

Brunelcare

Deerhurst Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Deerhurst Care Home is a care home that provides accommodation for persons who require nursing or personal care to 66 older people. The service is provided in accommodation over two floors. At the time of the inspection, 66 people were living at the home.

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

People consistently told us that staff were exceptionally kind, caring and compassionate and health and social care professionals told us staff were exceptional in the way in which they provided care and support.

There was a strong culture of person-centred care. Staff in all roles were motivated to ensure people had the best day possible and all understood how their role and interactions contributed to people's wellbeing. There was a culture of inclusiveness and one which acknowledged and recognised the different needs of people. There was a strong emphasis on encouraging people to maintain independence and respecting people's privacy.

The environment of the home continued to be exceptionally dementia friendly. Since the last inspection the registered manager had continued to be creative with the environment which people lived in. The changes made had continued to have a positive impact on people's wellbeing. Staff knew people well and were creative when assisting people to eat and drink. We observed the staff used a range of communication methods to encourage people to eat and drink.

People were encouraged where possible to make their own choices and decisions about aspects of their daily life. Where people lacked the capacity to make decisions for themselves the staff knew what to do to ensure that any decisions made on behalf of the person was made in their best interests. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People received care that was extremely personalised and responsive to their specific needs and preferences. There was a strong focus on providing meaningful activities which promoted people's physical and emotional wellbeing. Staff had gone the extra mile in ensuring the people maintained and experienced interests and activities that were important to them. People and their relatives described how responsive staff had been to their needs. All levels of the service demonstrated a strong commitment to providing a personalised and holistic service. The registered manager and staff showed a commitment to ensure people's quality of life was optimised and provided emotional support. People were treated as individuals when considering recording any preferences or wishes at end of life.

The registered manager and provider were deeply involved in all aspects of the running of the home and provided their team with excellent leadership. This ensured all staff had the same aim to enable people living with dementia to lead fulfilled lives. The culture of Deerhurst Care Home was exceptionally open and

positive. The atmosphere was relaxed and friendly. The registered manager worked in collaboration with other professionals and had undertaken project work within the home. The registered manager shared best practice with other providers and helped to drive improvements.

People were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified. Where risks to people had been identified assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People were encouraged to take positive risks to help them live a meaningful life. People received their medicine as prescribed.

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 safe.

Details are in our safe findings below.

Good 

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 

Deerhurst 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 was carried out by two inspectors and two Experts 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

Deerhurst Care 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

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 this information to plan our inspection.

During the inspection

We spoke with 13 people who lived at the home and nine relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of

people who could not talk with us. We did this to assess the quality of care for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia.

The registered manager and deputy manager facilitated the inspection, we also met with the area manager. We spoke individually with five members of staff and three volunteers

We looked at six people's care records, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, complaints, audits and quality assurance report.

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

- Feedback from professionals without exception, consistently reflected the innovative approaches to how the home managed safeguarding. For example, one professional told us, "We commission an enhanced dementia service from Deerhurst Care Home. They have not needed to employ 1:1 staffing. They are able to use techniques to settle and diffuse situations". Another professional told us, "In terms of safeguarding I recommend Deerhurst Care Home to other providers as an example of a service that it has a positive approach to safeguarding. They proactively report concerns to us and work with us in an open and transparent manner to reduce risks to people".

Assessing risk, safety monitoring and management

- The registered manager's approach to how risks and safety were managed was exceptionally person centred. Staff considered people's needs and safety positively, with the aim of ensuring people's wellbeing.
- People and/or their relative, were involved in decisions about how risks were managed. An example included relatives were consulted about the use of the home's four wheeled bike. People were very much assessed on an individual basis. This promoted choice, control and empowerment.
- Staff at the service encouraged people to take positive risks. The staff had a person-centred approach towards risks. This meant safety and risks were not viewed in isolation or a barrier but were of equal importance to a person's welfare. People were encouraged to go swimming with staff and to remain fit and active. Some people chose to swim under water which the staff assessed individually. Another person sat in the captain's seat on the top deck of a boat and had a go at steering this.
- Procedures in the event of an emergency were known and understood by staff. Staff told us they had training in fire safety and knew what to do in the event of an emergency.
- The registered manager had prepared personal emergency evacuation plans (PEEP) for each person who lived at the home. A quick reference guide was available where staff could see at a glance the level of support someone would need in an emergency evacuation.
- An internal health and safety audit had taken place which identified improvements where needed in relation to fire safety. The areas identified had been completed. This included the replacement of some doors to fire doors.
- The registered manager had taken exceptional steps in relation to fire safety. Soft toys including teddy bears had been sprayed with fire retardant spray. This was to prevent the risk of a fire spreading throughout the home and presented no additional risk to people.

