

Sue Ryder

Sue Ryder - The Chantry

Inspection report

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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Sue Ryder – The Chantry is a 'nursing home' providing personal and nursing care to people living at the service. People in nursing homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Sue Ryder – The Chantry can accommodate up to 33 people, there were 29 people using the service on the day of our inspection.

People's experience of using this service:

The staff were outstandingly responsive to the needs of people at the service, by providing a wide range of person-centred activities. Arrangements for social activities were innovative, met people's individual needs so people could live as full a life as possible. There were strong community links and people accessed the community regularly.

Since our last inspection, the service in response to identifying people's assessed needs and working with the local hospital had developed a rehabilitation service. This meant as well as supporting people with long term needs, the service was supporting people with respite and rehabilitation from the local hospital as a step on the way to returning to their own home.

The staff were dedicated to providing a family orientated and a homely environment for people. Staff had developed strong relationships with people and knew them exceptionally well. People, their relatives and external health professionals overwhelmingly told us that the staff made them feel included and part of a large family.

There continued to be a positive, enabling culture to support people to live their lives as they desired. Staff continued to find innovate and creative ways of supporting people to overcome perceived limitations. This included the use of virtual reality so that people could use equipment to simulate experiences of the northern lights or being on a safari.

Staff knew people exceptionally well and delivered care and support in a way that met those needs and promoted equality. People and their families were involved in planning their lives, and the service ensured that care was always personalised to meet the needs of each individual living there.

The service continued to be outstandingly well-led. People told us they had trust in the managers and staff who frequently consulted with them and supported them to live their lives as they chose.

People continued to be consulted and were invited to be involved in the continuous planning of their care. People continued to organise residents committee meetings and work closely with the staff regarding the running of the service.

Continuous learning was embedded in the service culture and staff were caring and committed to providing individual person-centred care to each person.

The cohesive management team continued to demonstrate outstanding, strong values with a desire to learn about and implement best practice throughout the service. The service continued to provide a sufficient skill mix of staff to support people.

The management team used effective systems to continually monitor the quality and safety of the service and take any necessary action as required. The senior staff continued to have a shared vision to care and support people to live as full a life as possible.

People's care plans were sufficiently detailed including risk assessments for the staff to be able to provide care in line with people's assessed needs and desires for how their care was to be delivered.

Staff continued to have extensive understanding of managing risks while supporting people to live their lives in a manner which promoted their independence. People were put at the centre of the support and staff having established how they wished to be treated supported people with those quests.

People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

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

Staff used positive communication techniques with people so that they felt listened to and valued according to their individual needs. People's unique communication styles were understood and respected by staff.

People were supported by staff who were highly skilled, and knowledgeable in caring for people with complex needs. There were enough staff assigned to each shift to operate the named nurse and keyworker system designed to support people with their individual needs and staff supported people with a calm and empathic approach, that demonstrated their skills and confidence.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. People living at the service were involved with the recruitment process.

The service ensured that care delivery was safe, with risks to people continually assessed to ensure both their home environment, and outings in the community were safe. The premises was well maintained and people had been consulted with regard to adaptations to the service.

Rating at last inspection:

At our last inspection on 2 November 2016 the service was rated good overall with the well-led question rated outstanding. The report was published on 14 December 2018.

Why we inspected:

This inspection took place as part of our planned programme of inspections.

Follow up:

We will continue to monitor this service according to our inspection schedule.

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?

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?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

Sue Ryder - The Chantry

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 was carried out by one inspector.

Service and service type:

Sue Ryder – The Chantry is a nursing home registered to accommodate up to 33 people who need nursing care and support with personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. Inspection site activity took place on 10 and 13 May 2019.

What we did:

Before the inspection we reviewed the information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit, we spoke with six people who used the service and six relatives. We spoke with the registered manager, head of care, head of support services, three qualified nurses, three members of care staff and the activities co-ordinator. We also spoke with three professionals supporting people at the service. We viewed six people's care plans, nine medicine records and various audits and quality assurance

reports. We also looked at the training matrix, safeguarding and complaints system and the recruitment process, as well as the fire safety evacuation system.

