

Care UK Community Partnerships Ltd

Davers Court

Inspection report

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Date of inspection visit:
21 January 2020

Date of publication:
27 March 2020

Ratings

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

Summary of findings

Overall summary

Davers Court is a purpose-built residential care home providing personal care for up to 60 people aged 65 and over. At the time of the inspection there were 54 people living in the service.

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

At this inspection we found substantial evidence that demonstrated people received outstanding caring, kind and positive support. This was due to excellent leadership from the registered provider and registered manager as well as a strong, well trained team of staff.

Feedback from people, relatives, staff and healthcare professionals was consistently positive describing a service which provided exceptionally high-quality care and consistently worked to improve the experiences of people living in the service.

Care was personalised and met individual needs. Staff knew people very well, cared about them and understood their care and support needs as well as the risks people faced, and were motivated to support them to live full lives. People were always actively involved in managing risks associated with their care, support and in their environment. Where people chose to take risks. The service ensured they were fully informed, and actions were in place to mitigate the risk as far as possible. This resulted in people leading fulfilling lives doing the things they enjoyed.

The service supported people nearing the end of their life to have a comfortable and dignified death by working closely with health care services and through consulting people about their end of life wishes. Staff talked with pride about the care they were able to give to people in their final days. We received exceptionally positive feedback from relatives who had been recently bereaved about the care the service had given to their relative and to them.

There was a very strong emphasis on the provision of activities that were meaningful to the people living in the service. People told us they were happy with how they spent their time. Staff told us how they believed that being fulfilled and entertained promoted people's overall wellbeing. People were fully involved in the community of Davers Court. Involvement ranged from selecting a pet for the service, choosing the decoration and looking at safety.

Staff took great pride in creating an atmosphere that welcomed people and promoted their independence whilst respecting their privacy and dignity. The registered manager had developed a set of values specific to the service with the involvement of people and staff. Staff proudly told us about these values and how they supported them to provide high quality care on a daily basis. People, relatives and staff described Davers Court as a family.

People had support from safely recruited and appropriately trained staff. Staff understood their role and responsibilities to protect people from abuse. Staff were supported and encouraged to develop their careers

within the organisation which supported increasing staff knowledge and a stable staff team.

People received their medicines when they were needed and in ways that suited them. We received exceptionally complimentary feedback from external pharmacist supporting the service.

Accidents and near misses were recorded and analysed to understand what had happened, identify trends, and help prevent them from happening again. There were quality assurance systems in place to enable the monitoring of the quality of care people received. There were quantitative and qualitative audits and checks carried out. Information from these was analysed and records showed where any issues or concerns had been identified, action had been taken to address these and this was continuously evaluated.

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

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

Rating at last inspection

The last rating for this service was good (published 30 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our safe findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our safe findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our safe findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our safe findings below.

Outstanding 

Davers Court

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 Assistant Inspectors.

Service and service type

Davers Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care

provided. We spoke with twelve members of staff including the regional director, registered manager, deputy manager, care, activities and catering staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received e mail feedback from relatives, staff and healthcare professionals.

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 improved to Outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- In a recent survey 100 per cent of people living in the service said they thought that Davers Court was a safe place to live. A relative told us, "During [relative] time at the care home, he recognised it as 'home', a place where he felt safe and secure."
- The process of assessing and managing risks to people living at Davers Court began before they moved into the service. As part of the pre-admission assessment people were asked what they would like to do to maintain their independence. This was incorporated into the care plan with relevant risk assessments.
- The culture in the service supported people to take calculated risks to improve their quality of life and live their life as they wished it. Positive risk taking was promoted, enshrined into practice enabling people to live full and meaningful lives. There was a positive risk assessment process in place and a procedure entitled 'My Care My Choice' to support people in making fully informed decisions.
- The registered manager and staff team constantly thought of innovative ways to support people whilst maintaining their safety. People were always actively involved in managing their own risks along with their relatives. For example, one person wanted to go to the local shop on their own but there were concerns as to whether they would be able to find their way back to the service. Staff began by walking to the shop with the person, as they got more confident of the way staff would follow them rather than walking with them. The person is now able to walk to and from the shop on their own. The service had procedures in place to pro-actively manage the on-going risk for example using the Herbert Protocol. The Herbert is a national initiative which contains vital information about the person should they not return to the service. The person is now able to engage in an activity which they enjoy with the risk being effectively mitigated.
- This positive risk-taking approach was reflected throughout the service both in the day to day way in which people led their lives and in one-off activities people wanted to engage in. For example, we saw a number of examples where people had chosen to take risks in their day to day lives such as not being checked by staff during the night and locking the door to their room. In all of these examples the person had been empowered to make their own choice with full knowledge of the potential risk. People had also been supported to take one off risks to fulfil lifetime ambitions for example going for a flight in a light aircraft and going on a boat.
- The service pro-actively engaged with people regarding the management of risks in the service holding resident meetings which looked specifically at safety within the service. This meeting encouraged and empowered people to raise any concerns and to challenge any perceived risks to their safety. A recent meeting had resulted in the introduction of trays which could be attached to people's walking frames to enable them to safely carry hot drinks, a toast station for people to make their own toast and a fire walk with the maintenance person to reassure and prepare people should the building need to be evacuated. These