Staffing and recruitment

- Each person, relative and staff member we spoke with felt that staffing levels were excellent at the home. There was high ratio of staff as well as a very low turnover that kept people safe and met their needs.

- Relatives we spoke with told us, "I have never seen a home with this amount of staff. Most of the staff have worked here a long time. One staff member told us, "Jobs here are like gold dust. Everybody seems to want to work here. We have a good reputation".

- We saw many different staff roles within the home. The staff team helped to engage people in many different tasks and activities at flexible times which suited people. The deployment of staff was effectively used within the home which helped to keep people safe.

The home had a steady team of staff which each helped to cover the home's staff rota. The home employed full complement of registered nurses.

- An effective recruitment and selection procedure were in place. The registered manager continued to carry out the relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people.

- People were actively involved when possible in recruiting staff to care for them and had the final say on who was employed.

Using medicines safely

- Staff followed the policies and procedures for the safe handling, storage and administration of medicines.

- Medicines were securely stored, and records of administration were kept. Staff had received training in administering medicines.

- People received their medicines as prescribed. Some people were prescribed 'as required' medicines, for example pain relief medicines and medicines to be administered in emergencies.

Preventing and controlling infection

- The whole home was exceptionally clean. The provider had infection prevention and control policies and staff had received training.

- Staff had access to the equipment they needed to prevent and control infection including; disposable gloves, aprons, sluicing facilities, and cleaning materials.

- Soft furnishings, toys, dolls and teddy bears were regularly cleaned the staff to prevent the risk of cross infection

- Infection control audits were regularly completed within the home to check areas of the building were clean and tidy.

Learning lessons when things go wrong

- Incidents and accidents were monitored on an on-going basis. This ensured people were kept safe from harm and that actions were taken to ensure recurrences of these were minimised.

- Falls champions were put into place as a result from analysing post fall trends. This helped to promote effective ways in how falls were managed.

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

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

- The provider had initiated a project which Deerhurst Care Home staff and people were participating in. This was to promote hydration across the organisation and to raise awareness of the importance of staying hydrated. Two hydration champions were nominated to lead the project. This helped to prevent 'avoidable' dehydration and enabled staff to easily identify the correct level and type of support a person needs for drinking and highlighted their associated risk of dehydration. This led to a 14% reduction in admissions due to falls and 10% reduction in admissions due to urinary tract infections.
- Staff knew people well and had a good understanding of how each person liked to be assisted with their meal. We observed one staff member assisting a person to eat and drink at lunch time. The staff member positioned themselves next to the person whilst assisting them and talking to them in a friendly manner. The person started to become distressed with the staff member and showed this by spitting their food and closing their mouth firmly tight. We observed the staff member changed their position to standing behind the person's chair. They immediately stopped communicating with the person and fed them from behind with a spoon instead of a fork. The person then began to eat their meal. The person was calm and engaged. We spoke to the staff member after and they told us the person's behaviour varied day to day which affected how they liked to be fed.
- Staff continued to go out of their way to make mealtimes a positive and sociable experience for people. Mealtimes continued to be calm and relaxed with music softly playing in the background. Relatives and volunteers were encouraged to join people for lunch and share the experience. People were offered a range of refreshments which included a lunch time tittle of an alcoholic drink.
- Staff at the home completed regular mealtime experience assessments. This was often completed by one of the home maker staff. This focussed on for example, meeting people's needs and choices, the dining experience, communication and after meals.

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

- An example included that one staff member had an interest in research trials. They spoke to the registered manager about setting up their own project called the 'wellbeing project'. The registered manager was fully supportive of the staff member along with GP involvement. Some people were able to consent themselves. Consent was sought from relatives of those people who were unable to give consent. This was discussed fully with professionals with best interest decisions made. The staff member researched ways to enhance people's lives and wellbeing.
- Seven people took part in the research trail with specific guidelines in place. The wellbeing project was supported by the registered manager, people and professionals. Blood tests were taken to check people's

vitamin d, iron and magnesium levels. The results showed a range of imbalances within people. The project focussed on nutrition by using home grown food and vegetables. Aromatherapy oils for massage and relaxation were used along with offering people decaffeinated tea and other herbal tea. People were also given vitamin tablets. The staff member told us a difference had been noticed at times of the day where people were anxious. One person for example was previously very anxious and was prescribed medicines to relieve this. Since the trial they no longer needed medicines to help settle them. Instead aromatherapy massage was used to calm the person which had proved a success.