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.

Systems and processes to safeguard people from the risk of abuse

- The service had robust policies in relation to safeguarding and whistleblowing and staff had received training based upon this information.
- Staff knew about the safeguarding procedures and who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility and records confirmed that they had reported concerns promptly and liaised appropriately with the local authority when needed.
- Some people living at the service had complex needs and were unable to verbally converse with us in detail. Staff informed us they had got to know people well and knew from the person's non-verbal communication, when the person was in need of their attention. One person told us, "I have lived there for a long time and I do feel very safe as the staff know me well and have been here a long time also."
- Relatives of people living at the service spoke very positively about how safe they felt the service was. One relative told us, "The staff instil a confidence from their knowledge and always checking with me when I visit, if I am content with the care they provide to [my family member]."

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and were reviewed on a planned basis and in response to any events.
- Staff were able to support people who had complex needs because they had appropriate training.
- Where people needed equipment to assist them, this was provided based upon their assessed needs. People were able to attend a therapy unit on the site of the service to assess their mobility needs and skills and be supported by staff to increase their independence.
- Risks from the environment had been assessed and each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- The maintenance staff ensured that risks relating to the environment and the running of the service were identified and managed effectively. These included gas and electrical safety, legionella, fire safety and infection control.
- The service supported people with complex nutritional needs and high risk of choking. At the time of our inspection the catering staff establishment was not fully up to strength and a chef vacancy had been advertised. Not having continuous full-time experienced catering staff preparing meals increased the risks of people of not receiving appropriate nutrition. The senior staff having assessed these risks to ensure people had the correct nutrition had sought and worked closely with the Speech and Language Therapy (SALT) team. To further support managing the risk the registered manager had engaged a service specialising in prepacked meals suitable for each person's needs until a new chef was employed.

Staffing and recruitment

- There were sufficient numbers and skill mix of staff available to meet people's needs. One person told us, "There is always enough staff here and usually the same staff, so we do get to know each other."
- Staffing levels were based on the needs of the people living at the service. Where people had complex needs, additional support was provided as necessary. We observed that people were given the time they required and were not rushed.
- The service had a recruitment process in place to help ensure that the staff they recruited were suitable to work with the people they supported. All of the appropriate checks were completed for all staff. The registered manager had engaged with people living at the service and they were becoming further involved in the recruitment process.

Using medicines safely

- People's medicines administration records (MAR) showed people received their medicines as prescribed.
- When people were prescribed medicines on a when-required basis, there was written information available to guide staff about how and when to give the medicine to people to ensure this was given consistently and appropriately.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- Medicines were stored securely, and the stock audited each time they were administered.

Preventing and controlling infection

- There were appropriate systems in place to protect people by the prevention and control of infection.
- Staff had had access to personal protective equipment (PPE), which we saw they wore when required to do so.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the senior staff. Action was taken promptly and the outcome recorded and reviewed to determine if any further action was needed.

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.

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

- Full assessments had been completed and people's care plans clearly identified their individual needs. People had identified desired outcomes with staff and the care was regularly reviewed with regard to those outcomes.
- Care plans were developed using information from individuals and those who supported them. For example, when people were planning to move to the service from hospital, a staff member went to the hospital and spoke with them alongside hospital staff who knew the person. This was to determine if the service could safely meet people's needs.
- The registered manager kept up to date with the latest best practice guidance and supported staff to provide care in line with best practice. The registered manager and staff demonstrated a high level of skill and knowledge and this was evident in the way they supported people.
- People's care plans were detailed and staff followed clear guidance that enabled the person to have positive engagement, whilst risks were minimised and managed safely. One person told us, "The staff ask how I am each time I see them and my care plan is reviewed frequently."
- Many of the people living at the home had complex physical needs. The staff worked closely with people and their families to get to know them and adapted the support they provided to fit in with the individuality of the person. One person told us, "I am not going home as soon as another person I have got to know since I have been here. Although our rehabilitation programmes are different, we have compared notes, we will both soon be on our way." A relative told us, "Marvellous place [my family member] has very complex needs and has been here for many years, the staff know the needs and preferences and provide very good care."

