

Avery (Lucas Court) Limited

Ashurst Mews Care Home

Inspection report

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Date of inspection visit:
13 August 2019

Date of publication:
08 October 2019

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service:

Ashurst Mews Care Home is registered to provide accommodation and nursing care for up to 60 older people. The service is purpose built to meet the needs of people using the service. At the time of the inspection there were 56 people using the service.

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

People were at the very heart of the service. Staff promoted people's right to make choices in every aspect of their lives and actively supported them to maintain their independence.

The staff at Ashurst Mews were committed to making sure people lived fulfilling lives and were highly motivated with a 'can do' approach which meant they were able to achieve positive outcomes for people. Without exception, people spoke positively about the management and of their care experiences.

It was clear the culture within the service valued the uniqueness of all individuals who lived there. The provider used person centred and innovative ways to provide people with the support they needed, based on best practice.

The staff and the management team were passionate about providing people with support that was based on their individual needs, goals and aspirations. As a result, their care was tailored to meet their exact needs.

The service took a key role in the local community and was actively involved in building further links. The arrangements for social activities were inventive and met people's individual needs.

There was a high level of satisfaction with the service and people were well supported to express their views, so improvements could be made. There was strong leadership that put people first and set high expectations for staff.

We found an open ethos with a clear vision and values which were put into practice by staff, who were proud to work for the service and felt valued for their work. A very positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce any risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

Peoples medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough and staff placed a strong emphasis on the dining experience to ensure it was enjoyed by all. Staff supported people to live healthier lives and access healthcare services.

The service had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. The premises was homely and purpose built to meet the needs of people using the service.

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.

Staff provided care and support in a very caring and meaningful way. They knew the people who used the service very well and had built up kind and compassionate relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

The last rating for this service was : (published 23 March 2017) At this inspection we found the service had improved to Outstanding.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.
Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.
Details are in our well-Led findings below.

Outstanding ☆

Ashurst Mews 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 undertaken by two inspectors and one 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. The expert by experience had experience of caring for older people who use regulated services.

Service and service type

Ashurst Mews 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.

Inspection activity started on 13 August 2019 and ended on 13 August 2019.

What we did before the 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 (PIR). 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 this information to plan our inspection.

We spoke with nine people who used the service and two relatives. We had discussions with nine staff members that included the regional and registered manager, the deputy manager, the cook and five nursing and care staff. 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 looked at the care and medication records of three people who used the service; we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.



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 Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe when staff provided them with care and support. One person said, "It's very safe because someone's here all the time, I'm never on my own." Another person told us, "You do feel safe, there's plenty of staff about." A relative commented, [Family member's] quite safe. The fact that people are around them night and day makes it safe."
- Discussions with staff demonstrated they were skilled at recognising when people were at risk of harm or felt unsafe, and they felt comfortable to report unsafe practice. One staff member said, "I would report anything I wasn't happy about, without any hesitation."
- All staff we spoke with were aware of safeguarding procedures and records confirmed they had relevant and up to date training in this area. One commented, "We completed safeguarding training. I know the signs to look for."
- All staff we spoke with understood the service's whistleblowing and safeguarding policies and procedures. Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a detailed risk management plan was put in place to reduce the likelihood of any falls.
- Risk assessments were reviewed and updated swiftly if there had been any changes or incidents. For example, where one person had a fall an additional care plan was put in place regarding falls and risk assessments were updated.
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.

Staffing and recruitment

- We received some mixed views about staffing levels. One person told us, "There are always staff if you need anything." Another person said, "I would say at times they are short of staff. It doesn't affect my care. The staff turnover is quite high which might be the reason."