- The home employed its own qualified physiotherapist who ran physio fitness sessions weekly with 20 to 30 people attending. Five to six helpers supported the sessions to give people one to one time. The exercises used were very much people's choice and included boxing, wobble boards, exercise bikes, ball games. This was often held outdoors. The physiotherapist told us this brought a sense of achievement, improved wellbeing, had decreased the number of falls, improved people's balance and was very fun.

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

- The registered manager had continued to be creative with the environment which people lived in to ensure this was of a high standard and continued to be dementia friendly.
- Since the last inspection many changes to the environment had been made. The pet hens which were part of a hen power project had been rehomed. This had been replaced with a large pub garden with tables, chairs and plants. This was an area where people could use freely whilst enjoying a drink in a safe environment.
- A pub had been introduced to the home with bar and pumps. There were many things for people to see and do and plenty of space. Pool tables and pub games were available to play. People were encouraged to use the area to socialise or sit and observe. We observed one person sat in the pub after lunch drinking an alcoholic beverage. The registered manager told us they loved to spend time in this area. We were told the person had come out of their shell. Staff would stop and play pool with the person.
- The home had taken part in a project with a doctor from the university. A previous down stairs training room had been redeveloped to a room called "The parlour of wonder". People that lived at the home had chosen the name of the room. The room was designed around old times where people were able to reminisce about past times. With the help from the university one wall of the room had been redecorated with wallpaper in the design of a map. This covered areas where people that lived in the home previously lived including Bristol to Taunton. Important landmarks of Bristol including the Suspension Bridge had been mapped. The registered manager told us people and their relatives enjoyed spending time in the parlour of wonder. It had created many valued conversations. An example included, one relative told us by visiting the room had open up conversation around her mother's wedding day. This was something previously that their mum had not spoken about for a long time.
- One of the homes values was to bring comfort to people. Teddy bears and soft toys were visible throughout the home for people to cuddle. In one of the downstairs corridors was an array of teddys. We observed people picked up the teddys to cuddle. One person had picked up two teddys and sat down with them. We observed they were relaxed and had fallen asleep whilst holding them. The environment brought great comfort to the person.
- Professionals continued to praise the service for its unique and dementia friendly environment. One professional told us, "The living space could appear cluttered to some but the bright walls and artefacts are known to help stimulate patients with advancing dementia. The living areas are spacious and well lit".

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

- People consistently received exceptional care and treatment because staff had obtained detailed information about how to care for people's physical, mental health and well-being needs. The registered

manager told us how important the pre-assessment was and how the involvement of relatives helped them feel listened to and involved in the care of their loved one.

- People and their relatives were given opportunities to express their views on health and preferred life outcomes, and these were reflected in their care plan.
- We reviewed a significant number of compliments received by the provider from relatives, expressing their heartfelt thanks to staff for the excellent care their loved ones had received

Staff support: induction, training, skills and experience

- The registered manager continued to recognise the positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities in order to further enhance the service they provided. One member of staff told us "Brunelcare are always investing in me. I am so privileged to have a manager that believes in me".

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff continued to receive training in the MCA principles and DoLS. They were provided with regular updates and refreshers to remind them of the requirements following the training. This included the information staff needed to assess a person's capacity.
- Appropriate applications to the local authority for DoLS had been made and progress monitored.
- One person that lived at the home had appealed against a DoLS authorisation. The registered manager told us they had supported the person with the process by giving them the appropriate information to assist them.

Is the service caring?

Our findings

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

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

We found there were key characteristics that continued to make the service exceptional and distinctive in their caring role. There were many examples where this was demonstrated, and we have included a small selection for the purpose of this report.

