

Landermead Investments Limited

Landermeads Care Home

Inspection report

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Nottingham
Nottinghamshire
NG9 5DD

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Landermeads Nursing Home is registered to provide accommodation for people who require nursing or personal care. The home can support up to 86 people across five interconnected houses, each of which has separate adapted facilities. The home specialises in providing care to people living with different stages of dementia, and people are matched to a house depending on the level of their dementia. One of the houses specialises in providing care to people living with a physical, neurological or learning disability.

People's experience of using the service and what we found.

The registered manager and all staff were totally committed to providing high-quality, person-centred care. The vision and values of delivering emotionally led care was at the heart of the service and staff were committed and compassionate, in striving to deliver excellent care. Staff were passionate to ensure people achieved the best outcomes they could.

People were treated with exceptional care and kindness, people were respected and treated as equals and part of a family. End of life care was excellent.

The service had a homely atmosphere and the environment was stimulating. People's interests and hobbies were incorporated into the design of the home and gardens in innovative ways.

Staff recruitment was safe, and staff were recruited in a way to ensure they shared the values of the service. Staffing levels were high, so people's needs were quickly attended to. Staff were very proud to work at the service and received excellent training around people's specific needs.

The service was exceptionally well-led. The registered manager demonstrated how their links with external professionals and community organisations had sustained continual development and improvement for people living at the service. There was a comprehensive governance structure in place to continuously monitor the quality of the service.

People told us they were very happy at the service and felt safely cared for. Staff received training and knew how to identify abuse and protect people from harm.

There was comprehensive care planning for people's holistic health needs, and people's nutritional needs were very well managed.

The management team worked with external agencies to ensure the quality of the service was monitored and continuous improvement was embedded, through research projects and best practice guidance.

People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. Accommodation and the environment was specifically adapted for people with learning disabilities. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection

The last rating for this service was Outstanding (Published 15 December 2016)

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led..

Details are in our well-led findings below.

Outstanding 

Landermeads Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised of one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with 18 people who used the service and three relatives about their experience of the care provided. We spoke with fifteen members of staff including the nominated individual, registered manager, nursing staff, trainee nurse associates, home makers, support leads, support workers, and the cleaning manger. We observed people in all five home areas and observed meal times and activities.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of information the nominated individual provided for us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise control over their lives. People were fully involved, and the provider was open, transparent and shared learning when things went wrong.

Assessing risk, safety monitoring and management

- Staff told us their approach to supporting people and managing risks and their safety was exceptionally person centred to enable people to take maximum control over their lives. Staff told us about one person who was desperate to go home after living at Landermeads for 3 years following a stroke. Staff completed an emotional and physical risk assessment to help facilitate this. Even though the physical risk was identified as high, staff had still proceeded with supporting the person to achieve their aim and respect their wishes, including visits home which enhanced their emotional well-being.
- A member of staff said, "If that person thinks there is no chance they will ever get home again, it will be devastating for them emotionally, they will feel they have no choice or control over their life. We have to support them as much as we can with positive risk taking to achieve that goal and respect their wishes." The person had left Landermeads, and we saw photographs of them enjoying their first day back home. We saw exceptionally positive feedback from relatives about the commitment staff showed to supporting people. Comments included, how amazing, dedicated and enthusiastic staff had been.
- People's risks had been assessed, managed and were regularly reviewed. Staff supported people in line with the risk assessments in their care plans. For example, staff told us, "We risk assess people with challenging behaviour. If incidents occur, we use special emotional behaviour incident charts, so we can analyse what trigger led up to the incident to learn how we could improve on what happens."
- There were environmental checks in place to keep people safe and staff had regular fire training. The service had worked closely with the fire service to ensure that the environment was safe by independently testing and risk assessing decorations around the home. This ensured the service met safety standards and still provided a homely environment that met people's needs, whilst still ensuring it was stimulating and tactile for people.

