Bernhard Baron Cottage Homes

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Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

About the service
Bernhard Baron Cottage Homes is a residential care home providing accommodation and support for up to 60 older people. At the time of the inspection there were 55 people living at the home. People were living with a range of needs associated with the frailties of old age.

The home includes 24 self-contained cottages and a main building with 36 bedrooms. The service is a registered charity and managed by a board of appointed trustees.

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

People received an exceptionally personalised service that met their specific needs, preferences and wishes. The service was led by people who lived at the home. They had forums which they led to consistently improve their day to day lives and other people's lives. They developed, promoted and engaged in a wide range of activities that were meaningful to them and that they enjoyed. The activities ensured people continued to live useful and productive lives when they moved into the home. They also ensured people were able to develop new friendships, interests and hobbies.

Staff were kind and caring. They embraced the home's Quaker ethos of treating everyone as an individual and fully respecting their choices and wishes. People praised staff for their kindness and support.

Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People were supported to receive their medicines when they needed them.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions they should take if they identified concerns. There were enough staff, who had been safely recruited, working to provide the support people needed, at times of their choice.

Staff received training and supervision to help them meet the needs of people living at the home. Staff told us they were well supported by the registered manager and their colleagues.

People's health and well-being needs were met. They were supported to receive healthcare services when they needed them. People were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day.

The management team were well thought of. They were proactive in developing and improving the service. They ensured that changes and improvements were for the benefit of people and staff.

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 20 December 2016).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Bernhard Baron Cottage Homes

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 one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Bernhard Baron Cottage Homes 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
The first day of the inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority. We looked at the notifications

we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection
People who lived in the cottages were independent and did not receive any regular support. Therefore, we did not look at their care plans. However, we spent time talking with them and people who lived in the main house. We spoke with twelve people who used the service about their experience of the care provided. We spoke with fifteen members of staff.

We spent time observing in areas throughout the home and could see the interactions between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meal and activities.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at recruitment procedures and a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at survey results the registered manager sent to us. We contacted two health and social care professionals who visited the service for their feedback.

Good

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 requires improvement. At this inspection this key question has now improved.

This meant people were safe and protected from avoidable harm.

At the last inspection we asked the provider to make improvements to their recruitment processes, medicine systems and environmental risks. At this inspection we found improvements had been made.

Staffing and recruitment

- At the last inspection we asked the provider to ensure that appropriate checks, such as references, had been completed. At this inspection we found all volunteers and staff had been recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the home. This included references and Disclosure and Barring Service (criminal record) checks and employment histories.
- There were enough staff working each shift to ensure people's needs were met in a timely way. People told us staff attended to them when they needed them. One person said, "If you ring the bell they come running."
- Staff told us there were always enough staff working shift. One staff member said. "That's the good thing about working here, we always have enough staff."

Using medicines safely

- At the last inspection we asked the provider to make improvements to ensure that medicine administration records (MAR) contained a photograph of each person to make ensure correct identification, we saw these were now in place. We also asked the provider to make improvements to ensure body charts were included in people's MARs. These were now in place and staff used these to identify where and when prescribed creams were applied.
- Systems were in place to ensure medicines were ordered, received, stored, administered and disposed of safely. People were supported to manage their own medicines as far as they were able. This included ordering and administering their own medicines. There were risk assessments in place to demonstrate people were able to do this safely.
- Staff worked with people to make sure they were able to manage their medicines and wished to continue to do so. One person told us they had moved from the cottage to the main home. They said, "I was happy to come under the medicines system as it was getting too complicated for me, so that has been a relief, and it was discussed with me."
- Where people needed support, this was provided in a person centred way. People received their medicines at a time that suited them and met their individual health needs. Some people needed their medicines at specific times. For example, people who were living with Parkinson's Disease, where it is important that medicines are given regularly. We saw these were given appropriately at the correct times. One person told us, "I have to have some medicines before breakfast and they are completely reliable."

● Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. There were protocols in place to inform staff why these medicines may be needed.