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

- Professionals who visited the home continued to praise the staff and the registered manager for the exceptionally high standards of care people received. Comments included, "In my mind Deerhurst delivers outstanding care and is not frightened to challenge the traditional way that care has been delivered" and "This home is exactly that, a 'home', the ethos of the place is that it is the home of the resident and so the staff are there to help them in their home".
- The home continued to be exceptionally complimented by relatives for its friendly atmosphere and genuine care from the staff team. Comments included, "We cannot fault the care here. It is utterly exceptional" and "My mum is cared for beautifully by the staff. It is lovely to see her appearance is taken care of. We have fallen on our feet in finding this home. The staff are marvellous".
- The registered manager continued to maintain an array of letters and cards sent to the home regarding the care people received. There comments included, "Deerhurst is a very special place. You should all be really proud of the care that you give" and "Thank you from the bottom of our hearts to all the staff and volunteers for all the love and care given. The lengths you went to with my mum making her time with my dad special, comfortable and less stressful".
- The registered manager sought ways to meet people's individual needs by accessing services, discussing and welcoming lesbian, gay, bisexual and transgender (LGBT) people by planning to make it clearer in the home literature. Since the last inspection the staff promoted dementia training with families to enhance their visits in a positive way. For example, they helped to ensure families understood the dementia triggers, negative behaviours and how to manage behaviours. Wellbeing meetings also took place as a support network for relatives. One relative told us, "I really struggled with their (relatives) diagnosis. I didn't have a clue about dementia. They have been wonderful here and supportive. I used to dread visiting because of the reaction I may face but things are so positive now".
- Relatives and professionals told us people were exceptionally cared for during their time living at the home and after they had passed away. The registered manager continued to attend the funerals of each person who passed away. Each person's funeral was also attended by up to a further 10 to 15 staff who very much cared for each person. This was so the staff could pay their respects to the person and family.
- The registered manager was passionate in caring for relatives and people's loved ones after their death. Since the last inspection a memory garden had been created to the side of the home. People and their

relatives were encouraged to plant flowers, trees and add a plaque as a token of remembrance. This was a quiet area of remembrance for staff, people, family and friends to visit to pay their respects to those that passed away at Deerhurst Care Home where their memory lived on. This area was used daily. We spoke to one family who were visiting the area. They told us, "This is not a sad area but somewhere we can remember the happy times". One family had planted a rose tree to remember their loved one and regularly visited the garden. The garden resembled the caring ethos of the home in looking after people past and present. A large proportion of relatives remained close to the home after their loved one had died by volunteering at the home.

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

- Throughout our inspection we observed staff spending time with people, we heard laughter and friendly banter between staff and people and we saw respectful interactions, Staff looked at people when they spoke with them and made sure people had the time they needed to communicate. This meant people felt valued and important to staff.

- Staff made every effort to ensure people were supported to express their views so that staff understood their wishes and choices, including where people may not communicate verbally. Staff were of how people communicated through using body language and eye contact.

Respecting and promoting people's privacy, dignity and independence

- People told us of the exceptional care they received from an incredibly caring and committed staff team. "The staff are so lovely. They look after us lot very well. We are one big family" and "They treat me with dignity, they are nice to us, they always knock before coming into my room".

- We observed some people carried around babies (dolls). Our observations made showed this brought a great sense of comfort to people. Some people were sat cuddling their babies whilst others pushed them around the home in a pushchair. One person who was resting in the lounge had a moses basket next to their reclining chair. We observed they were rocking the moses basket whilst closing their own eyes trying to sleep. All staff were very respectful of people's babies and their use. One staff member offered to help feed a person's baby. They helped to gently wipe away some juice which was running down the baby's face. Research has shown that baby dolls or teddy bears can give people living with dementia a sense of purpose or reduce anxiety and distress

- We observed a staff member trying to encourage a person to eat their lunch time meal. The person was holding their baby (doll) and refused to eat their meal because of this. We over heard the staff member offering to look after and cuddle the person's baby whilst they sat and ate their meal. With the upmost of dignity and respect the staff member sat and cradled the baby in a blanket gently rocking this to sleep. The person sat and enjoyed their meal keeping watch. Shortly after the staff member gently gave the person back their baby.

- The registered manager and staff continued to have a strong ethos of promoting people's independence and maximising people's potential. One person that lived with a life limiting illness attended the physio sessions. Prior to attending they were at high risk of falls, had poor motor skills and balance. since attending the sessions the difference in the person had been life changing for the person with a positive impact. The person had no falls, it had increased their independence, mobility, confidence and mood. We were told they since loved to dance and had been on a recent holiday with their family.