Staffing and recruitment

- Staffing levels were exceptionally good, and this allowed staff to be flexible and respond quickly to people's individual needs. People were exceptionally positive about the number of staff and told us there were always plenty of staff around. One person said, "If I am in my room and need help, they will see me when they pass by, there is always someone on the floor. Or I can press my button and they come pretty quickly." Staff turnover was low and a number of staff had been with the service a long time which helped ensure staff had an excellent understanding of people's needs and personalities.
- Staff told us staffing was good and as people's needs changed staffing was increased, for example if someone was at end of life, extra staff were deployed to support them. Staff we spoke with were unhurried and all staff had time to stop and chat to people or sit with people. This was actively encouraged by the

registered manager as part of the person-centred ethos of the service.

- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable to care for people. Staff were recruited with an emphasis on ensuring they had the right qualities to fit into the service. Advertisements called for staff with a passion for caring, rather than previous experience of care. Once appointed staff were matched with a house to work in.
- Staff told us one person helped staff to interview his own 'one to one' carer. A family member was also involved in interviewing staff for their relative. "[Name] is involved in our training program, so has a sound understanding of our ethos, that with their experience of supporting their relatives needs means they are ideally suited to select the right staff."
- One member of staff told us, "I thought I would be working in one area because of my experience in learning disabilities, however the management team asked me to work elsewhere so I could spread my knowledge around the home."

Learning lessons when things go wrong

- There was an open and honest culture to support learning from errors and staff told us they were encouraged to report incidents, accidents and near misses.
- The service had robust procedures in place to investigate any events or complaints and to identify the root cause. Incidents were analysed in order to put measures in place to prevent re-occurrence. We saw 'significant event analysis forms' which clearly identified learning from events. For example, staff told us about one person who had tried to remove their clothes in public. Rather than not take them out in future, staff had analysed what happened and learnt from the incident. They had put measures in place to reduce the event occurring and to further protect the person should it occur again.
- Safety alerts, results of investigations and analysis of events were communicated at staff meetings. If deemed urgent they were sent to staff via closed social media to staff on work phones.

Using medicines safely

- People received their medicines in a safe way and systems to manage medicines were well organised and ensured timely administration of medicines. Staff received training in administering medicines and had their competency checked regularly.
- The service worked in collaboration with the local GP, and an advanced nurse practitioner visited the service to do weekly medicines reviews with nursing staff. This had a positive impact on people's health by ensuring people were not taking unnecessary medications. It also identified potential side effects, reduced waste and promoted compliance.
- Medicines audits were performed to identify any problems and action plans were in place to improve practice.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm, people told us they felt very safe living at Landermeads. One person told us, "I feel safe here. There are always lots of people about to help me."
- Staff had excellent knowledge of how to recognise abuse and how to safeguard people from potential harm, whilst not restricting people. Staff had received training in safeguarding and told us who they would report concerns to, inside the home and externally, to the local authority.
- The management team understood their responsibilities in reporting concerns to the local safeguarding team and CQC for monitoring purposes.

Preventing and controlling infection

- The service was clean, and staff had training in preventing and controlling the spread of infection.
- There were fabric ornaments around to promote a homely environment, and we saw staff collecting items

to put in the washing machine. We heard the member of staff say, "Let's have a tidy of our home together, before we put these in the washing machine." Staff told us, "We want to include the person in feeling ownership of things around them.

- The service was working closely with the local authority infection control team to ensure standards were maintained whilst promoting the homely and family ethos. A new infection control lead had been appointed to perform monthly audits.
- We saw staff wore personal protective equipment such as gloves and aprons when appropriate and staff could describe how they would manage an outbreak of infection.
- The service had a Level 5 rating from the Food Standards Agency. This is the highest rating and confirms the service was meeting national best practice guidance in the safe management of food.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Each house within the home had exceptionally careful and thoughtful design and decoration to suit the people living there with learning disabilities and people on their journey through dementia. Each house had different lounge areas for people to sit, with dining rooms and kitchenettes.
- People were involved in the decoration of the property and the garden space. The house and garden had themed areas that had been designed either to stimulate or entertain people. Other areas were designed to either remind people of hobbies or holidays or occupations.
- For example, there was a caravan one person had requested in the garden to remind them of their holidays. One person told us, "We like to sit in it over the summer and have tea and coffee in there, we will need to give it a clean out in the spring." There was half a car attached to the outside wall, which one person enjoyed cleaning, another person who had been a mechanic checked under the bonnet to tend to the engine, and other people just liked sitting behind the wheel.
- One area of the service was developing a children's play area for people's grandchildren and the local nursery school to enjoy. People told us they loved watching the children playing.
- Bedrooms were personalised with people's things, people had televisions, computers and phones. One person told us, "They painted my room for me, I chose a nice light colour." To help people find their way round, toilet doors were painted red and had clear symbols and signage on the door. Bedroom doors were painted with bright colours and had numbers, names and memory boxes with items relating to the person interests or life experiences.