suggestions had been made by people and implemented by the service.

Systems and processes to safeguard people from the risk of abuse

- Staff had very good knowledge on safeguarding and how to keep people safe. If concerns were raised, prompt investigations were undertaken, and referrals made to the local authorities and Care Quality Commission appropriately. Staff had completed safeguarding training and had access to a safeguarding policy. Safeguarding was also regularly discussed at staff supervisions and team meetings.
- Staff told us they felt able to report any abuse to the management team and were confident it would be dealt with appropriately. One member of staff told us, "We need to monitor and know everything that happens, any changes in behaviour we report to our senior and much higher if nothing happens, if we notice a concern, or abuse, or see a change in behaviour. Important for us to sit with them as much as you can and interact with them to notice any kind of change. CQC number is on the wall or call the police. Common sense."
- The service had a whistleblowing policy and staff had the confidence to use it. We saw an example of where a member of staff whistle blew on a senior member of their team and was supported through the investigation. The allegation was dealt with professionally which gave staff confidence in the system should they need to report any concerns in the future.

Staffing and recruitment

- People told us there were always enough numbers of suitably qualified and trained staff to meet their needs in a safe and timely manner. One person said, "If I hit the bell they immediately respond."
- Staff told us there were enough staff to support people and told us how they supported each other across the different units.
- Staff numbers meant staff had the time to spend with people without feeling rushed and were able to meet people's needs in a holistic and meaningful manner.
- The recruitment of new staff remained robust with appropriate checks being carried out to make sure they were safe and suitable to work at the service.
- The registered manager was dedicated in responding to any concerns expressed about staff performance with procedures in place to address poor performance or behaviour promptly and effectively.

Using medicines safely

- People told that they received their medicines as they wanted.
- Five people living in the service fully or partially self-medicate. This was supported by the appropriate risk assessments and checks. The registered manager told us that the impact of this was that people felt in control of their lives.
- The service had worked with the local Medicine Optimisation in Care Homes Team (MOCH) from the CCG to improve medicine practise in the service. The MOCH team gave us the following feedback, 'Davers Court is one of the most engaged care homes that we have visited, the management and staff have always been keen to learn and have certainly encouraged the resident's (where capacity is present) to participate in conversations about their medications. I would go so far as to say that the medication rounds observed, the processes and procedures followed, and the conversations had with residents around the taking of medications were exemplary'.
- People's medicines were managed safely. Processes were in place for the timely ordering of medicines. Medicines administration records (MAR) showed people received their medicines as prescribed.
- There was detailed guidance in place for people receiving 'as needed' (PRN) medicines. 'As needed' medicines are medicines that are prescribed to people and given when required. This can include medicines that help people when they become anxious or are in pain. MAR charts showed when people were administered PRN and why.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements.
- The premises were clean and tidy, and people were protected from the risk of infection. A dedicated housekeeping team followed cleaning schedules to ensure all areas were systematically and regularly cleaned. Surveys by the service reflected a high level of satisfaction with the cleanliness of the service.