Staff support: induction, training, skills and experience

- Staff were highly competent, knowledgeable and skilled; and carried out their roles with confidence. One member of staff told us, "There was a good induction which included shadowing more experienced staff and getting to know the people living here." In addition, staff who were new to care received training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.
- Staff received training that equipped them to meet the complex needs of people living at the service. One staff member said, "You never stop learning and our training is kept up to date, we discuss in each supervision the training coming up and what we need to do."
- All of the qualified nurses were supported by the service to maintain their registration with the Nursing and Midwifery Council.
- Relatives we spoke with told us they thought the staff were very knowledgeable in how they supported people. One relative told us, "The care [my family member] needs continues to increase and staff always have the answer."

- Staff received regular supervision and an annual appraisal, which enabled the registered manager to monitor and support staff in their role and to identify any training opportunities.

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

- People had choices and access to sufficient food and drink throughout the day. One person told us, "The food is lovely no complaints." Another person said, "Food is all good." Two people did tell us that they thought the food was bland at times but a meeting with a senior member of staff had been arranged to discuss and resolve.
- The service had full-time staff who made meals using fresh products and to a set menu which was reviewed and changed regularly with the people living at the service. Staff informed us that they would make alternatives for people if they did not want the options offered. The staff were aware of people's needs and risks of some people choking. The staff were aware from staff meetings that the service was using a catering company to provide some meals to cover a vacancy in the catering department and ensure the correct food was provided in line with the people's nutritional assessment.
- People's food preferences were acknowledged and the staff tried to provide meals along those lines.
- Where people had specific dietary requirements, these were met, and they received the support they needed. We saw people being supported to eat in a way that met their individual needs.
- People were weighed as necessary to monitor their weight and where necessary food and fluid balance charts were used to monitor people's intake. Action was taken when issues were identified such as a person not drinking sufficiently in consultation with other professionals to work with the person and support them to meet their needs.
- Professionals informed us that the staff sought their advice as necessary and followed the guidance provided. One professional said, "Whenever a referral is made it is backed up with clear evidence such as a Malnutrition Universal Screening Tool (MUST), so we can see straight away what is the problem and how we can work together to support."

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

- The service worked with a variety of agencies to provide effective care to people. The registered manager regularly contacted health and social care professionals to discuss people's needs and consider how the staff could follow best practice to meet them.
- The nursing staff liaised with visiting staff such as district nurses to work together and learn from each other's skills for the benefit of the people receiving care.

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

- The service is based in a listed building and sensitive adaptations to suit the needs of the people living at the service had been installed. The call bell system was not invasive but was in place in keeping with the décor and for people unable to use the system, staff visited them as per their care plan to check upon their well-being.
- The garden was accessible to all people and had been adapted to meet the needs of people living at the home. One relative told us, "It is marvellous, [my family member] can get out in the beautiful grounds for some exercise and enjoy the sun." Another relative told us how their family member enjoyed being able to do some gardening.

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

- People's health was closely monitored by the staff who knew them well. Staff identified fluctuations in people's health by those people unable to verbally communicate by changes in body language and other means of non-verbal communication. This allowed timely and effective care to be provided.
- The service had close links with the local hospital and regular GP visits to review people's health needs or,

when required, to ensure access to treatment and medicine. In addition, other health and social care professionals including district nurses visited when needed. One person told us, "Staff are very good, I never have to wait long if I am unwell and need to see a GP." A relative told us that staff always acted promptly to seek medical support and kept them informed as was their family member's wish.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were knowledgeable about how to protect people's human rights and legislation relating to this. Staff told us they sought verbal consent from people before providing care and support. One staff member said, "We ask people for their consent each time as you never know they may have changed their mind."
- People were involved in making decisions about their own lives and there was a strong emphasis on involving people and enabling them to make choices wherever possible.
- The registered manager understood their responsibilities in terms of making application for DoLS to the authorising authority and making notification to us about those applications being granted.