- We also received mixed views from staffing about the numbers of staff. One told us, "I think the carers all try their best. There is enough staff but sometimes it is stretched if someone calls in sick, but that is normal anywhere." Another said, "Staffing is okay. We have good team working and support each other."
- We observed there were sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. We saw there was a calm atmosphere and staff did not appear rushed throughout the day.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People received their medicines safely and as prescribed. One person told us, "I take medication in the morning and paracetamol for pain if needed, it's always quite regular." Relatives told us they had no concerns about how their family members received their medicines.
- Care plans had information recorded about the level of support needed by people to take their medicines safely.
- Staff received medicines training and records showed that competency assessments were completed to ensure staff followed the medicines policy and procedures.
- Regular audits took place on the medicines systems to check that staff consistently followed the administration and storage procedures. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Housekeeping services had good systems in place to ensure a clean and odour free environment. We observed the premises to be very clean and hygienic.
- The service had been awarded the rating of 'Very Good' by the Food Standards Agency, the highest possible score. This meant food was prepared in a hygienic environment.
- Staff told us, and records confirmed they had completed training in infection control and food hygiene. They used personal protective equipment to prevent the spread of any potential infection.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff at team meetings and one to one supervisions.
- When there were incidents in other services owned by the same provider, lessons learned were shared with all the other services and these were displayed on the staff notice board.

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 now remained Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A comprehensive assessment of people's needs was completed before they went to live at the service. These were then regularly updated and used as a foundation for people's plan of care. Care plans were detailed, and person centred.
- The registered manager and the staff team worked in creative ways to help reduce people's anxiety over this process. For example, meeting people at a location where they felt at ease such as their home.
- Ensuring people were at the heart of their assessment and care plan was important to the staff team. The management team told us how they involved people in the assessment process before they moved into the service. Wherever possible, the registered manager encouraged people to visit the service to help them decide if it was the right place for them.

Staff support: induction, training, skills and experience

- Staff received training that supported them to carry out their roles safely and effectively. People told us they felt staff were well trained and that new staff were supported by experienced staff. One person told us, "They are well trained as a whole. I think they give me a good quality of life."
- Staff completed an induction when they first started at the service and on-going training thereafter. Staff also completed specialist training that was applicable to their roles. This included syringe driver training and male and female catheterisation.
- The registered manager told us that all staff completed customer service training to ensure they understood the different needs of people using the service and how to meet those needs.
- Staff felt valued and were encouraged to increase and develop their skills and knowledge. The registered manager used team meetings and one-to-one meetings to support staff to identify areas where they would like to gain more experience. If staff felt they needed extra training, this was provided.
- All staff regardless of their roles completed training in relation to dementia care. Staff recognised that part of their role was to use their knowledge of dementia to support people and their families with their understanding of its impact. People and relatives praised the skills of staff, commenting on their

"compassion" and their "genuine" caring approach.

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

- We received very positive feedback about the quality of the food and peoples dining experience. One person said, "I enjoy the food; they [meaning staff] come around the day before. I get plenty of choice. Breakfast is my favourite." Another told us, "Lovely young cook who makes marvellous cakes." A relative commented, "[Family member] is very happy with the food and the choice they have."
- Staff placed a strong emphasis on the dining experience and saw it as an important social activity. Every effort was made to enhance social interaction at meal times and increase their nutritional intake; all of which contributed to peoples mental and physical well-being.
- Catering staff were constantly looking for innovative ways to encourage people to enjoy life by eating well. We saw that people were offered a sherry before their meals and there had been themed meal times. For example, people had enjoyed an 'around the world cruise' theme where they enjoyed foods from different countries such as France and Italy.
- Special attention was paid to the environment at meal times, the menu, the music playing in the dining areas and choice. Families and staff were encouraged to sit with people and share a meal to encourage social interaction and enhance people's dining experience.
- We saw that food was always cooked fresh and this included homemade cakes and biscuits. Health initiatives were adopted, for example, the chef had created chocolate covered protein snacks for people who needed extra nutrition. Where advised specialist dietary textures were provided to assist people with swallowing difficulties.
- Staff recognised that some people needed to be encouraged to eat whenever they were hungry rather than having to eat with everyone else at a set time. For example, if people got up in the night they were always offered snacks and drinks.
- Staff enabled people to eat in their preferred manner, for example providing a small spoon, or a plate with a lip to enable them to eat independently. Research influenced how each table was set up, with contrasting colours, including different styles of red plates, which research has shown can increase people's food intake.