Learning lessons when things go wrong

- There was a genuinely open culture in which concerns relating to people's wellbeing were raised and thought through to mitigate future occurrences or risk.
- Learning from incidents was shared both within the service and across the providers other services.
- The registered manager shared examples where they used reflective practise for staff. This supported staff to reflect on how shortfalls and mistakes could affect people in their care.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- People had been asked if they wanted to be involved in the recruitment process. They had declined to be involved in face to face interviews but had given the registered manager questions they would like asked. These were now asked during the interview and the answers fed back to people living in the service before a final employment decision is made.
- The management team fully understood the diverse support needs of their staff with support systems in place to assist staff who may need extra support. For example, a staff member whose first language was not English was buddied with another staff member who spoke the same language. A similar system was in place for staff who may live with dyslexia.
- All new staff undertook a thorough induction into the service. The first two weeks of induction were supernumerary and thereafter one to two weeks shadowing experienced staff depending on the amount of support required. Part of the second week of the induction was spent time in the different departments within the service to fully understand other roles. This included the laundry, kitchen and maintenances New staff received one to one supervision at three and six weeks to discuss their progress. The registered manager told us that as part of the induction new staff carried out a fun quiz with questions about staff which supported them to get to know their colleagues and their roles. This supported building an effective team which provided high quality care.
- Staff were supported to develop their skills in the service. We saw examples of carers developing into senior carers and other staff developing within the organisation. Maintaining and developing a stable staff team meant that people received care and support from a committed staff team who knew them well.
- Staff had requested training in how to have difficult conversations with families and residents about their end of life wishes. The service arranged for the local hospice to deliver two training sessions, one entitled Difficult conversations and the other 'Grave Talk'. These sessions were also attended by some relatives. This training had supported care staff to deliver excellent end of life care.

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

- We received very positive feedback about the food at the service. A relative said, "Staff were excellent for getting things right for [relative]. Kitchen has gone to great lengths to please, helping [relative] choose meals she likes." Another relative said, "[Relative] is on blended food now, he was losing weight, he has now gained one and a half stone."
- People's nutritional requirements were discussed with them during the pre-admission assessment. This was used to develop a personalised nutritional care plan that included the person likes and dislikes, portion sizes and food preference. The service also recorded information about people's dining preferences. This

included information such as where people liked to eat, who they may want to eat with and be with, whether they have a special mug or plate, what drink they preferred and any food that should be avoided due to the medication. A copy of this was available to staff in the dining room to ensure they were providing the person's preferred dining experience. This provided an enjoyable personalised dining experience.

- The service closely monitored the support people required with their nutritional requirements after they had moved into the service. This included regular meetings between the management team, chef and care staff to discuss changes in people's nutritional needs.
- Feedback was sought from people living in the service before the menu was changed. Where people did not want the service regular menu the chef created a specific menu for them. The registered manager told us, "We don't just get everyone's input we also create individual menus as some of our residents due to their particular preferences formulate their own menus with the chef and this is reviewed and changed weekly." They went on to give us an example of the chef sitting with a person each week to go through their menu. This made the person feel involved in their food and encouraged them to eat their meals.
- Where people required their food to be prepared in a way, for example with the consistency modified the service ensured it was presented in an appetising form. For example, pureed carrots being presented on the plate in a carrot shape. At a recent party the chef made sandwiches, scones and brownies for people who required modified diets. This meant people on restricted diets were able to enjoy the party without feeling left out or different.
- The service used innovative approaches to encouraging people to eat and drink. For example, a drinking game which encouraged people to drink. There was also an activity called 'Time for Tea' involving staff from across the service. The kitchen made treats and people decorated a trolley. People choose treats from the trolley. The registered manager gave us an example of a person who had gained weight much of which was attributed to joining in with this activity. Where people were reluctant to eat were encouraged to join in activities involving baking and cooking. At the end of the activity people ate what they had cooked over a cup of tea thereby encouraging food and fluid intake.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care needs were assessed before they moved into the service to ensure the service could meet them. The assessment was comprehensive and included protected characteristics under the Equalities Act 2010.
- We received very positive feedback from a healthcare professional about how the service worked with them to ensure care was delivered in line with current best practise. They said, "Senior staff at the Home have sought CCG advice and support regarding clinical matters and liaise with health professionals, to promote best practice and good clinical outcomes for individual Residents."
- Care plans were reviewed regularly and in response to situations of concern with the full involvement of the person which ensured they were up to date, and the person was receiving the appropriate care as they wanted it to be delivered.
- The registered manager gave us an example of how they had worked with other agencies such as the Dementia Intensive Support Team, GP and family to support a person to stay at Davers Court as long as possible when their needs increased. The person's condition deteriorated further, and the service was no longer able to support them safely. However, staff continued to work with the service the person had moved to, ensuring the transition was as smooth as possible. This included providing input into the person's care plan at the new service.
- The were champions within the service in areas such as pressure care, nutrition and manual handling. These champions received extra training in their area of interest and supported other staff to develop their skills. This meant that good practise was regularly demonstrated in the service and staff knew who to go to

