

Ambiance Care (Blackwell) Limited

Blackwell Care Centre

Inspection report

Gloves Lane
Blackwell
Alfreton
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Tel: 01773863388

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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: Blackwell Care Centre is a care home that provides personal care for up to 49 people, some of whom are living with dementia. At the time of the inspection 47 people lived at the service. Most people lived there permanently, and some people spent short periods there to provide respite for their main carers. The accommodation was established over two floors. On the ground floor there were bedrooms and an activities room, which could also be used as a café space. On the second floor there were bedrooms and several communal spaces. These included a large dining area, a conservatory and smaller lounge spaces.

People's experience of using this service:

- There was a warm, welcoming and very friendly atmosphere. The provider was very person-centred and staff had an exceptional understanding of people's individual needs.
- Staff were extremely responsive towards people's lives and care requirements.
- People and relatives told us they were fully involved in the creation and review of their care plans.
- Staff showed exceptional care and compassion when caring for people at the end of their lives. The service was totally committed to assisting people to pursue their interests which created a sense of belonging and purpose. A range of activities were on offer to ensure a variety of opportunities which reflected people's wishes and interests.
- The registered manager was passionate about providing person centred care and this was reflected in every aspect of the service. People and relatives were empowered to help run and improve the service, in a survey to visitors the feedback was exceptionally positive. People's views were considered and had been used to make changes to the menu, the environment and activities.
- Partnerships had been developed with the community and health and social care professionals.
- A range of regular checks had been completed to review the quality of the care and any areas where improvements were required. When identified improvements were implemented to continuously work in the interests of the people living at Blackwell Care Centre.
- People's safety had been considered and risks had been reduced by the introduction of equipment or guidance. Staff had received training in relation to safeguarding and knew how to protect people from harm.
- Medicine was managed safely. The risk to any infection was reduced by the maintenance of high standards of hygiene. People enjoyed the food and their nutritional needs were met.
- People enjoyed living at the home and told us staff were kind and respectful of their choices. There were sufficient staff to meet their needs and staff were recruited in accordance with best practice.
- People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Health care had a focus to ensure people's ongoing wellbeing.
- Information was provided in a range of formats to support understanding. People were able to access spiritual support to meet their religious beliefs.

- There was a registered manager at the home and the rating was displayed at the home and on their website. When required notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

Rating at last inspection: Good (Published December 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the service continued to be Good, and in some areas improved to Outstanding.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was Effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally Well-led.

Details are in our Well-Led findings below.

Blackwell Care Centre

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 checked 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.

Inspection team: Two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Blackwell Care Centre is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the 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 used all this information to plan our inspection.

During the inspection we spoke with six people and seven relatives to ask about their experience of the care provided. We spoke with four members of care staff, three nurses, a member of the domestic team, the cook, the care coordinator, the registered manager and the provider who was also the owner of the home. During

the inspection we spoke with two visiting professionals from health care.

We reviewed a range of records. This included five people's care and medicine records. We also looked at four staff files around staff recruitment, various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely and learning lessons when things go wrong

- At our last inspection in December 2016, we found a breach of regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the required improvements had been made.
- We found medicine had been managed safely. This included the monitoring of temperature for the room and the fridge. Medicine stock and any disposal of medicines procedures were in place. As required medicine was in place and had been reviewed by the GP. When creams were in use these had been dated on opening and recorded when used.
- People were given time to take their medicine at their own pace, being provided with a drink and explanation.
- The provider had learnt from events. After the last inspection the provider worked with a health care professional to review the medicine practices. Improvements had been made to the recording and monitoring of specific conditions.

Safeguarding systems and processes

- The provider had effective safeguarding systems in place and staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- All the staff including domestic and maintenance staff had received appropriate and effective training in this area.
- Posters were displayed around the home to provide details of who to contact if a person or relative had a concern.
- People and relatives told us they felt safe at the home. One relative said, "[Name] is secure here, they feel safe and they are calm and don't get scared. There are lots of different areas to sit. [Name] likes the quiet lounge. They have made a lot of friends here."

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm. Care plans identified risks; for example, some people were at risk of sore skin. Staff could identify when people's skin was becoming sore and the measures to take to reduce this risk.
- People told us when staff used equipment they felt supported. One person told us, "I have to be hoisted and I am confident they know how to use this." We saw guidance was in place.
- Staff had received fire safety training and could explain emergency procedures and responsibilities. Each person had an evacuation plan which identified their individual needs if an emergency was to occur.