Staff support: induction, training, skills and experience

- Staff were extremely skilled in providing care that was appropriate to people. Staff were especially skilled in dementia care and the service had achieved Butterfly status, an accredited scheme developed by Dementia Care Matters. Staff told us what a difference it made to people's quality of life and how all staff were fully committed to the approach. For example, when staff passed a person they always engaged them in conversation, and ensured any conversations occurred through people not over them, so they were stimulated and included. Staff told us as a result of this engagement people were happy and relaxed.
- For example, Staff told us about one person who was very distressed when they arrived. "They either sat in a chair doing nothing or banged on doors all day, you would not believe they were ever like that seeing them now, our approach has had such an impact." We saw the person was chatty and sociable and involved in doing things around the home.
- Staff told us they received an induction period, and spent time shadowing senior staff to get to know people's needs. Staff told us the training was excellent, "We do a lot of training, it is all in-house and face to

face, sometimes we have external providers in for specialist subjects." Staff told us they were about to have training on pain in dementia to develop their skills further. Staff said training was hands on and innovative, "When we do manual handling we all take turns to get in a hoist, so we can all see what it if feels like to be moved around by someone else". When we do our oral hygiene training, we clean each other's teeth. We have a variety of different toothbrushes, so we know what they all feel like, which means we can match the brush to suit people's mouths."

- The management team told us they were very keen to develop staff and promote career pathways in social care and had worked with the local Clinical Commissioning Group and Local Authority to develop this. They had helped to establish the role of nursing associates to support the registered nurses. This offered care staff the opportunity for further training, education and personal development.
- Staff told us they received regular three-monthly supervision sessions which were really helpful. One member of staff said, "Especially for staff that don't want to speak up at meetings, they can bring up issues in supervision sessions and it ensures they have a voice."

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

- People received exceptional care and support due to the holistic way people's needs were pre-assessed before they arrived at the service. We observed a member of staff discussing one person's needs on the phone in great detail before they arrived. They told us, "I feel like I already know them pretty well and they are not even here yet." Staff told us they visited people before they arrived at the service to meet them and assess their needs. Families were also involved in this process, so they had time to express their views and were listened to. One relative told us, "It is great, from the information they gather, I know that they know [Name] so well, they have got them sussed."
- Support plans were very detailed, and staff had in-depth knowledge of people's needs. Recognised assessment tools were in use to assess skin integrity, falls risk, nutrition and oral care and care plans contained very detailed information about people's healthcare conditions and how they progressed as people aged.
- The provider kept up to date with changes in standards, guidance and current legislation, and policies and procedures reflected this. The provider had multiple links with recognised organisations to promote best practice.

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

- Extremely positive feedback was received from health care professionals, on how staff worked collaboratively to support people to achieve timely care with good outcomes. A local GP had commented, "Staff know people well which helps when I visit. People are treated as individuals and staff are attentive to people's needs." When changes were implemented. Staff were immediately notified of the changes in support via confidential social media.
- Staff told us about one person who had very challenging behaviour and wanted to stay in bed all day. Staff displayed great passion and commitment to improve this person's life. They explained how they advocated for the person challenging other health care professionals to change the persons medication and level of one to one support they required. As a result, the persons behaviour has now totally changed, they have been able to go on holiday and the service is now looking at moving them to a supported living service.
- Staff worked with external agencies to provide effective care. The registered manager worked collaboratively with Nottingham University NHS Trust and Health England to reduce hospital admission through promoting good practice. They told us, "We recognised there was a need for an additional role and supported the training of nursing associates, they work with the nurses and advanced nurse practitioners to maintain people's health, this has made a real difference to people as we pick up issues quickly and resolve them quickly without the need for a hospital admission." , "It has had a major impact, we get very few

people admitted to hospital and when they are, they come back to us very quickly due to the care and monitoring we have in place.