Assessing risk, safety monitoring and management

● At the last inspection we asked the provider to make improvements to some aspects of the safety of the environment. We found these improvements had been made. A legionella risk assessment had been completed. Regular checks such as water temperatures took place to help ensure people remained safe and protected from the risk of infection. A fire risk assessment had been completed, and areas for improvement had been done.

● Regular fire checks and fire drills took place. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs in the event of an emergency evacuation. Fire safety was discussed with people and staff at meetings, so they were aware of what to do in case of fire or other emergency. We saw a letter from a person who had accidentally set the fire alarm off. They praised the staff for their quick response and felt reassured that they would be safe in any emergency.

● The home and cottages were very well maintained throughout. Maintenance staff were employed at the home and responsible for the day to day upkeep of the home. Servicing contracts were in place, these included gas, electrical appliances and moving and handling equipment.

● Risks were well managed and promoted people's safety whilst helping them maintain their independence. Risk assessments were completed and these included mobility, falls and skin integrity.

● Staff had a good understanding of the risks associated with people they were looking after. Staff told us how they reminded people who were at risk of falls to wear the correct footwear to keep them safe.

● There was a falls champion and they worked with people and staff to identify where and why people may be falling. For example, they had seen how one person became 'stuck' whilst walking in their bedroom. Staff had worked with maintenance staff and as a result the underlay was removed from under their carpet. This meant the person did not sink into the floor and was able to mobilise safely.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe living at the home. They said they could discuss any issues with the registered manager or any of the staff. One person said, "I am satisfied there are plenty more channels of help." Another person told us, "The office staff helped me check that I wasn't vulnerable to a scam."

● Staff had received safeguarding training and regular updates. They told us what they would do to protect people if they believed they were at risk of abuse, harm or discrimination. This included informing the registered manager or other staff.

● Staff told us if they would always ensure appropriate authorities such as CQC or the police were informed of any concerns if the manager did not take appropriate actions.

Preventing and controlling infection

● The home was maintained to a very high standard of cleanliness, with attention to detail throughout. One person told us, "The home is all well maintained and kept exceptionally clean."

● Staff completed infection control and food hygiene training. They used Protective Personal Equipment (PPE), such as aprons and gloves when needed, when providing personal care and serving meals.

● There were suitable hand-washing facilities available throughout the home and staff were seen using these. Appropriate laundry systems and equipment were in place to wash soiled linen and clothing.

●The registered manager and head chef had introduced a new kitchen procedure for all staff. This helped to stop unnecessary staff entering the kitchen and reduce the risk of cross infection.

Learning lessons when things go wrong

● Accidents and incidents were documented and responded to appropriately, to ensure people's safety and well-being were maintained. Where people had fallen these were analysed and monitored. Any trends or patterns which may show further actions needed to prevent any reoccurrences were identified.

● Risk assessments and procedures were reviewed and updated following any accident or incident to ensure staff had all the information they needed.

●Staff were updated verbally about any changes throughout the day and at handover.

● Health and safety issues were discussed at every meeting to identify any further areas for improvement.

Good

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 remained the same.

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

- Before people moved into the home they were asked to look around the home and the cottages to help identify where it would be more appropriate for them to live. They were encouraged to bring someone with them for support and guidance.
- People then had a discussion with one of the management team to ensure their needs could be met. They were placed on an 'interested' list and were notified when a vacancy became available. Trial stays were offered.
- The service did not admit emergency or unplanned admissions. Everybody who moved in had been given time to meet people and staff and find out about the service. Once people moved into the home a further assessment of their needs was completed and care plans and risk assessments were developed. These were regularly reviewed.
- Care and support was delivered in line with current legislation and evidence-based guidance. This included the Malnutrition Universal Screening Tool (MUST) to identify if people were at risk of malnutrition or dehydration. Where indicated appropriate actions were taken. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow risk assessment. Action taken included, appropriate equipment to relieve pressure to their skin and regular checks.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to ensure they were able to meet people's needs. One person said, "It's clear they all have good training." Another person told us, "For actual caring they are well trained."
- When staff started work at the service they completed an induction. They were introduced to the day to day running of the home, people and their support needs. Staff told us their induction had given them the knowledge and skills to start supporting people. Staff who were new to care completed the care certificate which is a nationally agreed award.
- There was a training plan and staff completed training and had regular updates. This included moving and handling, infection control, safeguarding and mental capacity. Competency assessments were completed for moving and handling and medicines. Staff completed medicine competencies according to their role. For example, some staff did not administer medicines but did support people with eye drops and body creams. Therefore, this was reflected in their competency assessments.
- Staff also received training that was bespoke to their roles. For example, volunteers and activity staff had received moving and handling training specifically for supporting people into cars and on and off the

