

LJ Care Limited

Deansfield Residential Care Home

Inspection report

Deansfield
Kynnersley
Telford
Shropshire
TF6 6DY

Tel: 01952603267

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28 March 2019

29 March 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Deansfield is a 'care home' registered to accommodate up to 15 people. At the time of this inspection the service was providing personal care to 14 older people, a number of people were living with dementia.

People's experience of using this service:

People felt safe and care and support was of a very high standard.

People were very satisfied with the quality of the service provided and feedback from relatives, visitors and health professionals was exemplary.

People received their medicines as and when they needed them.

Risks to people were monitored and procedures were in place to help keep people safe.

People were protected from the risks associated with the control and spread of infection.

Staff understood the importance of ensuring people's rights were understood and protected. Individuality was celebrated.

People's health care needs were monitored and responded to promptly with cooperation and support from health care professionals.

There were sufficient staff to meet people's needs flexibly. Staff felt very well supported and trained.

Support was very personalised to meet individual's individual needs.

People told us staff fully understood their needs and were extremely kind and caring.

People were confident that complaints would be addressed and they could talk to the management team about anything.

Quality checks and audits enabled the registered manager to ensure improvements were made and excellent quality standards were maintained.

People received excellent support at the end of their lives.

The management of the service was innovative and inclusive. New initiatives were developed and tested to drive continuous improvement.

The service had excellent community links.

Rating at last inspection: The service was rated Outstanding at the last inspection in September 2015.

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

Deansfield Residential Care Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type: Deansfield Residential Care Home (Deansfield) 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: Inspection site visit activity was unannounced and started on 28 March 2019 and ended on 29 March 2019.

What we did: Prior to the inspection we reviewed intelligence we held on the service. This included the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As well as notifications we had received in relation to any serious incidents or safeguarding reports. We also sought feedback from the local Healthwatch.

During the inspection, we spoke with six people, and six relatives who used the service to ask about their experience of the care provided. Two health care professionals shared their views following the inspection.

We spoke with four members of staff and the registered manager (who was also the provider) and the deputy manager.

We reviewed a range of records. These included three people's care records, two staff files and records relating to the general management of the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection March 2016, we rated the safety of the service as good. At this inspection we found that the rating remains good.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe support. One person said, "I definitely feel safe." Another person said, "Of course I feel safe." A relative told, "I trust them totally with my (relative)."
- Staff had received training to understand abuse and were confident to recognise and report it. A relative told us, "This home is safe and secure." The registered manager had recently organised a 'Keeping Ourselves Safe' training course to raise awareness of abuse with the people who used the service.
- The deputy and registered manager used safeguarding processes appropriately when they had concerns about a person's welfare.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, recorded and plans were developed and implemented to mitigate the risks.
- Everyone had nutritional risk assessments and some people had assessments specific to their individual risks. For example, one person had an emotional support risk assessment and others had falls risk assessments and these were effective in keeping people safe.
- Risks associated with the environment were assessed and managed to ensure people remained safe in their home. A relative who observed a fire alarm being sounded said that staff provided an 'amazing response' to ensure people were protected from potential harm.

Staffing and recruitment

- There were enough staff to care for people to receive the support they required.
- People told us there were enough staff available at all times to meet their needs in a timely manner. Staffing levels were amended to meet increased needs.
- Staff confirmed they had been through a thorough recruitment process prior to starting work and records demonstrated that all required checks had been made.

Using medicines safely

- People received prescribed medicines safely and when required.
- Staff were knowledgeable of their roles and responsibilities when administering and recording medicines. Training had been delivered as well as ongoing competency checks.
- Senior staff audited records to ensure the process was carried out safely and appropriately.
- The deputy manager had identified people whose medicines could be reviewed to afford them a better

quality of life. They worked with the GP to achieve this and positive outcomes were noted.

Preventing and controlling infection

- People told us their home was clean and well looked after. Infection control audits were carried out and showed positive results throughout the home.
- Staff told us they had received training in relation to infection control.
- People told us that staff wore gloves when supporting them and we saw they used hand gels regularly and appropriately.
- The staff had recently attended a 'hand hygiene day' when people and staff all practiced good hand washing techniques in a social environment.
- Discreet signage was used to identify an outbreak of infection. Staff placed a sunflower on the affected person's door. Everyone knew what that meant. There was also a notice put up in the person's room explaining to them what was happening and this was written in a sensitive way. Grab packs were readily available to support a spillage of outbreak.