- The service used the vanguard red bag scheme to support seamless transition from social care to hospital.
- A staff champion led the oral hygiene assessments and supported staff to promote good practice to maintain people's oral health.

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

- People were supported to eat and drink and maintain a healthy balanced diet. People told us the food was lovely and there was a good choice for every meal. There were drinks and snacks out for people to help themselves. People's nutritional needs were assessed any cultural or religious preferences, special diets and allergies were accommodated and people's weights were monitored.
- Mealtimes were a special and sociable event and people's individual needs were catered for in a creative way. We saw people had specially adapted cutlery, with either bowls or plates depending on their needs. One person had a blended meal which was blended and shaped separately so they could identify what they were eating. Two ladies were enjoying sherry and lemonade in champagne flutes.
- Staff sat with people and they ate together. The food was served in dishes and placed on the table. We heard one member of staff describe what was in each dish and help the person choose what they wanted. "Would you like peas with that? The parsley sauce is just there in the jug, there is some lovely fish here, would you like some?" Staff told us this promoted people's choice and involved them in the conversation. We saw people chatted, and mealtimes were an unrushed event.
- We saw one person who had chosen to sit in a corridor for lunch and also had a member of staff sitting with them eating and chatting. Later the person told us, "I like the attention I get sitting here, I know no one can walk past me without stopping for a chat and someone always joins me for lunch."
- There were a variety of themed cultural evenings which people and their families were invited to, these were often hosted by staff who were from different cultures and dressed in traditional outfits.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes and some hospitals this is usually through MCA applications 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.

- The service had staff who were champions in MCA. They had used this role to support and educate staff and to embed understanding of the process. This had given staff the confidence to fully support people. Staff were very knowledgeable about the MCA and DoLS and described how they helped people with fluctuating capacity make choices in areas they had capacity to.
- Best interest decisions and mental capacity assessments had been completed for individual decisions that people were unable to make for themselves. DoLS applications were submitted and kept up to date.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff and the management team shared the same values, that they were all part of a family. Staff told us, "We consider ourselves as family and we have removed barriers, such as uniforms and we call people 'family member's', it has had such an impact on people's well-being and behaviour."
- Staff were genuinely committed to providing exceptional care and were very attentive spending time with people. Staff showed exceptional knowledge about people's needs and described how they tried to get into people's 'bubble of dementia' by making short connections with people through conversation and touch.
- Staff were exceptionally warm and friendly to people. People told us "They are really kind and caring, nothing is too much trouble for them." We saw, staff greeting people with hugs and kisses and gently touching people on the arm to reassure them. We heard lots of staff and people singing together, and pianos playing around the home which we saw people enjoyed.
- One relative's feedback stated, "The minute I walked through the door I knew this place was special, it was like a home from home, a genuine happy, caring buzz. I instantly felt at ease, as if I were with friends."
- We observed several people sitting in one lounge with blankets round them watching the news, a member of staff was sitting with them, also wrapped in a blanket, attending to people as required. The member of staff told us, "We often mirror what people do, to help them, for example, sitting with them rather than standing over watching them, eating with people to encourage them to use a knife and fork as we are. Putting our pyjamas on for a night shift, to normalise day and night routine."
- The service was working towards gaining accreditation from Pride in Care in order to avoid discrimination and recognise equality. After assessing staff knowledge staff received training to increase awareness of how to support people. The management team told us awareness was significantly increased. A member of staff said "It has been eye-opening for some of our junior members of staff who are used to openness about the subject, to learn how difficult life was for people some 60 years ago. It has taught staff to look at things differently and reflect on how we approach people." Another member of staff told us, "It has made a difference to several people who now feel more relaxed to talk openly about their relationships, it has improved their wellbeing. All policies had been adapted to reflect the diversity of people's needs.