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

- Staff supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to. One person told us, "I saw the doctor this morning. I've had my eyes done and I've seen a chiropodist." People were registered with a local medical practice.
- People's care plans included information about their health needs, medication and allergies which was essential for ambulance crews to see.
- The registered manager had introduced clinical risk, weekly meetings. These covered areas such as falls, pressure ulcers, medication and nutrition and weight. Actions were taken where any risk was identified, for example, people were referred to the dietitian and speech and language therapist where risk had been identified in relation to nutrition and swallowing difficulties.
- A visiting healthcare professional was very positive about how the service supported people with their health needs. They told us, "'Really happy with this home. It's very organised and they are very cooperative with the surgery. We work closely together. They don't call the GP unnecessarily."

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

- The environment was designed to use innovative ways to help people be as independent as possible. Design features, such as the colour of equipment and aids in bathrooms continued to increase people's

independence helping to maintain their self-worth.

- People's rooms were personalised to make them comfortable and homely places for people. A person told us, "I'm comfortable in my room, it's clean and personal." People had use of a variety of communal areas which offered alternative spaces for them depending on how they wanted to spend their time, for example watching television or being in a quiet area or a cinema room.
- The provider had created an enabling environment for people living with dementia. Based on research findings, signage and lighting and contrasting colours helped people make sense of their surroundings. We saw how these design elements supported people's sense of well-being.

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 had received training and had a good understanding of the principles of the MCA.
- There was an emphasis on enabling people to make their own choices wherever possible.
- Staff always asked people for their consent before they undertook any tasks. One person told us, "They always ask me for permission with what they are about to do."

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were very caring and supportive towards them. One person said, "The staff are very nice, sweet and helpful." Another person and their family member commented, "I find the staff very good; they get what I need. We have extended our respite care and I'm sure we will stay here."
- Staff spoke to people in a kind way and offered support in a relaxed and caring manner. One staff member explained, "This is a lovely home and it's about giving something back. We treat everyone like family and try to make them feel special."
- People told us that staff often went over and above to meet their needs. For example, one person had been diagnosed with a condition that affected their mobility. However, the staff made sure this did not stop them doing the things that were important to them. Staff supported the person to book their own taxi. They then travelled to a local shopping centre where they met their relative and spent time shopping together.
- One person who was admitted to the service loved to dance and enjoyed parties. However, the person was at high risk of falls. The staff decided to support this person to achieve a personal goal which was to go out and party like they used to. A local theatre held very special memories for the person as they used to visit the place with a relative. Staff arranged for the person to attend a rock and roll tea party there. It was a surprise for the person and they danced with her family, friends and staff and had an afternoon tea.
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.
- People were relaxed in the presence of staff; their body language became less tense and they smiled and joked with staff members. Staff always responded well to these displays of affection, giving people eye contact, recognising the importance of touch and showing by their response how they valued the person's attention.
- Staff were consistently attentive and recognised when people needed additional reassurance or one to one support.
- Staff were exceptionally skilled at engaging with people. There was a lot of laughter and people joked with

staff and each other. One person said, "We're looked after brilliantly."

- The service recognised that a person's first meal at the service was an important way of making them feel at home, so the hospitality team made sure their meal was ready, accounting for any special dietary requirements or preferences they may have. If the person preferred to stay in their own room to rest, the team would bring the meal to their bedroom.