- One person loved to knit scarves before moving to the home. Due to the deterioration in their eyesight, they found this difficult and they were no longer able to do so. The person dropped into conversation with the registered manager about their previous passion of knitting. The registered manager straight away went out and purchased the person a standard lamp. It was placed to the side of their chair to enhance the person's vision and to enable them to start knitting again. When this was no longer sufficient due to worsening eyesight a single light fitting was changed to a strip light. These changes enabled the person to

continue knitting. The registered manager told us, "The impact was significant to her wellbeing as it made her feel validated. She has gained confidence and contentment since living here".

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

- Since the last inspection Deerhurst Care Home had been re awarded a national dementia award at the highest-level. This was for the Quality of Life and outstanding personal care given to people. In order to achieve this the service incorporated the five principles of person-centred care. These were occupation and purpose, attachment and a sense of belonging, comfort, identity and inclusion. One example of incorporating inclusion into the home included pre-school children regularly visited to undertake activities with people. The registered manager told us people had really benefitted. One person was a retired school teacher and another person a dinner lady. Both people were very protective of the children and often stood with a cup of tea watching the children play. This gave both people a sense of achievement and helped them to feel valued.
- We reviewed the audit undertaken to achieve the national dementia award. This was undertaken in December 2018. The home had been highly complimented during the audit. Comments included "Deerhurst is a home that is filled with love with the "person" central to the home" and "There was a genuine sense that each person really matters and is known. Nothing is too much trouble to make their day and each moment more pleasurable"
- The registered manager and staff had continued to provide a high standard of person-centred care to people. An example included, one person loved the outdoor space, swimming and the warm weather. One relative had mentioned to the registered manager about having a paddling pool at the home as a joke. They told us they were shocked when they visited to see their loved one in the garden paddling in the pool. They told us their relative loved the paddling pool and it created memories from the past. "Another relative told us, they had a paddling pool out in the hot weather, so people could sit with their feet in it. Lots of people were outside with sun cream and hats. It was lovely to see".
- Another example included one person that moved to the home had not be used to eating a large meal at midday and preferred to eat cheese and biscuits as a snack at lunch time and have their larger meal at evening time. As soon at the staff had become aware of this they were able to accommodate the person's preferences. At lunch times they were given a small snack of their choice and during the evening the staff prepared a hot evening meal of the person's choice. By providing personalised care it had helped the person to settle in the home.
- The home continued to be supported by a high number of committed volunteers and trustees. One of the home's volunteers praised the registered manager for the person-centred care given to people. They told us, "She is one of the most creative people that I have ever met. She wants the bring out the best for people and looks at providing the best for each person. Her famous words are always I have plan, and could I have some money for a project".

- The home continued to adopt an excellent relationship with a local school and developed a garden project which young under privileged children took part in. The children regularly attended the home to help plant flowers in soil and paint butterflies for the garden. The registered manager told us people really enjoyed the visits and project. A photo book had been created of the work undertaken. The school teacher had commented that the impact has been incredible with children displaying positive behaviour. The registered manager told us this had a great impact on people as they were helping the children to develop new skills. People therefore gained a sense of achievement.

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.

- People's communication needs were identified, recorded and highlighted within their care plans. Any identified needs were followed up with relevant referrals to professionals.

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

- The registered manager continued to be passionate at preventing social isolation within the home. They had continued to participate in project work and looked at innovative ways in providing activities to promote people's wellbeing. Most people that lived at the service had a dementia type diagnosis.
- Since the last inspection a reminiscence group had been set up by the staff. This was called 'remembering yesterday caring today'. A small group of people and their relatives attended themed sessions within the home which was led by one of the home makers. The themes were early life, school days, young life and employment, weddings, holidays and celebrations. This registered manager told us objects were used for sensory stimulation. An example included in the school session people heard the school bell ring and heard chalk being used on a chalk board. One person for example had little verbal communication skills but participated well. They had a good recollection during the holiday session of past holidays to Devon. This conversation was generated by sand and shells. They were able to share these memories with their family who had not heard about this before. We were told the conversations had a huge impact on people.
- Staff who worked at the home were empowered to set up a music memory box project with support from the university. Six people that lived with dementia and their relatives participated in the project and music boxes were created. Sessions were run as a group with music playing to help to create the memories that were placed in a box. One noticeable impact was the connection made by people with selected individual pieces of music. People reminisced with staff and their relatives with the music generating lots of memories. One person for example had little verbal communication however we were told the person and their loved one shared some special moments as they listened to music from their first few years of married life when living abroad. We were told they sat crying happy tears whilst holding hands. The registered manager told us, "The project gained momentum that was way beyond the group. It had an impact on people's quality of life and wellbeing".
- Some people who lived at the home were previously keen cyclists and were unable to ride due to frailty. The registered manager looked at ways that people could ride on a bike again. The home had received two large donations of money from families whose loved ones had passed away. As a tribute and to create a fun filled activity the home purchased a large four-seater, four wheeled bicycle. The bike was named as after the two people that had passed away. The bike had brought fun filled times to Deerhurst Care Home. It had connected people with the local community who were often seen touring the local area. Family's had also taken their loved ones out which had created many happy treasured memories.
- Deerhurst Care Home had an excellent connection with the local community and involved people who