should they have any queries.

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

- People's rooms were personalised with their own furniture and photographs. The registered manager told us that people and relatives were encouraged to personalise the room before they moved in, so the room was familiar which aided the transition.
- There were 'landmarks' to help support people to navigate their way around, both inside and outside. For example, there were a variety of lounge areas for people to choose from, and in each one there were objects of reference which people would recognise from their past.
- Some areas of the service were being re-decorated, and we saw during our inspection visit plans to redecorate other areas. People were fully involved with choosing the new decorations. We observed a member of staff showing a group of people different wallpapers for them to choose which should be used in one of the communal lounges.
- There were plans to change the function of several areas of the service. People had been involved in discussions and had voted on their preferences. Plans were in place to convert the hobbies area into a pub/restaurant and the family room into a shop.
- There was wi-fi throughout the service and people used this to keep in touch with relatives across the world.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records detailed their mental capacity, and others important in their care and support.
- Where people lacked mental capacity, best interest decisions were made with the involvement of the appropriate people. We saw examples of this being put into practise.
- Relevant procedures had been followed in relation to DoLS. These were monitored regularly to ensure people did not remain restricted unnecessarily when their needs changed.
- The service has a member of staff who was the MCA champion who took the lead on MCA matters and ensured the staff kept up to date with best practice.
- Staff had received training in the MCA and were confident putting it into practise. They understood that some people could have fluctuating capacity and how this manifested itself. For example, one person understood better if staff sung to them. Staff assisted them by singing through what that were doing making it possible for the person to understand what was happening.

Is the service caring?

Our findings

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

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

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

- People told us that they were very well respected by care staff. One person said, "The carers are very good. I have a young man who cares for me, he doesn't treat me like a child. He does show me respect." A relative said, "Sorry I'm getting quite emotional. But the way they've looked after [relative] is amazing. Considering she's been end of life for over a year, I just don't need to worry about anything."
- The management team promoted a very strong person-centred culture where people were at the heart of the service. They were committed to ensuring people received the best possible support in an exceptionally caring and nurturing environment. There were numerous examples of how highly motivated staff were to provide truly person-centred care. One person who lived in the service had been asked to be the resident champion, provided the following feedback about their role, 'I was approached to be the resident ambassador and it is something that appealed greatly to me as I found the transition to care home life difficult in the sense I did not have a particular role within the home as I did in my own home with my own family.' They then went on to describe how being offered the resident champion role made them feel valued and able to contribute to their community.
- The relationship between staff and the person receiving care was considered as important as the physical care provided. Staff were encouraged and supported to spend time getting to know people. We were given many examples of how this had developed into meaningful relationships which transcended the actual service. For example, a member of the administration team had built a close relationship with a person who lived at the service and the person had spent Boxing Day at the home of the member of staff. Another person and member of staff discovered a mutual connection with a local pub. A visit was arranged to the pub which has now become a regular outing. The registered manager told us, "The pub is well known to many people to be a massive social engagement it fulfils residents' social needs and helps them to feel they are still very much part of a community, despite living in a care home, thus losing the stigma that living in a care home may bring."
- Staff regularly went the extra mile to support people. One example was a person receiving end of life care. The hospice suggested a more appropriate medicine for the person. A member of staff liaised with the GP, hospital pharmacist and the hospice. The medicine was not immediately available locally. When their shift had finished the member of staff drove to where the medicine was available. This meant the person was able to spend their last days with more dignity and pain free.
- Records contained detailed information about people's likes and dislikes, so staff were able to provide person-centred care. There were many examples of people receiving the care they requested both on a one off and daily basis. For example, where they wanted to sit to have their lunch and supporting a person to stay with relatives for Christmas.