minibus. Staff also completed person-centred care and communication training. This included staff being blindfolded and fed or walked through the home. This helped staff to understand how people may feel when receiving support from staff.

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

● People were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day. These met people's individual nutritional needs and reflected their choices and preferences. There was a menu on display on each table, plus an electronic board that included information about what was on the menu for each meal and alternatives available. There were facilities for people to make their own hot and cold drinks throughout the day.

● People told us the food was good. One person said, "You can see the chef any time. There are always bowls of fruit and chocolate bars we can help ourselves from. You can get a drink any time, day or night, either ask for one or go and make one." Another person told us, "The food is always very good, and I like it that all the portion sizes are varied to individual tastes. We get the week's menu in advance, for lunches and suppers." A further person said, "The food is out of this world. The soups are better than in any hotel I've been in."

● All meals were provided for people in the main house, although people in the cottages had facilities to prepare and cook their own meals if they wished. People were able to eat their meals where they chose. The registered manager told us they were aware how quickly people could become socially isolated and therefore they were encouraged to eat together. There were two sittings for the lunchtime meal. One person told us they ate earlier because of health reasons. Another person told us they were going out on a particular day and therefore ate earlier.

● People's nutritional needs were met. Staff had a good understanding of people's dietary needs, the type of diet they needed and their likes and dislikes. People's nutritional needs were assessed and reviewed. This included monitoring people's weights and a nutritional risk assessment was completed. Where needed staff monitored and recorded people's what people had eaten and drunk throughout the day.

●There was an emphasis on improving people's hydration. There was a hydration lead at the service and they worked with people and staff to ensure they understood the importance of drinking adequate amounts.

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

● People told us they were supported to maintain good health. One person said, "They are quick to get a doctor or district nurse, they don't hesitate." Another person told us about an ongoing health condition and the support they received. They said, "I feel the staff have been with me through the changes in my health, they have been attentive and made adjustments as things have changed."

● Some people were able to manage their own health and health care appointments independently. If people wished, then staff would accompany them for support. One person said, "I was having problems related to a change in medicines. Staff worked closely with the GP and explained what was happening." People were supported to access healthcare including chiropody and opticians.

● One person told us about an upcoming operation, this had been discussed with the staff and preparations had been made to support this person in the main house until they were fit enough to return to their cottage. The person told us this arrangement meant their health needs were met.

● Where people had specific health needs, for example, diabetes and Parkinson's Disease they received support from appropriate healthcare professionals. One person told us, "I feel the staff and me are learning about (my) Parkinson's together." (The person told us about the careful timing of medicines to manage their condition, as discussed in the 'safe' key question).

● People were able to maintain good oral health care and were supported to attend dental appointments

as people required. The hydration lead staff member was teaching and supporting staff to understand the importance of good oral health. One staff member spoke to us about potential infections that could occur, if for example, people did not have clean dentures.

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

●The service had been adapted to meet the needs of people. People's bedrooms had been personalised to reflect their own choices and personalities. Decoration of the home was well maintained and reflected a homely feel. People were involved in choosing the decoration throughout the home. There were en-suite shower facilities in each person's bedroom and these were accessible. In addition, there were communal bathrooms which people were able to use if they preferred a bath.

● Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence. There were handrails along the communal hallways. These were a different colour to the wall and there were buttons at the end of each rail to assist people living with sight difficulties.

● There was a large dining room, with enough seating for everybody. There were lounge areas throughout the main home which people were able to use when they wished.

●People were supported to maintain their independence. Although the service attended to people's laundry needs, there was a laundry room within the main building where people could attend to their own laundry if they chose to.