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

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

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

- People told us staff treated them with kindness and understanding. One person said, "The staff are kind and I can laugh and joke with them." We witnessed many positive interactions between staff and people they supported which were friendly.
- Staff prioritised people's emotional wellbeing, ensuring that people were given the time they needed to express themselves or communicate what they needed. A relative told us, "I think they look after me as well, I have come here for many years and the staff always have a smile for me and make me feel very welcome."
- People felt the staff had time to support them and they were not rushed. One person told us, "Nothing is too much trouble." A relative informed us, "My [family member] and myself are respected by the staff, they always keep me informed of anything that has happened which is how my [family member] has requested."
- People informed us staff had taken time to get to know them well. People's communication needs had been assessed and staff supported people to make decisions where required. One relative told us, "[My family member] has been here since last year, still largely the same staff and that is important as they have built up a good relationship."
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them. One person told us, "I think they know me better than I know myself."
- People told us that staff knew their preferences and used this knowledge to care for them in the way they liked. Our observations confirmed this.

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

- People informed us that they were offered choices about how they spent their day and staff listened to them to support with fulfilling those choices.
- Each person had a care plan which identified what they intended to do each day. However, this was a guide and people could discuss making changes in keeping with their preferences at that time.
- A relative told us, "It is difficult for [my family member] to fully express their views but the staff know them and they are able to communicate with each other." They explained the named nurse and keyworker system had helped with developing the communication.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion by knowledgeable staff who respected people by addressing them by their preferred name.
- Staff knocked on bedroom doors before entering and we saw that staff spoke with people in a discreet way about if they needed assistance with their personal care needs.
- We heard staff offering choices to people about what they wished to do and then the staff support people

with those choices.

Is the service responsive?

Our findings

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

At our last inspection of 2 November 2016, the key question for responsive was rated good. At this inspection of 10 and 13 May 2019, improvements had been made in this key question and it is now rated outstanding. People were receiving a responsive service which supported them to pursue their interests and a rehabilitation service had been opened to support people with their recovery.

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The registered manager in consultation with Sue Ryder national organisation and the local hospital had identified the possibility to respond to the need of people wishing to access a service to support them out of hospital. The service had after considerable research responded to and worked with the hospital to make arrangements for a rehabilitation service which was urgently needed. The rehabilitation service was designed primarily to support people having experienced a stroke to use the service as respite care and part of their recovery journey out of hospital and to return home.
- Part of the service had been redesigned to provide a rehabilitation kitchen which was used to assess people's skills and agree an action plan to support the person develop their skills. One person told us, "This has been marvellous, when I get home I will not be reliant upon my family and can now do so many things again for myself." They further informed us that they thought without this service they would have been in hospital for a very long time, but this service had assisted them in their recovery and would help them to get home and play with the grandchildren.
- As part of the rehabilitation service a care plan was designed with the person and professionals. One professional told us, "We have a great resource here for people to use including the gym and rehabilitation kitchen." One person said, "I have just been put through my paces in the gym on the exercise bike and all is going fine. I draw confidence from having professionals draw up this plan for me as after my illness, I lost confidence." The person further explained that the fact that the hospital bed could be used by someone else was also important to them while they continued in their rehabilitation.
- In October 2018, the rehabilitation service was reviewed with all parties concerned which included feedback from people that had used the service and the agreed view was that it was a successful co-production service and would continue.
- People received exceptionally personalised care and support specific to their needs and preferences. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs recorded. One person told us, "I wanted to be able to clean my own teeth and with the support of the staff I can now do this." This increased their independence and feeling of well-being. Another person informed us that they had a desire to visit Felixstowe and see the sea which had been arranged. Felixstowe held memories for them and seeing the place again was very important to the person, they felt valued by the staff for arranging this for them.
- People told us the staff had outstanding skills and excellent understanding of how to support them. The care

and support plans were reviewed regularly and as necessary with the person and their family if they so wished to take account of any change in needs. This meant that people felt empowered, valued and the staff listened to them.