Learning lessons when things go wrong

- The registered manager told us how they liaised with other managers to discuss incidents and learn from them as a team.
- Accidents and incidents were reported and monitored by the registered manager and the deputy manager to identify trends and produce action plans to mitigate future risks.
- The provider completed group learning logs in order to record issues and learn from them. Issues were shared within the staff team and then training was identified to address the learning need when appropriate.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection March 2016, we rated the effectiveness of the service as good. At this inspection we found that the rating remains good.

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

- People's needs were assessed before they received a service and this meant that people who moved into the home were compatible with existing people who used the service and the registered manager felt staff could meet the person's needs effectively. People told us they had been involved in this process and the registered manager confirmed it. Relatives had also played an active, and ongoing part of the assessment process.
- Assessments informed care plans that were person centred and contained details of people's diverse needs and aspects of their life that were important to them. This meant that staff could meet people's needs in line with their individual needs and preferences.
- Where the service was no longer able to meet the care needs of people due to changes in their health, the management team took a pro-active approach and involved other health professionals to ensure more suitable accommodation and care could be found. They also involved families to ensure the process was as positive as possible. The registered manager supported relatives in the process. A relative told us, "The registered manager came with me to look (at other care homes) to make sure we got the right place."
- People were actively involved in decisions about who worked at Deansfield and had influence on the outcome of recruitment and the probationary period assessment of staff. Their views were listened to and acted upon. One person confirmed the manager's reflection that the person we were speaking with had identified one potential staff member was not a good fit for the service and so had not been appointed.

Staff support: induction, training, skills and experience

- There was a commitment to the development of the staff team
- People told us they were confident in the skills and knowledge of the staff. One person told us, "The staff are superb, they know what they are doing."
- Staff told us they received training opportunities that was relevant to their role. For example, the training provided to provide people who had a soft diet meant that staff were creative and innovative in producing food that was of a correct consistence and looked appetising. Learning from training was checked in creative ways. The senior team recently developed a quiz to check staff understanding. From the results they identified some staff would benefit from further training in relation to mental capacity so had arranged it.
- Training is delivered within the home by the deputy manager in regards to supporting people who were distressed. This training was developed in their previous role of Admiral Nurse (with Dementia UK) Training provided within Deansfield is not endorsed/supported by Dementia UK. The team developed calming and de-escalation strategies that impacted positively on individuals and the people around them. They recently

implemented a strategy to support a person who's needs had changed. Staff successfully supported the person to remain at the home safely until more suitable accommodation could be found. The person's relative spoke positively about the support and said, "They did all they could."

- The deputy manager had been funded to receive Dementia Leadership training via a local training and support provider at a local university. They will then roll the training out to their staff and staff at other homes.
- New staff were supported in their roles with opportunities to work with existing staff and undertake a detailed induction programme. This meant they felt confident in their roles and were able to offer effective support.
- Staff had formal and informal opportunities to meet with their seniors. Staff were encouraged to share feedback about each other and identify their ongoing learning needs. One staff member told us everyone was very supportive. They said, "I couldn't wish for a nicer, more supportive team."

