enjoyable environment. This was reflected by staff practices throughout our visit with caring, patient and friendly support provided that respected people's privacy.

- We saw many thoughtful acts of kindness, by staff, that made such a big difference to people. Staff went out of their way to say hello, chat about families and take an interest in people and what they were doing. Many staff positively commented on people's art work during the art class.

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

- During our visit people came and went, as they pleased, attending various activities or having a quiet coffee in the coffee bar. There was no pressure and the choice was completely theirs. A relative said, "Staff do their jobs so well, they know what people want and provide it without fuss."
- Monthly residents meetings took place that were an open forum for people to have their say, make suggestions and discuss any issues they may have. At the last meeting someone suggested a glass blowing activity that was being looked into.
- There was a people's post of 'Resident ambassador' that served as a liaison for the home and people who lived there. This included sitting in on staff recruitment interviews, along with another person using the service.
- The housekeeping team had a 'Fulfilling Lives' programme. As part of the cleaning schedule, periodic deep cleans of people's bedrooms took place. When this was happening, people were taken out by the Head of Housekeeping to a destination of their choice. One person had chosen to visit the fish and chip shop near to where they used to live, another had a trip to the Thames and someone else chose a pub lunch.

Respecting and promoting people's privacy, dignity and independence

- Staff's knowledge of people meant they were able to understand what words and gestures meant and people could understand them. This enabled them to support people appropriately, without compromising their dignity, for example if they needed the bathroom.
- Staff told us they were very aware this was someone's home and they should act accordingly. They were observed knocking on people's doors and awaiting a response before entering.
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- There was a visitor's policy which stated that visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

## Is the service responsive?

### Our findings

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

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

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

- People were provided with individual and group activities, at home and in the community with the home signing up to the National Activity Provider Association (NAPA) and Skills for Care to enlarge the scope and type of activities provided and way they were delivered.
- During our visit, very well attended art and exercise to music classes took place. The exercise class in particular was a very vibrant and inclusive event with everyone joining in and thoroughly enjoying themselves, including people with varying types and levels of dementia. The exercises were seated physical activities and designed for motivation, reablement, independence and well-being. The type of music played was very responsive to what people wanted and ranged across the spectrum. Lady Gaga went down particularly well. One person commented, "Nobody is ever left out."
- Staff went the extra mile when delivering activities. During the exercise class the activities co-ordinator and registered manager were dressed up in army fatigues to project the exercise theme, which people thoroughly enjoyed. When the music began people's, faces lit up and everyone was joining in, irrespective of any dementia or physical disability with hands clapping, feet stamping, swaying and singing. One person said, "We do this every week and I love it."
- The activity co-ordinator had also set up small group visits with a mixture of people who had dementia and those who did not, to the Dorich House Museum where members of the art club or anyone else interested could do art workshops and meet artists.
- People with dementia also attended 'In Minds' sessions facilitated by the Royal Academy of Art and run by artists that successfully focussed on art as a tool to boost well-being, happiness and engagement of people with dementia. One person told us, "The activities spark interests in residents. For me it is the Royal Portrait Gallery."
- There was a club that regularly visited local pubs and had meals out. One person commented, "It gives me a feel of independence."
- Home based activities included, word games, documentaries, sherry social, and outside entertainers, including very popular monthly opera events. Some people liked one singer so much that they go to venues in London to watch them as well. There were also visits to the poppy factory. One person told us, "I have company here, I'm really happy."
- As well as planned activities, the home organised spontaneous events for people. They included driving the minibus to take in Richmond and Bushy parks to see the deer, crossing Richmond and Kingston bridges to take in the Thames, and watching the sunset over Hampton Court palace, all in one day. One person said, "Oh the joy of being outside, you can't beat it." Other trips included the Beck Theatre in Hayes for a Bollywood musical and Chinese New Year celebration with jugglers and acrobats and the motorcycle show

at the Excel Exhibition Centre. One person said, "I enjoy finding different things around London. "Two people attended a motor-racing event at Silverstone.

- The home had set up an exchange stay with another home on the south coast. The destination was selected as two people had originally come from that area and the party included exchange staff, so that people had familiar faces around them. The exchange was a great success with people visiting a number of places of interest and being able to reminisce about their youth, at the actual locations. One person explained how Brownsea Island had links to Baden-Powell and the boy scout movement. Another person had kept in touch with old neighbours for 35 years and it was arranged for them to meet. The person said, "If you mention something, staff take note."
- People with dementia also did an exchange visit to Broadwater lodge, the first care home in England with a farm. There was a wide range of stimulation as well as the animals, including its own pub. The trip was planned using a whole team approach to provide maximum enjoyment for people. One person had requested a specific member of staff to accompany them as they had such a nice time chatting with them, the previous day and they did.
- The home also arranged for police pups to visit during the 'Care Homes Open' day and there were also visits from miniature ponies.
- A trip to France took place for people with dementia and other people using the service. People, their relatives and staff said everyone thoroughly enjoyed the experience. One person said, "The thing I enjoyed the most was the trip to France."
- The registered manager and staff introduced Namaste therapy having first undertaken Namaste training. The therapy was focussed on enhancing the quality of life of people with advanced dementia through daily engagement in physical, sensory and emotional care practices with staff, relatives and people's surroundings. This had proved to be very beneficial for people with dementia who had experienced this therapy with its calming effect.
- Staff encouraged people to keep in contact with friends and relatives and people regularly received visitors and visited. A relative said, "When I was in hospital, mum was able to visit, and this put mum and myself at ease."
- People made good use of local shops, and those in Kingston and Wimbledon and were well known in the community. One person told us, "We get out and about alright."
- People received a weekly large print activities programme.

