

Liversage Trust Charity

Liversage Court Residential Home

Inspection report

Liversage Place
Derby
Derbyshire
DE1 2TL

Tel: 01332291241

Date of inspection visit:
19 December 2018
21 December 2018

Date of publication:
16 April 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Liversage Court Residential Home is a residential care home that provides personal care to 40 people aged 65 and over. At the time of the inspection there were 38 people living there. The service is run by a long-established charity in Derby which supports people who struggle to afford the cost of living by providing affordable housing and assisted living.

People's experience of using this service:

People living at Liversage Court Residential Home received a good service. People told us how happy they were there, and how the service met their individual and diverse needs.

Staff were very positive about their work, and demonstrated the values of respect and dignity in care throughout the inspection. They understood how to keep people safe whilst promoting independence.

People were supported to lead the lives they wished, and were involved in decisions about all aspects of their care. They enjoyed a wide range of activities both in the service and out in their local community. Staff clearly respected each person as an individual, supporting them with kindness and good-humour.

The leadership of the service was good, and promoted a culture of high quality care and continuous improvements. The governance of the service was well organised, and all aspects of the service were checked regularly to ensure standards remained high.

More information is in our full report.

Rating at last inspection:

At our last inspection the service was rated Good. The inspection report was published on 17 May 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Liversage Court Residential 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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Inspection team:

The inspection visit was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of our inspection was carried out by one inspector.

Notice of inspection:

This was a comprehensive inspection and took place on 19 and 21 December 2018. The first day was unannounced.

What we did:

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Derby, who are an independent organisation that represents people using health and social care services. We also sought the views of external health and social care staff, and commissioners from the local authority. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also

undertake monitoring of the quality of services.

Not all of the people living at the service were able to fully express their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection visit we spoke with six people who used the service, six relatives, five care staff, and two staff involved in housekeeping and maintenance. We also spoke with the deputy manager and registered manager. We looked at a range of records related to how the service was managed. These included three people's care records and we looked at how medicines were managed for four people. We also looked at three staff recruitment and training files, and the provider's quality auditing system.

We asked the provider to send us a Provider Information Return (PIR), and they did. This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. During the inspection visit we asked the registered manager to send us additional evidence about how the service was managed, and they did this.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt the personal care they received was safe. They understood staff were responsible for keeping them safe, and felt staff did this well.
- Staff received training in safeguarding, and felt confident to raise concerns. One staff member said, "If I had any concerns, I'd tell my manager, or contact the local authority or CQC. I feel if I had any concerns, I would be listened to."
- The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these. Systems to monitor safeguarding concerns worked to manage risks to people.
- The registered manager and deputy manager openly reported any allegations or abuse to the local authority safeguarding team, and notified CQC about this.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with health conditions documented. These were reviewed regularly, and updated. For example, one person was assessed as being at risk of falls. They had four falls in 2018. After each fall, staff reviewed their risk assessment and falls care plan with them. We could see where action was taken to provide the person with an alarm pendant. This meant the person was still able to access all areas of the service themselves, but could alert staff to support them if needed.
- The service used the NHS "red bag" scheme. When a resident becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the resident's standardised paperwork and their medication, as well as day-of-discharge clothes and other personal items. This meant key information about people's needs was shared with health professionals when people went into hospital.
- Risks associated with the service environment were assessed and mitigated. Maintenance staff had a clear system in place for regular checks on all aspects of the environment. This included water temperature and legionella checks, checks on equipment such as hoists and slings, and fire safety systems. During our inspection, an external professional was checking hot water temperature valves to ensure people were not at risk of scalding. They said the registered manager responded quickly to resolve any issues raised.
- An external health professional confirmed the registered manager and deputy manager received face to face training in risk assessment and the legal responsibilities associated with managing risk.
- There were clear plans in place to guide staff in what to do in an emergency. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP). These had up to date information about people's mobility and support needs. Each person also had this information kept on the back of their bedroom door, and a colour code on the door showing what level of support they needed. This meant staff and emergency services would quickly know how to support people safely.

Staffing and recruitment

- There were enough staff to keep people safe. People and relatives felt there were generally enough staff to

meet their needs. Two people said there were sometimes not enough staff at mealtimes. The registered manager was aware of this, and was recruiting more staff.

- The registered manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included obtaining employment and character references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. This ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People received their prescribed medicines safely. One relative said, "They only take one tablet, but staff make sure they take them."
- Staff received training about managing medicines safely and had their competency assessed. Staff we spoke with were knowledgeable about people's medicines.
- We saw people being given their medicines at lunchtime. This was done calmly and efficiently, and staff took time to check with people that they understood what medication they were offered.
- Records relating to people's medicines were clear with no gaps in recording. Each person's medicines records had key information about allergies and how people liked to be given their medicines.
- A health professional had written to the registered manager following a visit to the service. They said the staff member responsible for medicines management was very knowledgeable, and the medicines room and system for managing them was a good example of best practice in a residential home.
- Audits were carried out to check that medicines were given as prescribed.
- Staff told us and evidence showed medicines were documented, administered and disposed of in accordance with current guidance and legislation.