Staffing levels

- There was sufficient staff to support the needs of each person. The staff received high praise from people and relatives. One relative said, "They look after [name] amazingly well. I totally put my trust in them."
- The provider and registered manager planned the number of staff required dependent on the needs of the people. On a Monday and Tuesday an additional staff member was employed to provide extra time to assist people with doing their nails or hair.
- When agency staff had been employed checks were completed and they were provided with an induction before they commenced their role.
- Staff had been recruited safely to ensure they were suitable to work with people. Nursing staff had been supported to obtain a revalidation of their required nursing registration.

Preventing and controlling infection

- The service managed the control and prevention of infection well. There was sufficient staff to ensure the home was clean and checks were completed to ensure that standards were maintained. One person told us, "It is clean and tidy and I like my bedroom, it's marvellous".
- A programme of refurbishment was ongoing. Reviews of furniture and flooring was conducted and when required these were replaced.
- Staff used personal protective clothing when assisting people with their personal care or when preparing or serving refreshments. For example, gloves and aprons.
- The home had a five-star rating from the food standards agency. This is the top rating and shows appropriate systems were in place to ensure hygiene levels.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been identified and choices were supported, care plans contained information about people's likes and dislikes.
- Staff applied learning from training, which was in line with best practice. This led to good outcomes for people and supported them to have a good quality of life.

Staff skills, knowledge and experience

- Staff told us they thought the training was very good and gave them enough information to carry out their duties safely. A visiting health care professional commented they thought care staff appeared knowledgeable and competent to carry out their role.
- Nurses had received training for specific health care needs. One nurse commented, "The provider supported me with any training I needed."
- People and relatives all commented on the staff's professional manner. One relative told us, "I once saw a member of staff assisting someone who was choking and they knew exactly what to do."
- New staff felt supported and were provided with an induction which included training and shadowing experienced staff. One staff member commented, "I think the induction was brilliant, time was given to what I needed."

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the food on offer. One person said, "I'm fed well and there's plenty of it." A relative said, "[Names] diet's amazing. They were not eating much before they came here, now they eat well and have put weight on."
- People's weights were monitored and any other dietary needs. When required, health care professionals were referred to for guidance; for example, when people were at risk of choking.
- The cook was kept informed of people's needs. When people initially come to the home the cook discussed their preferences. Information was used to develop the menus, which reflected the information they had about people's likes and dislikes.
- We observed the midday meal. The space was large enough to accommodate everyone even the larger chairs. Staff were on hand to offer support when required and equipment was available to aid people to remain independent.

Staff providing consistent, effective, timely care within and across organisations

- The provider worked with different health and social care professionals to ensure care was provided consistently.

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

- There was clear evidence of referrals being made to a range of health care professionals and their guidance was included in the planned care needs. The GP practice was next door to the home. During our inspection one person had been supported to visit the GP as they had been unwell.
- Relatives told us they felt informed when healthcare advice was obtained. One relative said, "[Name] sees the health care professionals when she needs them. The nurse contacted me when they were unwell."

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

- The home had a variety of indoor spaces which people could access. When people required specialist chairs these were available.
- Each bedroom door was painted like a front door with a small carrier bag available for any personal post. Some doors had been decorated with Christmas wreaths and all had photos of the person. Along the corridors the walls had been decorated with painted windows and window boxes with artificial flowers.
- People were able to personalise their own spaces. One relative told us, "We've spotted a patch in the garden and will be doing some gardening there in the summer."

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

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

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. For example, one staff member told us how they had supported one person with choices about their outfit for the day and we observed people were encouraged to make choices throughout the day. One person told us, "They ask permission when doing my personal care and respect my dignity."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We observed people were treated with kindness and were positive about the staff's caring attitude. One relative said, "Staff are amazing. They're friendly, easy-going, polite, from the cleaners to the office everybody, even the kitchen staff say hello to people."
- We received many positive comments from people and their relatives. This reflected what we saw. One person said, "Staff are brilliant. They know what they're doing, the place is clean and there are no smells."
- All the staff we spoke with enjoyed working at the home. One staff member said, "I enjoy talking to people and we get time to do that. People's thanks makes me feel that I have done a good job."