● There was level access throughout the home and the grounds. Paths between the cottages and main house were paved and well lit. There was a paved area around the grounds of the building which people told us they used for general exercise.

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.

● At the time of the inspection there were no DoLS authorisations or applications. People living at the home had capacity to make their own decisions and choices. Throughout the inspection people made their own choices and staff supported them. Before offering any care or support staff asked people's consent.

● Staff had received mental capacity training and understood how to support people if, for example, they became forgetful. This included giving people time to respond and make choices.

Good

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 remained the same.

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

- There was a friendly and happy atmosphere at the home. There were relaxed and easy relationships between people and staff. We heard a lot of laughter and friendly conversation between people and staff throughout the day.
- People spoke highly of staff. One person told us, "The care and attitude of the staff is so good." People and staff spoke about Bernhard Baron Cottage Homes being a community. One person said, "This is very much a community. We build up close relationships with staff and they know me very well. They are very kind even though also very busy. The residents are also a close group, I've made many real friends here."
- Staff were extremely positive about working at the home. Staff told us Bernhard Baron Cottage Homes was the, "Best place" they had ever worked. One staff member said, "I love it here, it doesn't feel like coming to work."
- Staff in all roles were highly motivated and offered care and support which was caring, kind and compassionate. They were attentive to, and aware of, people's individual needs and how to support them. For example, some people were very anxious, and staff were aware to give them time to express their concerns and offer reassurance.
- All staff worked exceptionally well together to provide a caring environment to live in. The registered manager told us about one person who had become unwell and moved from a cottage to the main house. The maintenance staff recognised the person was distressed and moved the person's pictures and photographs from the cottage to their bedroom in the main house. These had been displayed in the same way they were in the person's cottage. The maintenance staff had told the registered manager they had done this so that the person would see the same pictures, in the same place, when they awoke each morning. This had helped to provide comfort to the person.
- People's equality and diversity was respected. The home was managed by a board of trustees who are Quakers. The Quaker ethos of treating everyone as the individual they are was seen throughout the home. There were regular Quaker meetings which anyone could attend.
- Not everybody at the home was a Quaker and there was a weekly Ecumenical (representing a number of different Christian churches) church service held at the home. There was a rota for different ministers to visit each week and this had been arranged by people who lived at the home. Some people chose to attend their own churches and were supported to do so.
- When people were admitted to hospital they received regular visits from staff. This meant people kept in touch with those that knew them and were updated about what was going on at the home. They continued

to feel valued as part of the community.

Supporting people to express their views and be involved in making decisions about their care
● People were involved in making decisions about their care and support. Care plan reviews took place each month and people were asked if they were happy with the care they received.
● One person had moved from a cottage to the main house. Although they would have preferred to stay in their cottage they told us, "I was fully involved. I think they have managed the move very well." Another person said, "A carer came recently to discuss my care plan. My care is what I've agreed and is based on how I like things done."
● Throughout the inspection people were consulted about the care and support they received. They were able to express their own choices and preferences and change their minds throughout the day.
● There was information about some preferences included in people's care plans, for example, whether or how often they wanted to be checked at night or if they preferred male or female staff.

Respecting and promoting people's privacy, dignity and independence
● People's privacy, dignity and independence were respected and promoted. One person said, "The manner of care is always very good, my privacy and dignity are looked after well."
● We asked people if moving into the home had taken their independence away. One person told us, "It has enhanced my independence. I just don't have to do things I don't want to do like cooking and cleaning." Another person said, "Although it's difficult for me at the moment, I still like to go to the dining room for meals. Staff encourage me to walk part way, then they push me in a wheelchair."
● Some people lived totally independent lives but were able to ask the staff for any support when they needed it. Staff respected this. Staff prompted and encouraged people to eat their meals independently, for example, with adapted cutlery and crockery.
● People were supported by staff to take pride in, and maintain, their appearance in a way that reflected their own preferences. People's clothes had been well laundered. Laundry staff paid attention to detail, they were aware of how nice clothes improved people's well-being and the importance of looking after people's property to a high standard. For example, one person's clothing had a stain on it that was difficult to remove. Laundry staff told us how they were soaking this in a further attempt to remove it.
● People were able to spend time where they wanted. We spoke with two people who were together in a small lounge, one of them was playing the piano. They told us, "It's lovely in here, we can just be ourselves."
● One person had had a recent bereavement and chosen to stay in their room. Staff respected the person's decision but checked the person throughout the day. Staff also informed their colleagues at handover so that all staff were aware and respected the person's choice.