- People's care was planned with them in a pro-active way. Professionals supporting people at the service informed us the service provided person-centred care. One professional told us, "The staff refer people appropriately to us and we all talk about how we will work together."
- People were supported to participate in meaningful activities. One person informed us about their interest in football and the staff supported them to attend home matches. They had also wanted to attend some very important away matches to support their team. To do this required staff to attend with them and a great deal of planning. This included arranging transport and for important equipment to be taken with the person with regard to supporting their health. In addition staff needed to make arrangements with the clubs involved for the person to be able to access the stadium and further support arranged if so required. This demonstrated that the staff were innovative and enthusiastic about supporting people to be able to pursue their interests that they enjoyed. The impact for the person was that they were able to continue to pursue their hobbies and interest. They had attended matches regularly in the past but this had reduced greatly prior to them joining the service. The support of the staff meant they could now pursue their interest again which had made a real difference to their life.
- Since our last inspection, an activities co-ordinator had commenced in post and led an activities team. They provided a range of adaptable activities suitable for people's needs. They were given the time by the provider to research best practice guidance and liaise with other services in the group, which shared ideas and experiences. Activities provided were reviewed by the people using the service and activities staff to assess their value to people and popularity.
- The activities team met each person when they joined the service to find out about their interests and arrange how they could support them. They were also available to support people with long term and more immediate goals for their psychological needs. One person wished to attend church regularly and this was arranged with them including all the equipment they need for their physical well-being. Another example that we were told about was the support provided for someone to attend a close relatives wedding which they thought they would miss. When the staff heard about it they spent time arranging transport and providing the support needed for the person to attend the wedding. This support had a huge impact upon the person and close relatives as they continued to feel part of their family through attending such an important event.
- The activities team provided group and individual music sessions, film shows and had invested in reality orientation equipment for people to enjoy. The experience could last for up to half an hour and people had enjoyed using the equipment to experience the sensation of the northern lights, balloon rides and a safari. This had an impact upon the quality of people's lives to experience something new and different. The service has shown an innovative approach to using technology for the benefit of people who have been involved in decisions about how it is used.
- The activities team provided a daily letter to people called, 'What's on today'. All people were invited to attend and the programme had been written from consultation with the people at the service. The programme for 9 May 2019 included reminiscence, opportunities to talk about world events, a sale at the service and opportunity for walking. As well as these group activities the staff also arranged for someone to have one to one time with people at the service during the week.
- One person we spoke with told us, "I enjoy getting out for a walk." Another person said, "I am looking forward to seeing the baby chickens and goats next week." Another person told us, "I enjoy the children coming in to sing to us."
- The staff were aware of people's wishes and desires and we learnt that supporting a person to attend a funeral had been done sensitively. Attending was very important for the person with regard to their values and beliefs. The staff showed exceptional empathy and understanding to support the person with the

arrangements. Due to the complex needs of the people living at the service any arrangements to be away from the service for any period time requires the staff to review the persons care with them and make detailed arrangements of how they will be supported while partaking in the activity away from the service.

- As well as producing a pantomime at Christmas the staff with the support of the people living at the service were arranging a performance of Romeo and Juliet on 16 May 2019. All people were welcome to either take part or watch the performance. The activities co-ordinator explained to us how it was important to include all people that wished to take part and appropriate support was provided for people with any communication difficulties to be able to take part in the performance. This had an impact upon people's lives as they could contribute and fulfil their desires to act and perform.

- Staff we spoke with could describe in detail the steps they took to support people, their preferences, life histories and how they liked to receive their care. The impact was that people did not have to repeat themselves and had confidence in the staff that knew them well.

- People told us the service was responsive to their needs and staff went out of their way to assist them with any problems or changes to care and support they might require. One person told us, "We are arranging a trip to visit my relatives." This would enable the person to enjoy the visit and maintain relationships with close family members.

- Person-centred care plans highlighted individual needs and preferences. Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met people's information and communication needs, as required by the Accessible Information Standard. The service staff went the extra mile to support people and this was evident when we inspected by the positive, pleasant and relaxed atmosphere enjoyed by all people living at the service in their home and the staff.