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

- People were encouraged to express their views and staff took time when asking people about their daily choices. One person said, "I'm happy with the care here. I have improved in my health and I have made some good friends."
- Staff were responsive to people's needs. For example, during the craft activity one person became anxious, they had forgotten an item of importance. The staff retrieved this item and avoided the person continuing to be upset. A staff member said, "I treat people the way I would want my Mum to be treated." They added, "I just love it here, it's very satisfying to make people smile and happy."
- Relatives were welcome to visit anytime with the exception of mealtimes. This was to reduce the risk of people being distracted and to encourage a social atmosphere. One relative said, "The home is well managed, well organised and they let you know things."

Respecting and promoting people's privacy, dignity and independence

- We observed staff speaking with kindness to people and touching their hands, arms and shoulders to offer reassurance and comfort, which people enjoyed. When people appeared, disorientated or upset staff were on hand to support them appropriately.
- When personal matters were supported, staff knelt next to people to maintain confidentiality and privacy. Staff knocked on doors before entering rooms. One person told us, "I've only got to ask and it's there. They help me with personal care and they protect my dignity. They look after me splendidly."
- Staff told me they encouraged independence such as supporting people when they wished to retain some aspects of independence. One staff member said, "I always close curtains and cover people up when giving care, it's also important to explain what I am doing."
- People's information was stored securely to maintain their confidentiality.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

End of life care and support

- Staff showed exceptional care and compassion when caring for people at the end of their lives. Every effort was made to grant people their last wishes. For example, one person had become estranged from a family member. The provider managed to find their relative and made contact to enable the person to make peace and they could say their goodbyes. Staff could share many emotional stories of support they had provided. One staff member said, "It's a privilege to care for the person."
- The provider had achieved the Derbyshire End of Life Quality Award (DELQA), as this was a fantastic achievement they wanted to develop a feature in the garden. This was for those people who had passed, but to also make a positive place for people to spend time. An artist was commissioned who provided art work reflecting 3D objects. For example, a sweet shop a post box and telephone box. A tree was also planted. Relatives from previous people who had used the service were invited to the opening. They were given a charm to place on the tree and there was a balloon launch. People told us they had enjoyed the garden, which had seating and was a pleasant place to be.
- The provider had staff who were highly skilled in empathy and understanding to support people and family members to explore and record their wishes for care at the end of their lives. Care plans reflected people's wishes, which included any cultural or religious needs. The plan also reflected the support required to ensure a dignified and pain-free death.
- Staff were very compassionate when discussing care of people at the end of their lives and those deceased. One staff member told us, "It touches me that we pay such respect for the person, that is what care is all about." When a person had passed away, staff escorted them to the hearse. The family were presented with a memory box which contained items such as photographs, a lock of hair, handprints and forget me not seeds.

How people's needs are met

- The provider was very person-centred and staff had an exceptional understanding of people's individual needs.
- The provider was totally committed to assisting people to pursue their interests which created a sense of belonging and purpose.

The registered manager had taken an innovative approach to providing social activities. People were encouraged to identify a 'wish' which they wanted to achieve. Many of these wishes had been realised. For example, one person told us how they wished to go to a country park, however felt it would be too difficult as they had a large specialist chair. The person told us, "I could not believe they achieved it, we've got a good team here, I would recommend this place 100%." Another person wished to go on holiday. The provider has purchased a caravan which has been adapted and will soon be ready for visitors. They told us,

"The site is perfect it has so many amenities which are all accessible and there is the opportunity to hire equipment if needed for specific needs. For example, hoists. This will give our residents and staff another experience if they wish it."