Outstanding ☆

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 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.

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

- There was an exceptional activity program and people were consistently supported to take part in a variety of stimulating and meaningful activities to help them to maintain good mental and physical health and enjoy an excellent quality of life.
- The activities were person-led by people who lived at the home and actively supported by staff. Most of the activities on the programme had at some point been introduced or developed by people at the home. This meant they were meaningful to people and reflected their hobbies and interests. People had set up and run a number of their own groups such as poetry, scrabble, bible study, craft, Quaker meetings, music and croquet.
- One person told us, "I have a really good friend here and together we have formed a choir. We've had the help we needed to get it off the ground." Another person said, "I try to be out and about where I can. I've started playing whist. There is a strong gardening group, although it's not for me. Musical activities have been expanded a lot, in fact I'd say the 'cultural' element of activities has increased, it was missing when I came. The interaction with local churches is a very positive thing."
- There was a residents' forum where people, who had been nominated by others, met monthly to discuss matters at the home. People spoke with the forum members about what they would like discussed at each meeting. The registered manager and chef attended these meetings as food was always discussed. For example, people had identified tea pots at tea time were not always hot enough. Therefore, the needlecraft group were to be asked to make tea cosies.
- Activities had outcomes that were beneficial to everyone. There was a garden group and one of the members was discussing with the gardener and chef what vegetables would be useful to be grown. This was following the success of a tomato crop that had been used by the home. People were supported to make bug boxes and bird houses. People had also developed a litter picking group where a group of people tidied the grounds together.
- In addition to maintaining people's interests and hobbies the activities programme gave people opportunities to try new activities and maintain their own interests outside the home. One person told us, "I have joined the art group, I've not done anything like that for a very long time." The person then added laughingly, "I haven't tried the sewing group yet, I might do one day." People also participated in the local community. Some people spent time at a local school listening to young children read.
- There were regular trips out, these were based on what people wanted to do and was discussed and arranged at activity meetings. There was a minibus and car at the home which meant people could go out

with their friends.
● Staff responded to people's suggestions. There was an iPhone and tablet drop-in session where activity staff supported people who had difficulty with their electronic devices. One person had suggested that as problems were more complex perhaps students from the local secondary school may be able to assist. The activity staff said they would try to arrange this but, in the meantime, the teenage children of some staff were coming into the home, under the supervision of staff, to support people with their IT issues.
● Some people enjoyed singing and had introduced a number of choirs to the home. One person had introduced a local choir for people living with Parkinson's Disease. One person, who did not have Parkinson's Disease really enjoyed this choir and had joined. Staff told us the person had benefitted from making new friends. This positive impact had been recently realised when the person was admitted to hospital. They were receiving regular visits from choir members which had enhanced their stay in hospital.
● Meetings of community organisations were held at the home and people could attend. One example was the University of the Third Age (U3A). A national group which brings new skills and activities to people who are no longer working. A local history group from U3A was introduced to the home by a person living there and was now enjoyed by a number of people.
● A few people did not like to participate in many activities. The activity staff spent time chatting with people to see if there was anything specific they would like to do. One person said, "I join in some of the concerts but mostly I like my own room. I always get reminders of what's on the activity programme but it's up to me whether to go."
● Some people were less confident in going out with a group. Therefore, activity staff supported them to go out as individuals or as a smaller group. One person told us, "(Activity staff) were taking two people out in the car. They asked if I would like to join them. The two people didn't usually like to go out, but they were happy that I joined them, and we had a lovely time."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People received an exceptionally personalised service that met their specific needs, preferences and wishes. Staff knew people really well and consistently supported them to receive the care they needed, their personal histories, likes and dislikes.
● A lot of thought had gone into making people's experience of moving into the home a smooth a transition as possible. When people moved in they were given a 'buddy.' A buddy was another person who lived at the home and had volunteered to be a buddy. The buddy supported the person by introducing them to others, calling for them at mealtimes, talking to them and introducing them to the activities and forums. For some people this had developed into lasting friendships.
● Staff were committed to providing individualised support to people. Some staff had lead roles, and this included hydration and falls. These staff had identified how they could improve people's individual care and support to improve their lives.
● The hydration lead had identified people did not always like to drink as much as they needed to. Therefore, they introduced hydration rounds for people who had been identified as not drinking enough. This included providing people with (for example) four, half glasses of water a day rather than two full glasses. This meant people were not put off by having to drink a full glass. It also meant people were seen by staff and encouraged to drink four times a day, rather than two.
● From this initiative there had been positive outcomes. One person who had repeated urinary tract infections had not had any more. Another person, who needed encouragement to drink had felt the benefits and was now drinking adequate amounts independently.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Staff had a clear understanding of people's communication needs and there was information within their care plans about this. This included whether they wore glasses or needed the use of a hearing aid.