- One person explained to us how they had arranged an internal football pool prediction game that people using the service and staff could become involved. They explained to us how this was arranged and staff informed us the interest this had created in the service to compare how their predictions were performing against other people. This meant the person was using their skills and supported the close working and social relationships at the service.

- Relative's told us that the staff knew people well and provided them with interests and activities that recognised people's individual needs. One relative said, "They have really developed the activities in recent months."

- People were also supported with activities in the community. People went on trips to the local town to visit restaurants, bowling, horse racing and join tours of the local area, including one about the witchfinder general. One person was extremely pleased that not only had they been supported to play bingo but had been supported by the staff to attend the very important person bingo session. This meant they had a meal and drinks when they attended and met celebrities and the bingo caller. This turned a night out into a very special occasion for the person.

- Care and support were provided in a flexible way that was regularly reviewed to meet the needs of each person. For example, the residents committee had, with the registered manager, discussed the times that exercise classes were to be provided during the day and the change duly made. This meant the service understand the needs of different people and delivers care and support in a way that meets these needs promotes equality.

- The registered manager produced a monthly newsletter which kept people informed about the service with information in the May 2019 edition that a new electronic care planning and record system was being introduced. Information also included new staff joining the service, events that were planned, discussing a recent survey of results and how people could contribute and become involved with various activities.

- The service continued to develop the role of the key worker and each person using the service was assigned a key worker. The role of the key worker was to have regular meetings with the person and to listen to their views and try to resolve any difficulties. The role also included attending appointments with the person outside of the service, liaise with family and friends and arrange to purchase essential items and

family birthday cards and presents.

- Alongside the key worker the service also appointed, within 24 hours of the person joining the service, a named nurse for the person and ensured that relatives and friends with the person's permission were made aware. The role of the named nurse, as well as being a contact for people, was also to oversee the nursing care of the person and liaise with the key worker.

Improving care quality in response to complaints or concerns

- The service had a policy and arrangements in place to deal with complaints. These provided detailed information on the action people could take if they were not satisfied with the service being provided.
- The registered manager and staff regularly engaged with people and their families so that any concerns could be addressed quickly. When matters could not be quickly resolved a complaint had been recorded and the registered manager investigated and followed the laid down procedure through to arrive at an outcome.

End of life care and support

- People were supported to make decisions and make plans about their preferences for end of life care. Relatives were involved with people's permission. The staff helped people to plan a dignified death.
- People were supported to remain at the service, in familiar surroundings, supported by staff who knew them well. The service had worked with the hospice staff and general practitioners to be able when possible and in agreement with the person to support them in their own home rather than being admitted to the hospice.
- The service had appointed as part of their development and to support people at the service a link nurse for end of life care. The staff member had achieved a level two certificate in end of life care and gold standard framework accreditation training and this enabled the link nurse to support colleagues and pass on their knowledge. This has been supplemented by training at the hospice with regard to symptom management and syringe driver training and also built up links between the staff of the organisations.
- The impact upon people using the service has been of benefit as the staff have been able to call upon further advice and support of the hospice staff when needed. People have passed away in their own home which has been their wish rather than being moved to another service. Doctors and nurses from the hospice visit people at the service to advise of the care to be provided as requested.

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 our last inspection of 2 November 2016, we rated this key question as outstanding. At this inspection we have continued to rate this key question as outstanding.