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

- Throughout the inspection visit we saw staff spending time with people. We heard laughter between staff and people and saw respectful interactions. People were offered choices and were listened to. 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.
- People were supported to express their views, preferences and wishes as to how they wanted to receive their care and support. These included how they wanted the service decorated, the activities and excursions they wanted to take place and the food they wanted to eat.
- The service had embraced the national initiative called John's Campaign. This recognised the right of carers to stay with people with dementia at all times. We were given examples of this in practice with relatives actively involved in caring and supporting people living in the service. A relative said, "The care given to my [relative] was always of a good too high standard. I was able to access senior personnel readily and advise and support on the best day to day management of [relatives] difficulties."
- People's families said they were well-informed and felt involved in their relative's care. A relative told us, "They kept me informed of any problems/incidents and sorted out any arrangements re clinic, hospital appointments, dental treatments if my brother or I were unable to be there."

Respecting and promoting people's privacy, dignity and independence

- There was a strong culture of empowering people. Independence and autonomy were promoted at all times and this was at the centre of all care and support that people received. A member of care staff said, "I try and let people do as much for themselves as they can. There is a lady who wants to make a cup of tea another who likes folding napkins. In the morning with personal care I encourage people to brush their own teeth and put their creams on. Also, with eating and drinking, some people need a little help. Put food on fork rather than just putting it in their mouth."
- Relatives told us they felt welcomed by the service. One person said, "The staff always put the resident's comfort and happiness first. The staff were also great at giving us as visitors a friendly greeting on arrival and would often come and have a chat whilst we were there." Other relatives described feel part of the 'Davvers family'.
- People were supported to remain independent and access the local community. When one person moved into Davvers Court they wanted to continue attending a local yoga class. The service supported them with this. The registered manager told us, "[Person] now attends the yoga class with a friend weekly. To keep her motivated and interested, staff enquire about her sessions and encourage her healthy lifestyle choices."

Is the service responsive?

Our findings

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 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.

- The service regularly reviewed people's needs and worked in close partnership with people and relatives to make changes. People's potential for achieving a fulfilling life along with their preferences for care and support were placed at the heart of care planning and they or, their representative were fully involved in the process. A relative told us that their family member had been taken ill which, "Resulted with [named deputy manager and two care staff] working closely with me and her GP to develop a care plan that was robust. It was a real team effort. "
- Regular residents' meetings were well attended. The service sought feedback from people at these meetings not only on the quality of the care provided but anything additional they wanted at the service. For example, it was brought up by people that they would like a pet to live in the service. A number of different animals were considered including a cat, dog, hamster and chickens. An anonymous vote was conducted, and a dog was selected. People then went on an outing to an animal shelter where they discussed with the shelter what type of dog they wanted. The service now has a greyhound living at the service as a pet. We received very positive feedback from people, relatives and staff about the impact of the dog on people's wellbeing. For some people this meant reminiscing about dogs and other pets they had owned for others taking the dog for a walk which encouraged physical activity.
- Where people had individual ambitions, the service worked with them to fulfil these. For example, one person had a fear of flying and had expressed a wish that for their 99 birthday they would like to conquer that fear. The person was supported to take a flight in a glider for their 99th birthday, they went on to repeat the flight on their 100th birthday. Another person had a fear of snakes. The service organised for snakes to be brought to the service which the person ended up handling.

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 assessed as part of the initial assessment.
- Care records contained information about how people communicated which was regularly reviewed.
- One person living with dementia spoke using a number of regional phrases. A member of staff at Davers Court came from the same local area. They had formulated a communication plan which helped other staff understand what the person was saying and meant they became less distressed.