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

- People were supported, by staff, to make their own decisions regarding their care, how it was delivered and activities they wished to do. Staff checked that people understood the information they were giving them, the choices available to them and that they understood people's responses. Staff asked what people wanted to do, where they wanted to go and who with. One person was an Ismaili Muslim and the home went to great lengths to understand the religion, what it meant and how to best provide appropriate good quality care for them.
- Staff met people's needs and wishes in a timely fashion and in a way that people liked and were comfortable with.
- People's care plans were individualised, and recorded their interests, hobbies and health and life skill needs, as well as their wishes and aspirations and the support required to achieve them.
- People's care and support needs were regularly reviewed, re-assessed with them and their relatives and updated to meet their changing needs, with fresh objectives set. People were encouraged to take ownership of the care plans and contribute to them, as much as they wished.
- The registered manager and staff were available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received.

A relative told us, "They [staff] always have time for you." Another relative said, "They [staff] go the extra mile."

- The registered manager had attended a course run by the University of Worcester regarding leading person-centred services for people living with dementia. This was reflected in the many dementia care related good practices we saw during our visit with staff maintaining eye level contact, speaking slowly so people could understand them and repeating information as many times as required, for people with dementia to process it.

#### 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.

- The AIS was being followed by the organisation, home and staff with clear information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed. One relative said, "It's all about communication, [person] has really blossomed since she has been here."

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

- Relatives said they were aware of the complaints procedure and how to use it. One person told us, "The thing is you feel confident challenging things if you think something is not right." A relative told us, "I have only good things to say." The complaints procedure was readily available and easy to understand. There was a robust system for logging, recording and investigating complaints.

#### End of life care and support

- Whilst the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based palliative care services, as required. End of life wishes were recorded in people's care plans.

- The registered manager had organised sessions with people and their relatives to make the subject of end of life wishes more comfortable and easier for them to discuss. This was by talking about good outcomes as well as those that were perhaps not so good, to empower people to make better informed decisions.

- The home had built up close relationships with Trinity Hospice, community outreach teams and MacMillan nurses to make end of life as least distressing as possible for people and their relatives.

- On file there were numerous recent thank you e-mails including one to a staff member, from the family of a Sikh person using the service, for attending and speaking so eloquently at their service. Another relative wrote, "The entire team looked after [person using the service] brilliantly, even in her very difficult last few days."



# Is the service well-led?

## Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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 home had an open and positive culture, due to the registered manager's and staff's attitude and contribution. Staff said the registered manager operated an open-door policy. People said they were listened to and their wishes acted upon. One person said, "A brilliant place, he [registered manager] runs it really well." A relative told us, "I'm very impressed all the way through. We looked at loads of homes and this one is in a league of its own, especially the staff." A staff member said, "I have worked in the health sector for 22 years and [registered manager] is the best I have seen."
- The organisation's vision and values were clearly set out and understood by staff. They were explained during induction training and revisited at staff meetings.
- Staff reflected the organisation's stated vision and values as they went about their duties. There were clear lines of communication and specific areas of responsibility, regarding record keeping.
- The home was part of the organisation's 'Good to Great' project whereby the home had a 'Good to Great' coach who provided advice and support to take the next step towards a further improved rating. This was demonstrated in areas such as activities where a greater variety and choice were provided based on people's identified wishes.
- The registered manager had developed a 999-emergency protocol that had been adopted as good practice within the organisation's homes and a recruitment care plan test for applicants to see if they could identify people's needs and wishes. They also provided training to staff in other homes, such as dining with dignity.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The home had close links with services, such as speech and language therapists, GP and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The home liaised and worked with community organisations such as local schools with visits from pupils and to schools by people using the service. Events with schools have included National Poetry Day, world war two presentation, learning about the great fire of London and a rock cake bake off. These activities took place with children of all different ages. People were also invited to attend a junior school's assemblies. There were also visits by the local Women's Institute.

- The home had embraced technology to engage people through virtual reality. This gave them the opportunity to experience places of interest around the world that they may not have had the opportunity to physically visit, such as Sydney Harbour Bridge. Equally, it was used to prompt memories of places people had visited.
- The home had a policy of promoting staff internally where possible. One person had joined as a care assistant and was promoted to senior care assistant and eventually team leader. During the course of these promotions they were encouraged and supported to do a National Vocational Qualification (NVQ) level 3 which they passed with distinction. They were also put on a team leader training course. Due to childcare requirements they transferred to a different role as part of the organisation's work, life balance policy.
- The home provided work experience for a young person who had begun studying at medical school.
- One member of staff was also put forward for the National Care 'Carer of the year' award, by the home.
- The registered manager held sessions each Tuesday to provide staff with the opportunity to discuss topics on a one to one basis that included the home and organisation's vision and values, care plans, concerns and well-being.
- The most recent questionnaire for people using the service showed overwhelming satisfaction with staff meeting their care needs. The relative's survey was also very positive as were those of visiting healthcare professionals and staff.

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

- The home and organisation's quality assurance systems were very robust and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets.
- Audits were carried out by the registered manager and the internal quality team. They were up to date. There was also an audit action plan.
- The regional director visited regularly and checked clinical governance as part of their review.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.
- The registered manager conducted a series of spot checks on night staff, looking at fire safety, positioning and staffing. There was a daily heads of department meeting where risks, concerns, upcoming events and good practice were shared and then cascaded down to staff.
- The home had joined the 'John's Campaign' which supported the right of carers to stay with people with dementia, at all times.