lived at the home with fund raising activities within the local area. To mark the homes 20 year anniversary people were keen to share with the community school children the importance of exercise. They did this by cycling the distance of 120 miles from Bristol to London Paddington on a static bike at the home. This had helped to raise a large donation for sports equipment at a local school. People, school children, staff and families took it in turns to keep the bike moving. To raise awareness of the project the home had used a community initiative called 'the big lunch' which brought the community together where people shared food and enjoyed each other's company. The registered manager told us this gave people a sense of achievement and connection with the community which helped to prevent isolation.

Improving care quality in response to complaints or concerns

- There was complaints procedure in place and people and visitors were aware of how to raise a concern or complaint. Records showed that no concerns or complaints had been made within the last 12 months.
- One relative told us, "My gosh no, I have no complaints only praise. Another relative told us, "If I had any worries I would not hesitate to speak to the office. They are all fab here".

End of life care and support

- The home continued to provide a high standard of care to people with palliative and end of life care needs. At the last inspection the home were working towards the nationally recognised Gold Standard Framework for end of life care (GSF). The GSF is a model of good practice which enabled a 'gold standard' of care to be provided for people who were nearing the end of their lives. At this inspection we found the home had achieved the GSF award. This meant the staff followed best practice guidance and people received a high level of person centred care tailored to their specific needs at the end of their life.
- The registered manager maintained an array of letters and card sent to the home. This was from loved ones regarding the care received at the end of their loved one's life. The feedback received was exceptional. Comments included, "I salute all the wonderful carers. My dad slipped away and the care he received was nothing short of outstanding. Angels on earth, the whole team" and "I just couldn't have asked for a more peaceful or loving end to the amazing life my dad had. I will always be grateful".
- Recently bereaved relatives had also taken the time to speak with us regarding the exceptional standard of care given to their loved one at the end of their loved one's life. One comment included, "They were with us every step of the way. Mum was never left alone during the last few days of her life. Staff stayed with us which was lovely. She slipped away very peacefully".
- Shortly after people passed away the registered manager presented each person's family with a memory box. This contained photos of their loved ones enjoying themselves. One example was photos of a person cuddling dogs, having their nails done and enjoying themselves on outings. The registered manager said the feedback they had was it was a lovely gesture to remember loved ones.

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.

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

- Staff told us they remained very confident in the leadership of the registered manager. Comments included, "I have never ever met a manager like her before. She is an inspiration and loves to take on a challenge. I feel very empowered by her", "Just when you think things could not get any better, she takes on another project which make things even better" and "I owe a lot to my manager. She believes in me and is always pushing me"
- Relatives and professionals continued to speak highly of the provider, registered manager and their personal experiences. One professional told us, "Since the outstanding previous CQC award I have not seen a home that has rested on its laurels. Quite the opposite with improvements in decor, outside space and approaches to care leading to many awards being won at all levels of the team structure from helpers to the manager". One relative told us for example, "I am truly speechless at how amazing it is. I would say it is exceptional here. The registered manager even offered to sit all night with my relative when they were really poorly. She is very respected manager".
- The registered manager and provider had planned ahead with contingency plans in regard to how the home would manage Brexit. This focused for example on issues in relation to staffing, delays with supplies through customs, fuel shortages. The registered manager had liaised with suppliers of stock and planned ahead to look at the areas where shortfalls may occur. 8.5% of staff were non-British EU nationals. The human resources department were ready at hand to step in to support staff through the settlement scheme. This meant through planning ahead the contingency plan was ready to use if a no deal Brexit was announced.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home continued to be exceptionally well led. The ethos, vision and values were led by the registered manager and provider. This included, current best practice, innovation, plans for the future and striving to be the best. It was evident that the provider and registered manager worked in collaboration with each other. The management and staff team had an excellent working relationship.
- The registered manager was passionate at providing the best possible care to people and strived to achieve excellence. They did this by empowering the staff team with a strong emphasis on the values for continual improvement. At the last inspection we rated the home outstanding. The registered manager had been creative and planned ahead for this inspection. They had taken the time to write some reflective case

studies regarding good practice and events that had occurred. They had reflected on the care and support they had given to people and how they had achieved person centred care.