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

- People were highly satisfied with the meals available at the home. One person told us, "The food is lovely. I have my favourite foods quite often." A relative told us they had, "A lovely supply of food."
- The meal time experience was well organised to ensure people enjoyed their meals in an environment that reflected people's dining preferences and encouraged people to eat well. A visitor to the home said, "The meal time experience is quite spectacular." People could dine in an environment that they preferred. For example, some people liked lunch to be a social occasion when they used cutlery and had a glass of wine. Other people liked some privacy so they could receive support. The way the meal time was arranged meant all of these preferences could be accommodated making the lunch time experience a positive one.
- Staff ate meals with people making the dining experience a social experience. As a result of this arrangement staff could offer discreet support and encouragement during meal time.
- The mealtime experience was relaxed and pleasant with music quietly playing and people chatting amongst themselves and with staff.
- People's dietary needs were met creatively and staff were knowledgeable of people's individual likes and preferences. When people required textured food, staff actively tried to make it look as realistic as possible. Staff were competitive to see who could create the 'nicest looking' meal. People benefited from this as they had meals that looked appetising and which in turn encouraged them to eat well. People had a choice of breakfast and a choice where they ate it. One person had chosen to have breakfast outside and this was arranged. One person enjoyed their meal in their room, in three stages. Again, this was accommodated.
- Staff shared knowledge of healthy eating in a number of ways. The team recently took part in a nationally organised 'nutrition week' whereby they prepared platters of fruit and salad to taste and at the same time discussed informally the importance of good nutrition and staying hydrated.
- People's weight and diet was discreetly monitored. Staff were proud to report that one person's weight had remained stable even though they now required full support to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they worked closely with outside agencies to ensure people's needs and changing circumstances were shared when appropriate. When a person's needs changed they supported a reassessment and a move to a more appropriate service if required.
- Staff competence and knowledge was integral to ensuring high quality care. Social care professionals spoke positively about the impact the staff team made on people's lives.
- An urgent care practitioner spoke of the 'exemplary support' that the management and staff had provided for a person who was reaching the end of their life. They also commented on the timeliness of the request for input and said this meant 'minimal discomfort' for the person.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and were referred to appropriate health professionals as required. A GP told us that information was shared with them in a timely manner and support was requested appropriately when people's needs change.

- Staff knew people well and escalated any concerns at an early stage.

Staff were proactive in working with health professionals to ensure people's good health and health professionals told us of the excellent information they received in order to pre-empt poor health and thus keep people well.

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. We checked whether the service was working within the principles of the MCA and found they were.

- Information was provided in formats that suited people's communication needs.

- One person told us they felt fully involved in decision making and that their decisions were respected. Staff were knowledgeable of people's rights to make decisions and said they would respect decisions but share if there were risks with the decision made.

- Staff understood the importance of gaining consent before providing support. MCA was discussed in supervisions and knowledge was regularly checked to support staff knowledge and understanding of the legislation. One staff member said, "We always ask people before we do anything."

- People were actively encouraged to make decisions for themselves and there was an emphasis on involving people as much as possible.

- Where people did not have capacity, decisions had been made in their best interests involving relatives and other health professionals where appropriate.

- The registered manager understood their responsibility to apply for DoLS as needed.

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

- People spoke positively about the 'home from home' environment that had been created at Deansfield.

There was a belief that Deansfield was more than just a care home. The environment was homely and people described it as their home. A relative said, "This is not a care home it's a caring home." A health professional also commented, "I could sum it up well as rather than being in a home as people often say, the people in your setting are at home."

- The gardens had been adapted to make them fully accessible for people to enjoy with support or independently or with friends.

- Bedrooms were personalised and people had chosen their bedroom door colours to reflect their individual choices.

- The deputy manager was part of a group that designed, (and now implemented) an environment assessment tool. This assessed how the environment could be improved to support outcomes for people with dementia. The staff team had produced an action plan to support their findings. For example, the outcome of the assessment had suggested using black out curtains, improved signage and changing the colour of toilet seats. Some of the outcomes from the assessment had already been actioned by the registered manager to make the home more dementia friendly.

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

Outstanding: □ People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection March 2016, we rated caring as good. At this inspection we found that the rating was now outstanding

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

- Without exception everyone we spoke with said that they were well treated and very well cared for. People described staff as 'wonderful', 'kind' and 'very caring'. A relative told us, "It's the little things. The staff are so caring and I have 100% peace of mind." Another relative said there was an, "An extraordinary level of individual care, understanding and commitment." A visitor to the home said. "Staff are so caring, kind and supportive." All staff we spoke with were passionate about providing excellent care to people. Staff treated people as if they were members of their own family and this was evident throughout the whole staff team.
- The culture of the service was caring, compassionate, respectful and empowering which reflected the values of the organisation. It was evident staff knew people well and put these values into practice.
- Everyone we spoke with shared examples of how staff went out of their way to meet their needs. For example, people's requests for changes in support were immediately accommodated. Requests for blankets and drinks were immediately accommodated meaning people could stay comfortable. One person did not feel like their food and asked to have it later. This meant they could have their food when they were hungry rather than waste it. Another person told us how they wanted to go out with the manager to have the home's dogs groomed. Again, this was arranged and clearly gave the person making the request some excitement. One person liked to be involved in the running of the home and enjoyed meal preparation and hanging the washing outside on the clothes line. This activity gave the person a feeling of self-worth and reduced anxiety and confusion.
- The registered manager demonstrated a very high level of care and compassion. People shared examples of how they had offered reassurance and support at times of change and uncertainty. A relative shared feedback of how the input of the registered manager had helped them support their relative with a life changing decision. The registered manager had assisted because they wanted the best outcome for the person who lived at the home and they cared about the family.
- The registered manager told us that people's human rights underpinned all policies, procedures and practice. They had produced a training package to share this ethos with the staff and practice reflected people's diversity was celebrated, promoted and respected. For example, individuality and self-expression was encouraged. Staff knew people's histories well and could relate to them in conversations thus bringing other people into group discussions. The home's person-centred approach enabled people to express their individuality. We saw how human rights had been documented and explained how they could be applied in the home and within care practice.
- Staff were very committed to the service and motivated through a 'Going the extra mile award'. This award