● Where people needed extra support with communication this was provided. Some people had a degree of visual impairment. Therefore, menus and activity planners were displayed in large print, in addition to the standard print. There was a magnifying machine which people could use to read newspapers or any correspondence that they needed enlarging. Large print and audio books were also readily available to people.

● Before the main meal announcements of upcoming activities, events and information of importance were made to people. This also helped to support people who experienced some visual difficulties.

● Some people were living with a hearing impairment. There was a loop system throughout the lounges which enabled people to hear more clearly. Staff were aware of people's hearing impairment and following lunch time announcements spoke with people to ensure they had correctly heard what had been said.

Improving care quality in response to complaints or concerns

● There was a complaints policy and the records reflected that complaints received were recorded, investigated and responded to.

● People told us they did not currently have any complaints. They told us they could discuss any concerns with any staff member. One person said, "I'd go to (key worker) about any problem." Another person told us, "I am satisfied there are plenty of channels of help."

● Issues were addressed before they became formal complaints. In addition to the complaints records there were records of concerns that people had raised with staff. These were related to small worries and were addressed at the time by staff.

End of life care and support

● As far as possible people were able to remain at the home until the end of their lives. Staff worked with people's GP's, district nurses and Hospice teams to support people in their last days. There was no-one receiving end of life care at the time of the inspection.

● The registered manager was aware of the impact of losing people from the home could have on others. People lived together as a community therefore the loss of a person was felt throughout the home. This loss was treated with exceptional care and sensitivity.

● Following a death each person was told individually and all staff who were not on duty were telephoned. This allowed people and staff time to grieve, discuss their loss and talk about memories of the person who had passed.

● During the past year a senior member of the management team had passed away. They had worked at the home for a long time and people and staff felt their loss immensely. People spoke to us about the loss and how much they missed the person. The registered manager had organised a memorial day to celebrate the staff member's life.

● The staff member's family, friends, people from the home and staff attended. There was a display of photos, one person read a poem that reflected staff member. One person had suggested planting a tree in the staff's memory and this had been done. The staff member's favourite flowers had also been planted around the tree. One person had written an article for the newsletter that reflected how important this memorial was for them and for others who lived and worked at the home.

● There had also been a remembrance service for people who were no longer at the home. This included people who had passed away and people who had moved to different homes. People could remember their friends with fondness. One person told us of a number of her friends that had passed away at the home and

the person spoke highly of the end of life care people had received. They said, "People are treated with the utmost care and dignity. Every decision made is in that person's best interest."

● Some people told us that moving into the cottages was helping them to prepare for the future. Whilst remaining independent they were aware of the future help available.

● End of life care plans were in place. These had been completed with the level of detail people wished to share. As people were generally in good health and independent this was not something that everybody wished to discuss. This was respected by staff and people were given the opportunity to change their minds.

● When people had passed away those at the home and staff were able to attend the funeral. On many occasions people's relatives had held a celebration of the person's life at the home so everyone was able to pay their last respects to the person.