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 service truly enriched people's lives, as well as making a significant difference to their family members, by helping people to fulfil wishes and aspirations. A relative told us, "It had been quite a while since I'd seen mum happy after the onset of her Alzheimer's but every time we visited her at the home she was smiling and usually in the cafe enjoying whatever was happening that afternoon. She often told us how happy she was which as you can imagine was a relief to hear. We were also blown away with the suggestion that they took mum swimming as this is what she used to love doing and often talked to the staff about it, just amazing and mum absolutely loved it."
- There was an extensive advertised programme of individual and group activities and engagement with the community. These included children from local schools visiting, a variety of animals visiting the service, time to talk and themed events and meals. A relative described how when living with them prior to moving into the service their family member was, "Always bored, never enough for her to do." They went on to describe how this had had a negative effect on the person's wellbeing. Describing how the person had settled into Davers Court the relative said, "Here she's been much better, she's so much happier you can see it. She's laughing more, she's got a new lease of life."
- People's life histories and interests were pro-actively gathered and collated by staff. Staff told us how they did this by engaging with the person and their family. This information was then used to tailor outings and activities to the person. For example, a visit to Bressingham Steam Museum for a person who had an interest in trains and another who had worked on a farm. The registered manager told us that these outings had encouraged people to come out of their rooms and engage more with other people thus avoiding social isolation.
- People were supported to develop friendships within the service. Two people had separately expressed the wish to go bowling. The service arranged for them to go bowling together with members of staff. This had resulted in the two people forming a friendship.
- People were fully engaged in the activities of daily living in the service. A member of staff told us, "We are never doing anything on our own." We observed people helping to lay the table for lunch and folding napkins and returning trolleys to the kitchen. There was a movie club in the service run by a person living in the service. The person liaised with others in the service to select the movie to be put on each week. This meant people were engaged in meaningful activities.
- The service had a choir. Initially founded by 13 people it has expanded to 25 people. The registered manager told us that the choir had had a positive impact on the lives of a number of people living with dementia. It had encouraged people to socially engaged with others and one person living with dementia could, "Sing along with ease." The choir had recently been asked to perform at the recent Suffolk Care Awards.

Improving care quality in response to complaints or concerns

- Information about how to complain and the provider's complaints procedure was displayed in the home. Records showed that any issues or concerns were taken seriously and acted on promptly.
- People and relatives told us they did not have any reason to complain and were confident that any concerns or complaints would be fully addressed.

End of life care and support

- We received extremely positive feedback from relatives regarding the high quality of end of life. A typical example was, "When we were told he had only a short time left, I arrived to find they had re-arranged his room to make it peaceful and had set out family photographs within his sight. Staff came in regularly to re-adjust and make him comfortable, but otherwise they did not disturb us and respected our privacy." Referring to the death of a family member another relative told us " In the end she passed away in her own

bed with us and caring members of staff around her showing nothing but respect and kindness which we as a family will always be grateful for."

- There were multiple thank you cards and emails from relatives and friends expressing their gratitude to the staff for the sensitive care shown to them and their family member during their final days.
- People and where appropriate their relatives were involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected and documented.
- Where relatives wanted to stay with their family member towards the end of their life they were provided with a "care basket" that contained toiletries, snacks, reading material or cross word books, brush or comb etc. They were also provided with accommodation.
- The service had developed very close links with the local hospice. The hospice has provided training in having difficult conversations, mouth care for those receiving end of life care and general end of life care. This had given care staff confidence when supporting people and their families.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has 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

- People living in Davers Court benefitted from a management team who had strong leadership and oversight. The provider and registered manager continually sought opportunities to improve and develop how the service was led to ensure people received high quality care.
- Feedback from people and relatives was extremely positive. One person said, "The whole thing is wonderfully organised." Another said, "All in all the management team, kitchen team (fantastic cakes and food all the time), lifestyle coordinators and carers are professional, caring and hardworking individuals and we would highly recommend Davers Court to anyone looking for residential care."
- Without exception, the staff spoke positively about the registered provider and registered manager. They confirmed they felt very well supported which in turn motivated them to do a good job. Relatives and visitors also told us they always felt able to approach the registered manager and members of the management team if they had any concerns. Describing the registered manager, a member of care staff said, "She's the best the manager. Even in the morning, she comes and asks us if everything is okay, if we have any problems."
- The Regional Manager gave us very positive feedback on how the registered manager of Davers Court had worked closely with other managers within the organisation to improve the quality of care across the providers services. They told us, "[Registered Manager] is not only a manager, she is a leader and a leader that leads from the front, reaffirming all the time why we are here and how privileged we are to look after the people within our care."
- The registered manager had developed the vision and values of the provider to make them particularly relevant to Davers Court. People and staff had voted on words beginning with 'D' which were relevant to the service and the content of a mission statement. On the day of our inspection visit staff were keen to tell us about Davers Court 'Four D's' (Detailed, Dependable, Dedicated and Diverse) and how they reflected them in their daily work. A member of care staff said, "I wear my 4D badge with pride and embrace the meaning in my working day."
- The registered provider operated an employee recognition system. The system gave staff the opportunity to tell other staff and managers about colleagues who worked hard and those who had gone the extra mile. There were awards for staff member of the month and opportunities to nominate staff for corporate awards. This year the corporate award for outstanding leadership had gone to the registered manager of Davers Court.
- Support was provided in a person-centred manner whilst people were encouraged to be part of the larger community. Making a positive contribution to the community meant people felt valued in their daily lives by