recognised staff who had supported people 'over and above' what was expected of them and as a result had made a positive impact on a person's quality of life. This demonstrated an exceptional caring attitude between the staff team. For example, one staff member had stayed with a person when they needed additional support so that person did not feel alone and afraid.

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

- There was a strong emphasis on involving people living at Deansfield in making decisions about the service as well as their daily lives. Decisions were made informally throughout the day but also in meetings and group discussions. Decisions about décor for example were done in full consultation with people. People helped develop menus so everyone's dietary needs and preferences could be met. People told us they chose how they spent their days, when they got up and when they went to bed. We saw staff offering choices throughout the day. People were able to move freely throughout the home and in the fully enclosed gardens where some people went to walk independently. Care plans reflected person-centred care.
- Residents meetings were held so people could express their views and opinions and staff made it a social occasion by providing a buffet for after the meeting. We saw that in the last meeting people were asked if they were happy with the service received and also asked them to feedback about ideas for activities and entertainment. From the responses recorded it was evident that people shared ideas freely and in a relaxed and social atmosphere. All ideas were considered and most were acted upon. For examples, ideas for activities and parties came from consultation.
- People and their families were involved in completing very detailed life histories which included pictures of important events and special memories. This enabled staff to develop meaningful relationships, have respect for people as individuals and generated conversation.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. One person told us, "They always knock on their door and wait to be invited in."
- Privacy and dignity were embedded into the practice of the staff team and people were treated with the utmost respect. We saw that staff used dignity badges to place on doors when they were providing personal care to people and did not wish to be disturbed. We also saw privacy screens used when people wanted their doors open but their privacy respected. There were also do not disturb signs for people to use when they were receiving visitors and did not wish to be disturbed.
- People were supported to maintain relationships with those who were important to them. People could visit at any time and were welcomed by the staff team. Friendships between people living at Deansfield were encouraged.
- Staff had undertaken 'Dignity in Care' training. There was a dignity champion and various publications around the home promoting dignity.

Is the service responsive?

Our findings

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

Outstanding : People's needs were met through good organisation and delivery.

At our last inspection March 2016, we rated responsiveness as outstanding. At this inspection we found that the rating remains outstanding

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, and their relatives told us they were involved in the development of their support plans and in developing their risk assessments. This meant they were personalised to the information shared about the individual.
- People (or their relatives) shared life histories so staff could know about the person before they required support. This enabled them to gear support and activities to individual personalities. The staff had gone the extra mile to find out what people had done in the past and encouraged them to use their skills and knowledge if they wished to. For example, one person loved animals and was highly involved in caring for the animals. People helped care for dogs, ducks, chickens, geese and alpacas, which were particularly popular. Another person enjoyed gardening and was involved in growing vegetables.
- People's needs and preferences about how they wished to be supported with their personal care were clearly recorded and staff knew how to offer support safely and why it was important.
- People's needs were regularly reviewed to ensure they remained up to date. When people's needs and preferences changed plans were reviewed and updated accordingly.
- Deansfield provided an extremely homely environment for people. The gardens were vast and fully accessible to everyone. People helped to care for ducks, chickens, goats and alpacas.
- Pictures were seen throughout the home reflecting the numerous activities that people were involved in. There was a 'seasons tree' painted on the wall in the dining room and people were involved in decorating it according to the seasons. We heard people discussing what next to add to the tree during a meal time conversation.
- Effective communication systems were in place. The provider used a secure messaging system to ensure that the staff team were up to date with events happening in the service.
- Staff had an excellent understanding of people's social and cultural diversity, values and beliefs and how these might influence decisions on how they wanted to receive care and support. Throughout the home we saw pictures reflecting diversity. For example, there was a display of old fashioned wedding dresses which people had been involved in putting together. Recent Easter celebrations had been celebrated by all, and staff told us other religious festivals were also celebrated to raise awareness and understanding even if not relevant to a person's beliefs.
- Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the home was developed. The registered manager showed us how equality standards were being embedded in policies and practices throughout the home. Staff were allocated lead roles to promote various key aspects of the service. Staff understood their responsibilities to provide a non-discriminatory service. The deputy manager showed us how they were implementing an