- Since the last inspection Brunel Care had continued to invest in staff. Two staff members had become trained mental health first aiders. This was to enhance the wellbeing of staff. Both mental health first aiders spoke with us about their role which they very much valued. One member of staff told us since becoming a first aider they had been approached by staff who required some support. Through investing time in the staff and signposting them to the appropriate services they were able to keep staff at work with support. Through the support from the trained staff they had supported people to return to work who had been off sick related to their mental health. Staff spoke very highly of the impact since the role was introduced.

- The registered manager and provider had recognised the difficulties that staff faced to have their flu jab. They told us that since the last inspection the home had several cases of confirmed flu amongst people and staff. Some staff had not received the flu jab and had difficulties in having this. To promote the wellbeing of staff and to prevent any possible flu outbreak the registered manager put together a flu project. This project involved working in partnership with the homes local GP. A special surgery was set up for staff to receive their flu jabs. Due to the success of the project guidance was shared with the local authority and at registered manager forum meetings. The registered manager told us from the start of last year until now they had no reportable cases of flu. As a result, staff absence due to sickness had decreased. This had a huge impact on staff and people's wellbeing.

- In partnership with the University of Bristol, Deerhurst Care Home had taken part in a project. The project was called 'care under the rainbow'. The aim was to develop inclusive care homes for older people who identified as lesbian, gay, bisexual and transgender (LGBT). As part of the project staff were interviewed about their experience in relation to LGBT people and the people they looked after. This was captured on a video which was shared nationwide to help other providers learn about this topic. The registered manager told us by taking part in the video helped staff to understand how people identified. As a result, staff were empowered to be open in discussions regarding LGBT with people. They were able to put their skills in to practice and asked people open related questions. We were told the staff felt comfortable in expressing their own identity to help and reassure the people they cared for.

- Various management team members were qualified trainers, in subjects such as dementia. This meant staff had good knowledge about people as individuals and how they could best meet their needs. We were told by staff and relatives that the dementia training continued to be of a high standard. The registered manager continued to hold learning sessions that were creative and interactive to capture their audience.

- The chief executive and senior management regularly visited the home. On one occasion they had attended a talent show at the home. After the show they had taken the time to write to people, staff and relatives. They commented, "The afternoon was such good fun, and everybody had a great time".

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 and provider promoted an ethos of openness and transparency which had been embedded by the staff team. There was learning where things went wrong and open discussions with people and their relatives. Where there were concerns about a person's well-being, these were raised with appropriate authorities such as the local authority safeguarding team.

Continuous learning and improving care. Working in partnership with others

- Since the last inspection the registered manager had become a member of the outstanding society. This was a national society for registered managers and providers with an outstanding CQC rating. The registered manager networked with other providers and were able to share their expertise with other providers and support the driving up of quality across the whole of England. They spoke at conferences to share their

knowledge in how they had achieved outstanding. They gained ideas from other providers in how to capture outstanding evidence to show the achievements of the home.

- The registered manager shared best practice and worked with other providers to help drive improvements. The registered manager told us Deerhurst Care Home was often recommended to other providers by professionals for their outstanding rating and leadership. We were given many examples during the inspection of providers who had visited the service nationally. Other homes with a requires improvement or inadequate rating had visited for inspiration and support to improve their rating. Since the last inspection the registered manager had supported a service with an inadequate rating. Systems similar to the home were put into place.
- The registered manager had worked closely with Skills For Care and had given input into the information contained within the good to outstanding care guide. This guide was released nationally, and their contribution had helped to raise wider awareness of practical approaches in providing good and outstanding care.
- The home worked in partnership with other organisations to ensure they followed current practice and provided a high quality service. They strived to achieve excellence. The registered manager worked closely with the local authority and other providers to share good practice. They attended regular forum meeting for registered managers with the local authority. At one of the meetings the practice of the flu jab project was shared with other providers who were given the appropriate advice and contact information.
- There was a strong emphasis on working with other agencies. The registered manager was a judge at the National Dementia Awards for the last two years. They were also a judge at the great British Care Awards.