Preventing and controlling infection

- People were protected from the risk of infections. The service was kept clean, which minimised the risk of people acquiring an infection.
- Staff described and understood infection control procedures, and we saw they followed these, using personal protective equipment when required.
- Staff carried out a range of regular tasks to ensure the service was clean. This included cleaning activity in all parts of the service, for example, in food preparation areas, communal areas and in people's own bedrooms.
- The registered manager carried out checks in relation to cleanliness and infection prevention and control to ensure this was effective. This ensured the risks associated with infections were minimised, and the premises were clean.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents. This included new sensor equipment in bedrooms to alert staff when people got up at night. Staff said they would then go and offer assistance, and this had reduced falls in the service.

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

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

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of developing pressure ulcers or at risk of malnutrition. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans. Staff also had access to current information about a range of health conditions to ensure they were providing the right care.

Staff support: induction, training, skills and experience

- People and relatives spoke positively about the staff's skills and training. They felt staff got the right training to meet their needs.
- Staff we spoke with demonstrated good knowledge of people's needs, and said they had enough time to regularly read people's care plans.
- Staff described the induction they had, and said it was detailed and thorough. One staff member described their induction and training as, "Practical and in-depth – really good." This included shadowing more experienced staff and being introduced to people before providing care and support. A member of staff who worked on night shift said they had done part of their induction during the day so they could spend time getting to know people better.
- Staff told us they had regular supervision, where they could get feedback on their performance and discuss training needs. Staff also said they had spot-checks on their skills to ensure they provided consistently good care. Records we looked at supported this.
- The registered manager ensured staff training was updated regularly, and the provider had a proactive approach to staff learning new skills that would benefit people living at the service.

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

- People were supported and encouraged to have a varied diet that gave them sufficient to eat and drink. People told us the quality and variety of the food was good. Two people said they would prefer more variety for their evening meal. People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or special diets, for example, fortified diets or appropriately textured food and thickened drinks. Staff said they were currently trying new sample dishes, so that people could make informed choices about their meal options.
- People who were at risk of not having enough food or drinks were assessed and monitored, and where

appropriate, advice was sought from external health professionals.

- Staff said, "We have an ethos of fresh food." The registered manager said, "We have a policy of not skimping on food. There are regular roast dinner and cooked breakfast options." They also confirmed they had worked with an external health professional to review the menu plans to ensure a good variety of nutritious meals and snacks. We saw evidence of this, and evidence staff had worked with people to plan the menu and snack choices.

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

- Staff told us they had regular contact with health and social care professionals to discuss people's care. For example, one staff member described how they gathered information about one person's diet and mealtime experiences. They then shared this with a speech and language therapist as part of the person's assessment for eating and drinking.
- Care records showed staff regularly contacted health professionals for advice if they were concerned about people's well-being.
- A health professional described their contact with staff as good, saying the registered manager and staff had people's well-being as their highest priority. Other feedback from health and social care professionals showed they were happy with the level of communication and quality of care provided.

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

- People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised.
- The service had clear signs around the building to help people orientate themselves. There were also adaptations for people with mobility needs. For example, handrails in corridors and bathrooms, and lots of seating areas for people who might need regular breaks when walking round the building.
- All the bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care, and promoted independence in bathing and showering.
- People had access to a garden area which was designed to give easy access to people using walking aids or wheelchairs.
- During our inspection, all the communal areas of the service were decorated for Christmas, and people told us they were involved in choosing decorations and helping put them up.
- The provider had taken steps to ensure the environment was suitable for people's needs.

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

- People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, dentist or optician whenever they needed to. Records we looked at confirmed this.
- Staff we spoke with were familiar with people's health needs, as identified in their care records. Care plans detailed what people's health needs were, and said what staff should do to help people maintain their health.
- Staff shared information with each other during the day about people's daily needs. Staff also kept daily notes regarding health concerns for people and action taken. This enabled them to monitor people's health and ensure they accessed health and social care services when required.

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 and relatives said staff gained permission before offering personal care. Staff understood the principles of the MCA, including how to support people to make their own decisions.
- 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. The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people.