Respecting and promoting people's privacy, dignity and independence

- Staff were very clear that the service was a family home, people were treated like family, and their privacy and dignity was respected. We observed staff knocking on people's doors and then waiting for people to respond before they entered. We observed staff always asked people for consent before providing care.
- We observed a member of staff discreetly assisting a person to the toilet saying, "We girls are just going to powder our faces and we are going to come back looking beautiful!"

- One person told us, "Staff arrange little parties and say, we know you can cook, and they ask me to help them make bread, they put it in the oven for me." I also made the Christmas cake, it's in my room until its ready to be iced. I help with the washing up also, it's nice to do my bit."
- Staff told us, "We encourage people to do things, even if it takes them a long time, if they have the ability to do something they deserve the right to do it themselves." Staff told us about the intensive work involved in supporting people's wishes to return home. "We don't give up, despite the barriers." Staff told us, "It is about enabling people to regain their independence, not disabling them to stay here."
- People were encouraged to go out, with families and friends and maintain previous community contacts. One person told us their daughter took them out every Saturday and Sunday, "If I want to go out during the week, staff will take me in one of the mini-busses."
- The management team told us how they used technology to support people's independence in the garden, "We realised that some people didn't want to go out in the garden alone as they were used to having staff around. We bought some portable call aids, so if people want to go out they can, but they can call us if they need us, or if they fancy a cup of tea."

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

- People were encouraged to be involved with how much support they required. People who could not make decisions had access to advocacy services. Advocates speak up on behalf of people who may need help to make their views known.
- People were offered choice and encouraged to make decisions about daily routines choose how they spent their time. Staff told us how they supported positive social interactions when offering choice. "Rather than just asking someone to choose between two dresses, we describe the different colour, texture or pattern of the dresses to give people as much choice as possible."
- Staff told us about one person with dementia who was very resistant to baths and showers. After spending time sensitively exploring the issue with family and the person, staff had identified a previous trauma they had experienced as a child that had recently emerged in their memory as their dementia had progressed. Staff had changed their approach and used aromatherapy and candles to give the person a 'spa' experience in the form of a 'bed bath' to reduce the stress of the experience.
- We saw glowing feedback from relatives about the care their family members had received.

Is the service responsive?

Our findings

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

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

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

- People's care was personalised to meet their needs. Staff told us, "When we had one person who was very unwell and in hospital, we all got together and had a meeting to plan their return. We put together a crisis plan and everyone that was going to be involved in their care did extra training in positive behaviour before they came back so we could meet their needs. We went to visit them every week while they were in hospital, so they could still recognise who we were and maintain the connection. It was still very challenging, but we involved outside agencies and have managed to keep them here, near to their family home rather than having to move miles away, which was what they wanted."
- Staff told us, "We assess people's needs every month and discuss what they want with them when we update their care plans. We look at how people communicate with us and ways to improve. For example, with one person, as we got to know him, he became more engaged in talking about the care he wanted to receive."
- We saw feedback from families praising the great lengths and hard work staff put in to getting to know people's needs and working with them to support what their family members wanted.

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

- There was an embedded culture of person-centred care. Staff told us that by delivering emotionally led care and connecting with people they built up attachment with people to give a sense of inclusion, identity and occupation.
- The home had a minibus to take people out, one person told us they liked to go to the garden centre, another person told us they had been out to the panto this week.
- One person told us how much they enjoyed local school children visiting the home, "We had little chicks that hatched, and the cage was in the dining room, the children would come in to see the chicks, it was lovely."
- There was a homemaker in each house whose role was to promote people's wellbeing, by finding out people's interests and providing activities and stimulation. One of the homemakers told us, "I make sure that I adapt all the activities so that everyone can take part, activities are tailored to each home and each person. There is little time for people to feel bored as there are always activities for people to do. "We place different objects on the dinner table and around the home each day to encourage conversation with people, it's much easier to talk about something you can see in front of you."
- We have volunteers that come in at lunch times to help or to take people out, they are mostly ex-staff that have retired, and each house also had an enrichment leader who spent one to one time with people each

day to increase the quality of people's lives."