assessment called 'Living with dementia' that actively explored people's sexuality.

- People enjoyed numerous daily activities which included structured sessions and also participating in daily living tasks like pegging out the washing, cleaning and preparing food. Photographs throughout the home showed people taking part in a wide range of activities throughout the year.
- The home had a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained. People told us about the ramblers group that had been started at the home and members of the community joined in. They also told us about the 'wine walk' where people go to various homes in the village sampling wines. They told us that people visited Deansfield and people from Deansfield walked and visited other people's homes. One person told us they were very much looking forward to the next event.
- The provider had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. They had produced an information sheet telling people how they made information accessible. Care plans reflected communication needs and an assessment so that staff could ensure needs were identified and met in this area.
- The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. A member of staff had been made a staff champion to promote these standards throughout the home. A policy document had been produced in an easy to read format to share information about this with people who used the service.

Improving care quality in response to complaints or concerns

- People and their relatives were encouraged to raise concerns or complaints. There were systems in place to respond to and learn from any complaints received. There was a complaints procedure in place that was easy to follow and readily available to people. People were confident they would be listened to if they had a concern or a complaint. One relative told us, "Any problems I would never worry about telling anybody."
- The registered manager and the provider reviewed complaints received to see if there was any learning from these that could be used to improve the quality of care. We saw one complaint recorded and the response was written sensitively and to the satisfaction of the complainant.
- We also saw numerous compliments, cards and letters commenting on the exceptional quality of the care provided at the home and how it had had a positive impact on people who used the service and their families.

End of life care and support

- People were supported at the end of their lives to have a comfortable, dignified and pain-free death. Staff were skilled at helping people and their relatives explore and record their wishes about care at the end of their lives, and to plan how they would be met so that they felt consulted, empowered, listened to, and valued when their end of life care plans had been written and reviewed. Relatives told us that the support they, and their family member had received had been exemplary. They could not speak highly enough of the care and support of staff. Staff told us how they paid attention to detail when supporting a person at the end of their life. They told us they used lighting, smells and sound to create a relaxing atmosphere.
- Staff supported people to develop a 'bucket list' of all the things they would like to do. One person loved horses and so the staff team arranged for a donkey to visit the person in their room. Their creativity and enthusiasm for making the person's wish come true had a positive impact upon the person.
- The home worked closely with the local GP surgery to help ensure people experienced a comfortable, dignified and pain-free death. Health professionals told us how staff were proactive at pre-empting people's needs and contacted them in time for them to provide appropriate support. One health professional told us, they had been, "Touched, overwhelmed and impressed in a number of ways," in relation to how the staff

team supported a person who had recently passed away.

- Staff were trained in end of life care and understood and met the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life. Staff engaged in end of life care were supported by the managers and each other with empathy and understanding.

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

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

At our last inspection March 2016, we rated well-led as outstanding. At this inspection we found that the rating remains outstanding.