- Other wishes were more personal, for example obtaining a photograph of an old family relative. One person wished to share with us how they had been supported to have a tattoo of their favourite football club. The registered manager consulted with medical professionals to ensure it would not have an impact on their health needs. Staff supported the person in developing the design and in having a skin test ahead of the main event. After the tattoo was completed the staff followed a detailed after care plan to reduce the risk of infection. There were many more examples of how the provider had embraced peoples wishes to enhance their time at the home. Other wishes not yet achieved were being planned.
- The programme of events was planned in advance and we saw external performers supported the agenda. These ranged from singers, going to the zoo and visiting huskie dogs. Staff told us how different people responded to the variety of visitors. For example, during a visit by the huskie dogs one person who had not spoken whilst in their care for two years had responded to the dogs. As the dog sat on the persons bed the person touched the dogs paw and said, 'Get down the garden'. Staff were amazed and told us this then opened another window of discussion with the person. People were encouraged to make suggestions to the programme. One gentleman had asked for a 'Men's' day to reflect on the war, trains and the local mining community.
- Daily activities were provided which offered people a wide choice dependent on their needs or interest. There was a dedicated activities room, the handicrafts made by people decorated the walls. There was a timetable of activities on display and people told us about the range of things they had participated in. One person said, "I have taken part in Bingo, card games, dominos, crafts and outings." A relative told us, "It's like being at home, [name] can do whatever they like."
- The activities coordinator had a lot of experience, however they continued to develop their skills. The provider had supported them to access a hand massage and a silk painting course. We saw that both these skills had been incorporated into the programme, the hand massage was used to support people on a one to one or for those less dextrous for craft activities.
- There was a strong link to the community. The local nursery next door visited the home to share in some of the activities and to present concerts and a Christmas pantomime.
- Staff were extremely responsive towards people's lives and care requirements. People's outcomes were being met consistently and responsively. One person told us, "The staff are brilliant. I couldn't wish for better. They're professionals. I don't have to wait long for anything." Without exception, everyone we spoke with and their family members felt the home offered all the care people needed with opportunities to continue to live life how they wished.
- People, relatives and professionals told us they were fully involved in the creation and review of care plans and individual needs. One person with complex sensory needs was supported to have positive experiences. To ensure they received individual care their bedroom and a separate bathroom had been converted to provide sensory stimulation. These included, music, lights and other sensory aspects like decoration and colours. One staff member told us, "These sensory aspects mean they can enjoy their own space."
- The provider took every opportunity to understand people's needs, before people received care at the home. A detailed assessment of the person's needs was completed. This involved people of importance to the person and any professionals so the care would reflect health care needs along with preferences and life history. One person said, "Staff communicate with me well. They know my preferences." A professional told us that the service was focused on providing person-centred care and supported people to achieve their chosen outcomes. They said, "Staff really understand the people well and are knowledgeable about their treatment and care."
- All the staff were extremely responsive to the understanding of people's lives and their care requirements. They told us they read the care plans, along with speaking to the person and the receipt of updates about

peoples changing needs prior to them commencing their shift. For example, we saw how the continued reviewing of people's care needs had reduced the risk of people getting sore skin.

- We observed the handover on the day of the inspection. During the handover staff communicated between care and nursing staff, to clarify the care needs of people and obtain further details on specific conditions. For example, if a person had been placed on some new medicine any possible side effects or changes in behaviour which may need to be considered.
- The initial pre-assessment plan was then developed into the full care plan. This builds on the initial information and details new and changing details to ensure the care plans are reflective of the person's needs. People were empowered, one person told us, "I am listened to and involved in planning my care." Relatives reflected that they were involved in the details of the care requirements, which included life history, social and cultural needs. One relative said, 'I am always involved in the care plan review.'
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, specific times for care, respecting people's spiritual needs or choice the gender of the care provider for personal care support. One relative said, "They know [name] really well, including their likes and dislikes." The provider catered for people's different spiritual needs and had monthly visits from both Anglican and catholic churches who provided a service and the option of individual spiritual guidance. Staff had received training in equality and diversity and reflected how they used this knowledge to reduce any possible barriers to care.
- Information was provided in a range of formats and methods to support people with their understanding of information when making choices. For example, the daily menus were in a picture format and were displayed on each table. The cards were changed after each meal so that they were representative of the meal on offer. Other aids were considered for people to support their communication. For example, a tablet computer was used to aid a person when making decisions and one person used a mobile phone to message the office in relation to obtaining information or making requests. This reflected the provider had considered the Accessible Information Standard, which is a requirement to provide information in a format to support people with a disability or sensory loss.