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

- We observed people's opinions being sought for day to day tasks. For example, staff asked people what they wanted to drink and eat or where they would like to sit.
- Records showed that people were involved in review meetings to discuss their care, express their views and make decisions about the care provided. Relatives we spoke with confirmed they were also involved in their family members care and staff kept them well informed. One person said, "I feel involved in everything about my care. The staff always talk with me about things."
- Staff supported people with every-day decisions such as helping people decide what to wear and how-to co-ordinate clothing so that they looked 'smart' which people told us was important to them.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "The staff always knock on my bedroom door and call out when they want to come in." Another commented, "They are receptive to my dignity. They always knock on the doors and are very respectful when they move me in the hoist." A relative told us, "They do respect [family members] privacy and dignity."
- There was an attitude of respect and inclusion within the culture of the service. For example, when new people moved to the service they were encouraged to feel welcomed and were greeted by staff on their arrival. Staff used Do Not Disturb signs on doors when carrying out people's personal care.
- People were encouraged to be independent and do tasks for themselves which made them feel valued and useful. We saw that staff were patient and supported people to do as much as they could for themselves.
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.



Our findings

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

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

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

- There was a strongly embedded culture of putting people at the centre of their care, ensuring choices and preferences were explored, discussed and respected at all times. In addition, people received support and encouragement to achieve goals which had a strong impact on quality of life and health. For example, one person who had worked as a gardener for most of their life requested to be involved in maintaining the garden at the service. Staff supported them to do this and they developed the garden by choosing which flowers to grow and where best to plant them. They had also been supported with cultivating the space next to their bedroom window where they planted vegetables.
- People were fully involved in all aspects of their care and people felt consulted, empowered and valued. For example, the provider completed a very comprehensive assessment before people went to live at the service which people and their relatives were fully involved in.
- Staff made every attempt to ensure people settled into the home and to reduce any anxieties they may have. They provided people with a welcome card and a welcome gift. People were encouraged to personalise their rooms to make them more familiar to them. Personal door plates were put on people's doors which many people said made them feel welcome and gave them a feeling of personal space.
- The provider used person centred and innovative ways to provide people with the support they needed, ensuring they received high quality care. For example, we saw a new scheme called 'very special days'. One person every month was chosen and asked what their wish was, and the staff made every effort to ensure their dream could come true. We saw that one person had said they used to enjoy going with their family to the seaside every year. The provider booked a mini bus contacted family and provided a driver and staff to take the whole family to the seaside of their choice. We saw numerous examples of how the service had made people's day special.
- There was a 'resident of the day scheme' where each person and/or their representative were given a chance to meet with a member of staff and discuss day to day life in the care home. They were also able to meet with all heads of department to talk about anything that they would like to change Families were involved in this process if people were not able to communicate verbally and also a person's key worker who

knew them well. Having these people around on the day who are very familiar with the person can help to support them during the review process.

- For example, one person in the nursing unit had very poor mobility and was unable to communicate verbally. Their closest relative lived in another country but wanted to be involved in the review. The person's review was completed by using SKYPE. The person was able to communicate their satisfaction by shaking or nodding their head.
- Another example of supporting people with their reviews was for one person who was not able to speak clearly. Their relatives were present during the review and the team relied on the person's simple gestures and facial expression to note satisfaction about the service. The resident gave a smile or thumbs up to indicate their happiness of an area of the service and no reaction if they were unhappy. The review resulted in the person moving the following day into another room which had an excellent view of the garden.
- Staff had an in-depth understanding of people's past lives, their interests and preferences, which they showed in their daily interactions with people. Staff told us that knowing something of the life story of a person could help them to engage in a meaningful and interesting way. We heard staff talking to people about their favourite music and putting it on for them to listen to. We also heard them discussing sports with one person who had a particular interest in football.
- A healthcare professional commented, "There is a team leader for every unit. They know the patients very well. I do trust them, I can make decisions over the phone because of that."
- Staff were passionate about supporting people living with dementia to live life to the full. For example, they had introduced a scheme called 'wide awake hours' based on recent research. This is where people who wake up in the night are offered activities to keep them occupied and reduce any anxiety. They are also offered snacks and drinks and staff take time out to sit with them, talk and join in the activities. We saw photographs of this taking place where three people were sat together enjoying a shared activity, snacks and drinks. This had helped reduce the number of falls and accidents at night time and had also helped people to gain weight.
- One member of staff had been nominated as dementia carer of the year which is an internal award system.
- There was an area of the service called the 'memory floor' that was designed specifically to care for people living with dementia. We saw that activities were particular to the needs of people living with dementia and included music, regular outdoor trips; memory boxes and pictorial life story boards and small reminiscence groups to help support the people living with dementia.
- The arrangements for social activities were innovative and met people's individual needs. For example, we saw there was a wellbeing team who organised a wide variety of activities. People told us of activities they had taken part in. This included a cocktail party, a garden party, royal ascot day, picnics and a fashion show.
- We spoke with the activities co-ordinator who said they provided weekly outings, bingo and carpet bowls, church coffee mornings and lots of one to one activities. They commented, "[Person] likes to play cards and [second person] doesn't respond much, so I spend time with them, paint their nails and talk to them."
- The service took a key role in the local community and was actively involved in building further links. For example, there were strong links with the local college where students had work experience placements at the service. A local nursery visited the service weekly. They commented, 'The wellbeing team do a fantastic job of organising different activities for the children and residents to participate in. The friendships the children build with the residents over time are truly something special and are equally important to the children as they are to the residents. We are extremely proud of our link with Ashurst Mews and the intergenerational interactions we are able to enjoy with them!'