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People continued to benefit from an exceptionally well-led service. Care and support were tailored to meet people's needs and to ensure flexibility, choice and continuity of care. All feedback we received about the service was extremely positive and people were confident any concerns would be acted upon.
- The cohesive management team continued to demonstrate outstanding, strong values with a desire to learn about and implement best practice throughout the service. The service continued to provide enough and sufficient skill mix of staff to support people to meet their individual needs.
- The service had a 'Philosophy of Care' and the values that underpinned this were demonstrated by staff and the outcomes people received. Emphasis was placed on people consistently being involved in decision making about their care.
- All the staff we spoke with demonstrated a commitment to delivering person-centred care and supporting individuals to reach their full potential. The staff told us they enjoyed working to support people using the service for rehabilitation while also supporting people with long-term care needs.
- Regular staff meetings were held, and this was an opportunity to discuss any issues or incidents in order to reflect and improve the service. Staff informed us that the senior managers were supportive of them. One staff member told us, "The manager always responds and helps."
- The staff had recognised a need to support people out of hospital, but not yet ready to return home and to use the facilities of the service for their rehabilitation.
- The service had an on-call system in operation staffed by an experienced senior member of staff to support the staff on duty and for the smooth running of the service. One member of staff told us, "I find the on-call service very helpful and nobody has ever minded me using it, so that gives you confidence to call and check anything out."
- Relatives of people using the service informed us that they were always welcomed to the service and found the staff supportive. One relative told us, "I cannot find a fault with them to be honest."
- We observed a staff team that were highly motivated and overwhelmingly positive about the work they did. One member of staff told us, "It is quite simple really why I like working here, we can help people."
- The service went above and beyond to ensure that they provided a person-centred service. People's life history and how support could be provided with regard to complex circumstances were planned and reviewed.
- Further staff training has been arranged by the registered manager and link nurse called 'What Matters to

Me'. The registered manager described this to us as a human rights approach to end of life care training. The service had accessed a grant and with The British Institution of Human rights (BIHR) had agreed to co-produce and distribute an innovative and practical resource for practitioners caring for people at the end of their lives focussing upon a human rights approach to end of life and palliative care.

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

- Governance was well-embedded into the running of the service with staff recognising their were leaders in post developing the service.
- The registered manager told us, "I have been able with support of the senior staff to put together a committed team of staff and hence we have been able to develop clear roles for staff."
- Staff were aware of the service values and were pleased to work at the service. One staff member told us, "This is not my first time in care but I am happier here than anywhere else. We are busy sometimes and work hard but the managers support us and we help people."
- The staff team's passion was evident throughout the inspection and people using the service trusted the staff and made positive comments about them. One person told us, "I was so ill once I did not think I would leave here, but I will be sad to go in some ways. I cannot let the staff down and fail now as they have been so good to me."
- Staff talked to us about the supervision and training they had received and how it had helped them to provide support to the people using the service. One staff member said, "You do not have to worry about arranging or having enough training, all that is arranged for you."
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
- Senior staff of the organisation visited the service to support the registered manager. The registered manager told us that support was available to them from the provider.
- The service continued to have robust quality assurance processes that were reviewed and updated to ensure monitoring of the service provided, was thorough and effective.

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

- The manager had recognised the need to develop the activities available to people at the service and had achieved an innovative and responsive activities programme based around person-centred needs.
- There was a residents committee meeting at least every three months and staff were invited to discuss the running of the service, resolve any difficulties and plan events.
- People's individual life choices and preferences were consistently met. The registered manager and staff team were highly skilled and clear about how they met people's human rights. People and families were involved in planning care and support and the registered manager regularly spoke to people and involved them in decisions about the service.
- The registered manager sought feedback from people living at the service, their families and representatives, external professionals and staff. Comments showed extremely high levels of satisfaction from relatives of people using the service, staff and external professionals. The senior staff listened to the views expressed and reported back upon the progress they had made upon the views expressed once plans had been formulated and implemented.

Continuous learning and improving care

- The service had suitable arrangements in place for the development of the service and to support the staff. Management meeting were arranged and there were opportunities for staff to contribute and also for the senior staff to focus upon any lessons to be learnt.

- The staff were valued by the organisation and focused on their wellbeing. The registered manager was flexible about the hours people worked to support them. Staff informed us they felt able to put forward suggestions for the running of the service and these were always considered.

Working in partnership with others

- The registered manager told us that they worked collaboratively with external health professionals. The local GP visited the service each week as part of an arrangement to review and monitor the health needs of people living in the home.
- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. The service had recognised the need to support people out of hospital in need of a rehabilitation service while not ready to return and in need of 24-hour observation. The service had developed the rehabilitation service which was seen by other services as an important part of joint working to support people.