Improving care quality in response to complaints or concerns

- People and families knew how to make complaints; and that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One relative said, "I've never made a complaint, but yes I would feel confident if I had to make one and I'd just speak to the office staff about it."
- We saw that any complaints had been investigated comprehensively, providing the complainant with a formal response.
- The complaints procedure was displayed in the home. The home had also introduced a suggestion/ comments box, to encourage people to have their say if they did not feel able to approach the provider personally.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People were at the heart of the service and staff worked collaboratively to ensure a shared vision about the ethos and culture of the home. One care staff told us, "We are all passionate about the fine detail when providing care, it's the whole team approach."
- People who used the service spoke extremely positively about the staff and the management team. A relative said, "I heard about this home through word of mouth and I would recommend it. It's got a nice feel, it felt nice when I came to look around, there's a good atmosphere."
- Staff were highly motivated by the provider and registered manager and showed pride in the care they gave to people at all the stages of their care. Visiting professionals, we spoke with all felt the registered manager and provider were visible and had a focus on providing the best care. One said, "I think it's well run, the staff know what they are doing and it's a team approach."
- There was a registered manager at the home and the rating was displayed at the home and on their website. When required notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- People benefitted from a registered manager who had created an exceptionally open culture and had developed extremely positive values within the service. Staff spoke positively about the management team and felt they were approachable and supportive. One staff member said, "We get lots of support from the managers and care coordinator." Another said, "The managers are just fantastic and I really feel I am listened to."
- There was a strong framework to monitor performance. Staff were supported with regular meetings and individual supervisions. Staff told us they found them useful and informative. Staff opinions and suggestions were welcomed, one staff member said, "We can ask the managers for anything and they will respond." We saw staff had requested some therapy dolls, with accessories like a pushchair and these had been purchased.
- Management processes were used on a regular basis to reflect best practice. These audits had been used to review all aspects of the home and when an area was identified it was addressed. For example, the infection control audit identified although there were no internal issues, the clinical waste service was unreliable and this was changed to a new provider.
- The registered manager was passionate about providing person-centred care and this was reflected in

every aspect of the service. We saw when accident or incident was recorded they were reviewed. Each concern reflected the measures which had been put in place to reduce the risk. For example, a sensor mat or a referral to the falls team. For one person had their room changed around to reduce the risks and this had so far resulted in a reduction in falls.

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

- In a survey to visitors the feedback was without exception positive. These comments reflect the themes noted; 'Extremely impressed with Blackwell', 'Well organised and managed', and 'Information passed on by staff'.
- People and relatives were empowered to help run and improve the service. There was a consistent approach to ensure everyone could contribute to the development of the home and the improvements for people. For example, when reviews were held, in addition to the person, relevant family and professionals were involved to ensure all aspects of the person care and wellbeing was considered. Following any changes, the staff were informed and the care plans updated. Senior staff and nurses were given an office day to ensure they could focus on the required paperwork and have time to share information or offer support with care staff.
- Meetings were held at the home and outcomes from the meeting had been implemented. One person said, "A place that delivers what it says on the tin." A relative told us they had attended relative meetings and found that information was shared, for example at one meeting the outcome of the pharmacy inspection on medicines was discussed.

Continuous learning and improving care

- The registered manager had extremely high standards and was very proactive in all aspects of service delivery. They were extremely proud of the achievement in of the Derbyshire End of Life Quality Award (DELQA). To achieve the award the provider must demonstrate their commitment in providing person centred and individual care. The care provided has to be evidence and receives ongoing monitoring to show it is maintained. This is the second time the home has achieved the award which shows consistency and sustainability in providing EOL care.
- There was a strong emphasis on continuous improvements. The provider had introduced a new online training package for staff. However, it was identified that some staff struggled with this way of learning. The provider now employs a tutor to support people with completing the models. One staff member said, "It's good to have that extra support." The provider had also offered a financial award to encourage staff to complete training in a timely way. Learning from the training was then shared at team meetings.
- Other improvements had been made to the environment. During the summer it was identified that the conservatory was too hot and placed people at risk of sun damage. Sun blinds had now been added to provide protection and add warmth during the cooler months.
- It was identified that some people's weight was inconsistently recorded, new hoist scales were purchased to ensure the correct weight could be verified.

Working in partnership with others

- A culture of continuous learning meant staff were engaged in driving improvement. The introduction of champion roles had seen staff engage more widely in different aspects of care or elements of the home. For example, the end of life award.
- The provider worked closely with the health care teams. It was identified by the district nurses team that they did not have a base locally to store their supplies. The provider allocated a room to the team which could be used for storage and as a treatment room. A health care professional told us, "It's good to have this room and know you can always access any stock."
- When other partners had reviewed the service, and made recommendations we saw there was a positive

approach in addressing any concerns. For example, the fire safety inspection identified new emergency lighting was required and this was completed. Health care professionals had made recommendations in relation to medicines management and these were implemented.

- Partnerships had been developed with health and social care professionals, along with community links.