Leadership and management

- The service provided leadership which was exceptional and distinctive. The home had been previously rated as outstanding by CQC and our findings at this inspection showed the team have continued to strive for excellence. This was reflected in the quality of the service provided.
- Feedback about the service, the managers and the staff was wholly positive. Everyone we spoke to would recommend the home and all thought Deansfield provided a 'home from home'. This reflected the aims of the service. The registered and deputy manager (who worked together as a team), and the service culture they created drove and improved high-quality, person-centred care. A health care professional told us, "I think I could sum it up well as rather than being in a home as people often say, the people in your setting are at home."
- People told us the registered manager and deputy manager were 'lovely'. We saw people interact warmly and with genuine affection with them. A relative told us, "[Registered manager] has gone out of their way to accommodate my (relative)." Staff said, "The manager's door is always open. It's fab working here." This reflected what other staff said and confirmed they felt well led and supported.
- The atmosphere in the home was warm and friendly with a sense of community and belonging. We observed that people had formed friendships with each other and were enjoying social opportunities within the home.
- During our inspection visit we saw how staff put people at the heart of the service. People's views were considered to be invaluable and we were encouraged to talk with as many people as possible. Relatives and health care professionals approached us to share their positive views of the home and this reflects the support the managers and staff had from people, visitors and professionals.
- Governance systems were embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. Regular audits and checks produced action plans. Improvements were achieved as a result.
- The views of people using the service were at the core of quality monitoring and assurance arrangements. We saw numerous thank you cards, one reflected on the, "Extraordinary level of individual care, understanding and commitment." Others reflected these sentiments
- The provider's values were central to the way it operated. Staff were taught about the values during their induction and encouraged to reflect on them as they went about their work.

- The registered manager and staff understood the importance of working openly and transparently with CQC and other agencies and reported incidents and accidents without delay.
- Managers and staff were clear about their roles, and understand quality performance, risks and regulatory requirements.
- In 2018 Deansfield was one of the twenty homes nominated for the west midlands care home of the year. An award organised by Care Homes.co.UK

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager continued to work innovatively with their team to ensure the service was delivered based around the needs and wishes of individuals.
- The registered manager was aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The registered manager understood the responsibilities of their role and acted in accordance with them. Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and death notifications.
- The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. All audits were supported by action plans and evidence of positive outcomes.

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

- People who used the service, and staff, told us how they felt fully involved and consulted in relation to how their support was delivered. Staff had opportunities, both informal and formally to discuss issues and make suggestions for improvements and changes and could share examples of how they had been listened to and their suggestions had improved practice. One staff member told us they had made suggestions to change the environment to make it more dementia friendly and the provider had agreed all actions to make the home more accessible. People told us that they said what food they liked, what activities they liked and who they wanted to work at the home. Suggestions were considered and implemented.
- People's views and opinions were valued. People's individuality was celebrated and equality and human rights were at the forefront of practice, training and policies. Residents meetings and quality assurance questionnaires provided formal opportunities for people to share views. On a daily basis, the registered manager lived on site and was always available to provide support, guidance, comfort and advise. People told us they would talk to the registered manager or deputy manager about anything. Relatives confirmed this.
- The annual survey for 2018 identified a 'high level of customer satisfaction'.

Continuous learning and improving care

- The registered manager told us how incidents were reviewed and discussed in staff teams. Staff confirmed this.
- Action plans were developed following consultations to drive improvement.
- Staff excellence was rewarded and we saw how individuals had received awards for their input into

delivering a high-quality service.

- Continuous learning was embedded in the culture of home.
- Staff were 'champions' in key areas including Dementia, Cultural Activities, Continence, and Nutrition and Hydration. This meant they took the lead in their chosen specialism and raised its profile in the home. As a result of the raised awareness people received a better-quality service that respected their individual needs and promoted best practice.
- Good practice guidance and research from organisations including NICE was available and acted upon. For example, staff were aware of imminent changes to medication storage to comply with new NICE guidelines.

The registered manager reflected on practice and implemented improvements. For example, they had arranged for blankets and torches to be located outside the building in case an evacuation was required. They had 'gone the extra mile' when thinking about a safe and comfortable evacuation.

Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve excellent outcomes for the people who received a service.
- The home was an important part of its community and had developed links to reflect the changing needs and preferences of the people who use it.
- Staff had good relationships with health and social care professionals who had left exceptionally positive feedback about the quality of the service provided. A health professional told us, "All of the staff I dealt with were extremely professional and, in my opinion, this stems from a fabulous leadership team setting high personal standards."
- The provider had a track record of being an excellent role model for other services. The registered manager and deputy manager shared good practice ideas and new initiatives with other care homes and welcomed visits from those who wanted to see how it had achieved such successful outcomes. The manager and deputy manager have delivered Dementia awareness training in the village to raise awareness at a local level.

The registered manager was a member of a group of providers who have had, or aspired to have, outstanding services. They share ideas, paperwork and good practice.