- Staff told us about people who did not like to join in activities. "We do have some people who have anxiety in communal areas and don't like to join in. We know who likes to spend time in their rooms and so each house always has a staff member based in the corridor, so we can pop in and out of rooms as people want us to. We moved two people who had anxiety, opposite each other, as a result, they have struck up a friendship and pop in and out of each other's rooms or walk along the corridor together for a chat. "
- The service had made connections within the community to support people's interests, a number of people went to a local nightclub for afternoon dinner dance which staff told us they loved. Other people had been involved in the Dementia Choir and local churches.
- Staff had completed their own, very detailed 'This is me' documents that were displayed in each area for people and their families to read. People and relatives could see what staff identified was important to them, their likes, dislikes, and hobbies in order to make meaningful connections with people and their families.
- Staff and relatives had different hobbies and interests, and these were utilised by the service for activities. For example, relatives ran arts, crafts and exercise classes and a member of staff was qualified as a pet therapist and brought pets in to engage with people.

End of life care and support

- Staff were exceptionally skilled at end of life care. The service had achieved Beacon status, one of the highest ratings for providing outstanding End of Life care from the Gold standards Framework.
- End of Life staff champions had worked with staff to develop their own advanced life plans. Staff told us this gave them a sense of what it was like to plan their end of life care and funeral plans. One member of staff said, "It gives us the ability to feel the emotions people have and helps us as staff to support people with empathy. Not everyone wants to discuss their end of life plans but we try to find out people's preferences.
- Staff told us when a person was at the end of their life, they provided one to one care, so they could be with families when they were needed. "It is passionate care, we deliver what people want, and work closely with the family."
- A member of staff told us, "After the death of a family member, we analyse what we did well and how we can improve, we have shared this at a conference in London and with homes locally." We work with 'soul midwives' to train staff to be accredited soul midwives and we are creating a memory garden for people to leave mementoes of their loved ones.
- Staff had accredited 'soul midwife' training and described it as a holistic journey rather than a medical pathway. "We collect stories that are important to people and recreate happy memories. For example, we can talk people through a trip to the seaside, by playing recordings of waves and seagulls, heat the room and recreated the smell of the seaside. We use elements to help families understand the journey they and loved ones go on." We are also trained in massage, aromatherapy and counselling to help people and their families. We are creating a memory garden for people to leave mementoes of their loved ones." We saw numerous thank you cards about the care people had received.

Meeting people's communication needs

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

- Staff knew people extremely well and understood what people's communication needs were. For example, staff told us, "One person needs a quiet place to communicate, we spell words out, we use sign language, or they can point to things or pictures or symbols to make us understand what they want. Another

person has a light writer, they type, and it speaks the words to us."

Improving care quality in response to complaints or concerns

- People told us they were happy to raise concerns. One person said, "It doesn't worry me voicing my opinion, they are so kind, they speak to me and sort things out straight away."
- Another person said, "If I wasn't happy I would tell the bosses, they would listen."
- There was a formal complaints procedure in place and we could see the service dealt with complaints in an appropriate way. For example, after one concern the service had reviewed current NICE (National Institute of Clinical Excellence) guidelines to ensure they were providing people with up to date care.

Is the service well-led?