their peers. For example, for the person who organise the film nights felt valued for their contribution. The selection of a pet for the service had been a community activity giving people a sense of involvement. The pet selected contributed to the well-being of individuals both physical and emotionally.

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

- Relatives told us that the service communicated well with them. A relative said, "If she had a fall or wasn't feeling well they always phoned me to make sure I was aware of her condition."
- The registered manager met their regulatory requirements by notifying CQC of events which they are required to do so. There was an open and transparent culture at the service and if things went wrong people were informed and actions were taken to make things right.
- We saw evidence that learning happened from internal and external audits and improvements were put in place if this was necessary.

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

- Speaking about how the service was run a relative said, "The strength of the care for me was the good use of the systems in the home. I always felt it was a team effort and never saw a difference between the teams who were working."
- Everybody working in the service had a clear understanding of how their role contributed to providing high quality care. Working in different roles during their induction meant staff understood the value of the contribution of the team. A member of care staff said, "I feel that the team off people who work at Davers Court support each other from management to seniors, careers, housekeeping and kitchen staff, as well as the resident's families past and present."
- The registered manager had been in post for 10 months. They also managed another of the provider's services. The provider and registered manager had ensured that this worked well with a strong ethos of team work. The structure of the management team supported good practice throughout the home. A member of staff said, "I think [registered manager] is an amazing manager, she has built her teams at both homes with loyalty, friendship and trust. I think the introduction of the 4 D's is brilliant and the promises made to our residents are obviously made to our community members too. I am so very grateful to her for creating such an open and honest working environment."
- The management team in the service were supported by pro-active provider. There was a senior staff on-call rota should staff need to seek support from within the wider organisation.
- There were staff who were champions in subjects relating to people's needs. The champion took the lead in learning and staying up to date with their specific area and cascaded this to other staff. A photo of the champion and their role was displayed in the service so that people were aware of who to speak with if they wanted support in that area.
- There were effective quality assurance systems in place which enabled the registered manager and registered provider to oversee Davers Court and monitor the quality of the service provided. This included regular audits of medicines, accidents and incidents and health and safety. Action was taken to address any areas for improvement identified through audits and incident reviews.
- The management team in the service were supported by a pro-active senior management. The regional director visited the service regularly and held sessions where members of staff were encouraged to drop in and speak with them about how they felt the home was run and any changes they feel may benefit all

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

- There was a very strong emphasis on continually striving to improve the service. There were active

initiatives to obtain people's and relatives' views, through informal conversation and more formally through care reviews, residents' and relatives' meetings and quality assurance surveys. Information gathered was analysed the information and action taken to develop the service.

- There was pro-active engagement with the local community. People living in the service regularly went out to events in the community and events were held in the service which the local community attended. A person living locally told us, "As a member of the community that has come along to the summer fetes for the last 3 years I have seen just how beautiful and resident orientated the home is. From the minute me and my children walked through the door we were greeted and felt extremely welcomed by staff and instantly knew I was walking into a homely home."
- The registered manger told us that they had recently reviewed the service welcome pack and guide for new residents to be more incorporating but in a subtle manner so that individuals could decide for themselves and feel comfortable with how much information they shared and so felt included without it being forced upon them.
- We received positive feedback from healthcare professionals about how the service engaged and worked with them. A typical example was, "I always find Davers Court very easy to approach and enjoy working with them on a daily basis."