● There was an end of life care lead who was committed to developing staff skills when providing end of life care. This included ensuring newer staff were always supported by a more experienced staff member. This increased the new staff members confidence and helped to enhance the end of life experience for people and their family.

●The end of life care lead was currently trying to identify end of life talks that may be of interest to people living at the home.

Good

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 remained the same.

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

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

- The registered manager promoted a positive and inclusive culture in the service. All staff were valued and respected members of the team. They were listened to and appreciated.
- According to the Quaker ethos there is no hierarchy. Therefore, each staff member and person were treated equally. Although staff wore uniforms and name badges there was no information to define their role or seniority within the staff team.
- The registered manager told us, "Everything is everybody's (staff) responsibility." However, staff were clear about their roles and responsibilities and this was seen throughout the inspection. One person told us, "The staff all mix in, seniors join in every day jobs and the cleaners and kitchen staff are fully part of the whole staff team." Another person said, "The level of goodwill between staff, and between staff and residents, is remarkable, and that's why we have this community that works for everyone."
- Staff were given awards for achievements. For example, staff were rewarded for long service. These awards and recognitions were shared with people.
- The registered manager had introduced a daily "five to nine" meeting to help mental wellbeing. People and staff were invited to the meeting where they sat in silence, in the quiet lounge, for five minutes. This allowed people and staff to spend time in mindful reflection. This also reflected the Quaker ethos. This was well attended by people and staff.

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 was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.
- The registered manager acted in an open, honest and transparent way when dealing with safeguarding, incidents, accidents and complaints within the service.

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

- There was a clear management structure within the service. The registered manager was supported by a care manager and senior care practitioners. They were clear about their roles and responsibilities. The management team were supported by the trustees.

● The trustees developed objectives with the registered manager for her to complete. Some had been started and included medicine audits. Other audits had been identified as needing to be completed and these included a review of staff files and care plan audits. The registered manager told us these would be commenced soon now that the management team was in place.
● We noted that some care plans did not include all information staff may need, for example about the activities they enjoyed and some aspects of care. This did not impact on people because staff knew them well. The care plan lead staff member told us they were aware of the improvements needed and said, "I could re-write the care plans myself, but it is important that staff learn to write them themselves." The registered manager and care plan lead spoke at length about supporting staff to have the appropriate knowledge and skills to complete the care plans to a good standard.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were pro-actively involved in the day to day running of the home. There were involved in regular meetings, forums and groups. They completed regular feedback surveys to help identify areas to be improved and developed. Where issues were identified, they were responded to and addressed.
● Recent feedback from the resident forum asked if music in the lounge could be limited. Agreement was reached that music would not be played until after 11am as some people liked to read their books and newspapers quietly in the morning.
● Feedback from the 2018 staff survey identified that staff who were working missed out on attending a Christmas meal. Therefore, staff were provided with a hamper of equivalent worth.
● Staff attended regular meetings where they were updated about changes at the home, people's needs and training.
● People were actively involved in the local community and continually looked for other initiatives to be involved in. For example making and taking part in a scarecrow competition.

Continuous learning and improving care; Working in partnership with others
● The registered manager continually updated their skills and knowledge by attending training, meetings and forums. They used the opportunity to meet other registered managers and providers to share ideas and discuss concerns. Learning and ideas from the forums was shared with staff to improve and develop the service.
●The registered manager was working to develop and improve the service. However, she wanted to ensure that any new innovations and changes were meaningful and of benefit to people and staff. For example, lead roles had been specifically developed to meet the needs of people.
● Audits were being developed to identify real areas to be improved. Medicine audits were daily, weekly and monthly. Each audit looking at different areas to identify shortfalls and areas for improvement in a timely way. For example, daily medicine audits identified missing medicines or signatures.
● Accidents and incidents were logged, investigated and action had been taken to reduce the likelihood of the event reoccurring. This information was shared with staff to ensure learning and improvements had taken place.
● The registered manager and staff worked in partnership with other services, this included the district nurses, local GPs and the falls teams.
● The registered manager had developed relationships with other registered managers and had plans to visit their homes. This was to discover different ways of working and also identify other homes that people may wish to move to, if for example, they required nursing care in the future.