Improving care quality in response to complaints or concerns

- People were encouraged to give their views and raise concerns or complaints. One person told us, I have

no concerns or complaints yet. I would go to the manager, we get on well." Another commented, "If required I would tell the manager they always seem helpful."

- The service had made every effort to ensure people knew how to make a complaint. They had added more notices and cue cards around the premises that informed people how to raise a concern. A corner of the reception room was allocated to providing complaints information such as leaflets, a comments box, visitors survey forms which encouraged people to give feedback about the service in areas such as attitude of the staff, staff appearance and cleanliness of the home.
- The provider viewed people's concerns and complaints as part of driving improvement. People felt their views were valued and that the way their concerns were responded to was open, transparent and honest.
- The registered manager logged all issues raised, not just formal written complaints, to improve their responsiveness and learning from people's feedback at the home.
- Through people's feedback, the provider had enhanced several areas of the service to engage people within their home. For example, raised flower beds, a cinema room and a music room.

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care. Advance planning took account of people's wishes to remain at the service, in familiar surroundings and supported by staff who knew them well.
- The registered manager worked in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end, surrounded by their friends and family. A visiting health professional commented, "We see palliative residents every two weeks, even if there is no change to their health."
- Areas where family members could stay at the home to support their relatives had been created, so people and their families could be supported at this difficult time. They also provide families with food and drinks whilst they stay at the service. One relative requested to stay in the same room as their family member and the staff provided them with a reclining chair which they used to stay overnight.



Our findings

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

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

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

- The service was led by an exceptionally motivated registered manager and staff team. Their commitment to providing a service that passionately promoted person-centred values and a strong commitment to promoting independence and social inclusion was exceptional.
- People experienced very positive outcomes because staff completely understood their needs and preferences. One person told us, "I cannot think of anything I'd like different. I'm very happy here and would give it 110 percent thumbs up."
- People and their wishes were at the heart of the service. For example, the provider had introduced new initiatives such as the 'very special day' scheme where people were supported to fulfil a personal wish or aspiration.
- There was a dementia care lead for the organisation. They had put together a 're-connect programme' for staff guidance to support people living with dementia. The re-connect programme reflects best practice and recent research in dementia care. There were also associated training programmes, support for implementation and a bespoke audit tool to measure and evaluate people's progress. We saw that three people had recently joined a 'dementia choir', where they attended a choir for people living with dementia. This helped to improve people's mood, behaviour and wellbeing.
- Staff and people told us there was a family atmosphere and it was clear that the management and staff team shared this ethos to ensure people received person-centred care. The management team spent time with and spoke with people and their families to help them focus on people's happiness, health and wellbeing and make sure these were at the forefront of the support given.
- People and relatives were very positive about the way the service was managed. One person told us, "[Registered manager] has livened up things since he's been here. He has a meeting every month at 6.00pm to discuss our care. I really couldn't say what they could improve here. I would give them 10/10." Another person commented, "The new manager is much better and takes notice of what you say."