Our findings

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

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

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

- The service was exceptionally well led. The management team strove to put people at the heart of the service in a unique way.
- Staff displayed the culture and values of the service, which were to ensure people living there felt attached to staff, loved and comforted, felt included and were occupied to maintain their sense of identity. We could see staff positively engaged with people and knew them extremely well.
- Staff enthused about the emotionally led care and told us, "It made such a difference to people's lives when we introduced it, we have managed to sustain the impact and now it is something we excel in." We saw that staff were committed, and passionate and their behaviour reflected the principles of the holistic care they described to us.
- Staff told us it was an amazing team, and not only did they support people with excellent care, they also supported each other. Staff told us, "We work like a family and laugh and smile and cry together. People are heavily involved in their care and get what they want."
- Feedback from healthcare professionals was exceptionally positive. We saw a letter from a local GP stating what excellent support the service gave to people.
- The service had trained a member of staff to be a mindfulness teacher. The management team told us, their skills had been invaluable. "We use them to support individual staff if they are struggling personally. They run group and individual sessions for staff and people living at the service and help to build up relationships. For example, when someone dies, it can be very stressful for staff and people, they help us to discuss how we all feel."

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

- The service had received and been nominated for a number of local and national awards for example, they had won Best Dementia Care Home 2019 and had been nominated for the great British Care Award.
- The service had been audited by Dementia Care Matters and had received the highest rating for seven years in a row, showing sustainability of care delivered. Staff were motivated and told us they were very proud of the care they gave.
- There were comprehensive governance systems to monitor the quality of the service and clear feedback to staff at meetings to drive improvements. We saw evidence of recent improvements to the infection control monitoring and auditing system following issues identified.
- Staff told us, computerised record keeping system allowed them to perform live audits and monitor

actions and ensure records were kept up to date and secure.

- Staff told us they had regular supervision sessions, which were helpful to talk about how to improve their skills and confidence, and there was excellent opportunity to grow and develop within the service.
- The management team understood their legal responsibility to notify CQC about serious incidents and events.

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

- The management team was very committed to engaging people's views of the service. There were regular resident's meetings, where people could express goals they wanted to achieve. This had led to events such as helicopter flights and one person achieving their ambition to score a goal at a well-known football club.
- Regular newsletters kept people up to date with what was happening. Meetings for relatives and people were used to share information on topics such as advanced life planning, end of life care and emotionally led support. There was an annual satisfaction survey which was very positive, and any comments were used to drive forward improvements and changes.
- People told us the management team regularly walked around the home during the day with their dogs, to chat to people and gather their views. We heard one-person comment, "Look at the doggies running up and down, they are so lovely, aren't they?"
- The service had well established multiple links with the community. Local schools visited the service and people at the service were involved in the local scout group. There were various events that the service organised which were well supported by the community to provide contact for people.

Continuous learning and improving care

- The management team were passionately committed to driving forward service improvements and had established many external links to promote and lead best practice. The service participated in numerous university research projects, such as the use of music therapy. Staff created personal sound tracks to evoke memories for people with dementia.
- The management team told us they were passionate about expanding career opportunities within social care and had developed a video which had been adopted by the Department of Work and Pensions in their recruitment campaign.
- Nursing staff told us how supported they felt to improve care by further training. Two nurses had completed a frailty module at degree level with the possibility of becoming advanced nurse practitioners, a new role the service was helping to develop.
- The registered manager told us "We upskill nurses to improve their competency, the nursing associates work with them to make informed decisions about people's care." Nursing staff told us this had empowered them to assess and review people's care reflecting on up to date research and recommendations.

Working in partnership with others

- The service worked in partnership with other care homes, and the Kings Fund on projects such as educating hospital staff to raise awareness of people with dementia to reduce health care problems when they are admitted. And developing the role of the advanced nurse practitioner, by setting up an integrated care home group to keep people out of hospital. The service also offered placements for medical and nursing students. The nominated individual told us, "The Kings fund project had a massive impact, we also secured funding to develop a 'React to dementia' resource which had been shared locally and nationally.
- The nominated individual acted as a role model and lectured on dementia care and the role of the nurse in social care, on the nursing associate program at a local university.
- The service worked with Care England on a project to attract people into social care careers. This had led to the development of two videos which had been used to promote careers in care homes, which had been

nominated for Nursing Times awards. One member of staff told us, "I had never considered a career in care, but it is fantastic, I live it and breath it now."

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 management team worked in an open and transparent way following incidents and acted under duty of candour.
- Staff told us that the management team were very responsive to any concerns they raised.