- There was a very open and progressive culture in the service that encouraged staff and people to raise issues of concern or new ideas. For example, during a resident's forum meeting a suggestion was made for a 'Gentlemen's club' as they felt many of the activities were geared more towards women. This was implemented, and the gentlemen's club had been to play billiards and out to the local pub for a drink and a meal.
- The provider strived to find innovative and creative ways to enable people to be empowered and voice their opinions. For example, the service was using a new electronic care planning system. This had voice recognition and the registered manager told us the aim was for people to contribute to their care plans verbally and they were working with the company to achieve this. The electronic system also allowed senior managers remote access to care plans and medication records which meant for example, if a person had a fall they could check if an accident form had been completed.
- People and staff commented that the registered manager and deputy manager were always visible and worked with them. One staff member told us, "Both managers are excellent role models. They are very knowledgeable and have a lot of experience."
- There was a strong emphasis on continually striving to improve. Managers recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service. For example, new initiatives in dementia care such as the 'Night Bite's scheme.

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 registered manager ensured there were robust systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- The provider had a robust internal quality assurance system in place called Optimise which focused on positive outcomes for people. Any identified improvements were actioned in a timely way to improve people's quality of life. We found monitoring of the service to be very thorough, with both the registered manager and provider spending time with staff and people who used the service.
- Systems in place to manage staff performance were very effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place and actions were set for staff at every supervision.
- If staff needed extra support the registered manager introduced an improvement plan where either the registered manager or the deputy manager could mentor, the staff in the areas they needed extra help. In addition, the organisations in-house trainers worked on the floor alongside staff to ensure the training was followed and effective.
- A healthcare professional was very positive about the management of the home. They told us, "The registered manager and deputy manager are very experienced nurses. I trust their opinion and will often be guided by that. This system of collaborative working is being piloted in other homes."
- The management team together provided an exceptionally high level of experience and delivered care which was compassionate and inclusive. Staff were committed to this and told us how they learned together, reflected on situations and demonstrated accounts of how this improved people's care. One staff member told us, "Their [meaning the registered and deputy managers] door is always open and is amazing

at listening to ideas and suggestions to improve people's lives; they are really good leaders."

- The staff team embraced the registered manager's passion and provider's vision to ensure people's lives were enriched and meaningful.
- Staff told us learning from concerns and incidents was a key contributor to continuous improvement and meant the service continued to change and adapt the support provided and reduce the risk of further reoccurrence.

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

- The provider actively sought the views of others to drive continuous improvement at the service. Staff told us they felt valued and listened to by the management and their ideas were always considered. For example, a staff member who worked on the Memory floor had suggested the 'wide awake hours' scheme and this had been implemented with very positive results.
- There were suggestion boxes around the service for people, visitors and staff to raise any ideas, concerns and general comments.
- People using the service were fully involved in the staff interview process. One person wrote a thank you letter following their experience of interviewing. They commended, 'Thank you for giving me the experience of taking part in interviewing the young lady for a position here. I found it very interesting and would if asked take part again. I thought this idea of a resident taking part was a very good idea.'
- There were focus group meetings that explored different areas of the service such as activities, catering and maintenance. Following each meeting the registered manager produced a 'You said, we did' action plan. Some of the examples we looked at included 'You said' you wanted to be reminded of events in the home. 'We did' set up a monitor by reception that flashed slides of forthcoming events and set up a residents and relatives' corner with information about the service. Following the catering focus group, the service introduced drinking stations to promote hydration, fruit and crisps set out as snacks and different theme days such as foods from around the world.

Working in partnership with others

- The service was an important part of its community. For example, it had developed important community links with the local college, churches and a local nursery which played an important part in people's life.
- The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, the registered manager had gathered information from dementia care specialists, such as the Alzheimer's Society on how to engage and stimulate people with memory loss. High levels of social and staff engagement was clearly beneficial; people smiled, were cheerful and enjoyed everyday life at the home.