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

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

Ensuring people are well treated and supported; equality and diversity

- People spoke very positively about the staff who supported them. People also commented on how well staff knew them, and supported them in the ways they preferred. One relative said staff took time to listen to their family member; "They [staff] always talk with my family member and me."
- One staff member described how they spent time with people who were new to the home. They said, "I like to chat with them and find out about interests, hobbies, the past, and important relationships. People need this time to help them settle and adjust to coming in to care." The same staff member said, "People are still so important and we need to show and tell them this daily."
- Throughout our inspection, we saw staff took time to spend with people. Whether this was chatting or doing an activity, there was lots of laughter and good-humoured conversations between people and staff. We saw one person and two staff wrapping Christmas presents. There was a festive air between them all, and staff were encouraging the person to reminisce about their childhood experiences of the festive season. The registered manager said they ensured every person had presents at Christmas, and we saw boxes of individually selected gifts that had been bought with each person in mind.
- The service had a visiting hairdressing service, and the provider paid for people to have their hair done every three weeks. They also paid for people to have a chiropody appointment monthly. The registered manager said personal appearance was important to many people and this helped people feel good about themselves.
- The service had a resident cat and birds. We saw people spend time with both, and talking with staff about pets they used to have. We saw one person respond positively to staff asking them about animals, and chatted happily about this.
- People, relatives and staff were encouraged to remember those who were important to them. For example, at Christmas, the service had a Christmas memory tree. We saw people being asked if they wanted to write special messages to family and friends to go on the tree. The service also had a reflection corner, where people could put photos or items of memorable times and people. This often included people and staff who were no longer at the home. Staff said that people could reminisce if they wished, and this promoted a feeling that everyone was important, and not forgotten once they left the service.

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

- People said they felt involved in making decisions about their care. As well as regular reviews with people and relatives about care, each person also had a link worker. This staff member's role was to ensure they had everything they needed, and to make sure people were supported to express their views about the care they received. In a recent resident's meeting, one person had commented, "I have everything in my life I ever need. Between you [staff] and my family they do everything I need."
- Information about advocacy services was displayed in the service and we saw advocates had been

involved in supporting people to make decisions about their care and life choices. This meant people were supported to understand their rights.

Respecting and promoting people's privacy, dignity and independence

- People said staff always treated them with respect. Three people commented on how staff always respected their privacy by knocking on their door before entering, and ensured intimate personal care was done with dignity.
- Staff had a good understanding of dignity in care, and had training in this. One staff member said, "I treat people as you'd want to be treated yourself." Another staff member said it was important to promote people's independence. They commented, "Why put a person in a wheelchair? If they can walk slowly, I will help them do this. Why take away their independence?"
- Relatives told us they were encouraged to visit, and there were no restrictions on visiting times. The service had several kitchenettes, and people, relatives and other visitors were encouraged to make drinks and snacks there. A health professional commented that this facility made all the difference and encouraged an inclusive "family" feel to the service.
- Staff respected people's right to confidentiality. Staff understood when it was appropriate to share information about people's care. We saw staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. Records relating to people's care were stored securely, as were records relating to the management of the service.

Is the service responsive?

Our findings

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

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

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

- People were regularly asked for their views about their care. Relatives were also involved in reviewing family members' care with them. One relative said their family member's quality of life had improved since moving to the service. They said, "Their care and hygiene is personalised, and they have started to wear make-up again and have their hair done regularly. They can do what they want, and join in with other activities which keeps their mind active. Thank you for changing their life and allowing them to live again." Records showed the provider was proactive in working with people and their families to frequently check that their care was tailored to suit their wishes.
- The provider's recent survey showed that visiting health and social care professionals felt the service had a focus on exceptionally person-centred care, and provided a service that reflected people's individual needs and preferences.
- People's care plans were detailed, containing information about how they liked to be supported, their daily routines and preferences. For example, one person's care records had a step by step guide to their morning routine, when they liked to get up, what they could do themselves, and what they needed support with. Care planning with people was holistic, and looked at people's goals, abilities, and how they wished to manage their health. The service also ensured that care planning included people's social and emotional needs, and people's staff preferences for their personal care. Staff we spoke with demonstrated good knowledge of the different ways people like to be cared for. People's care was reviewed regularly with them, and their care plans were updated to reflect any changing needs. This showed the service was responsive and flexible to meet people's changing needs, and people received personal care and support from the staff of their choice.
- People spoke very positively about the support they had to take part in activities. They told us about, and we saw evidence, of a range of group and individual activities throughout the week. These were activities people told us they chose, and evidence in records confirmed people were supported to pick activities that they enjoyed and helped them to remain active. People also said they were encouraged to go out with staff or relatives. One person told us about their regular trips into town. Another person told us about their recent theatre trip, which they really enjoyed. Staff told us, and records confirmed, that people were supported to go to the cinema, theatre, and other events that were made accessible for people with dementia and other disabilities. This meant people were empowered and supported to have control and independence as much as possible.
- People were encouraged to do domestic activities if this was still important to them. For example, we saw one person liked to wipe down tables after meals, and another person enjoyed folding napkins. Staff made sure to tell people how much they valued their contribution to domestic activities, as it gave people confidence and a sense of purpose. One staff member said, "I try to make sure people's past lives isn't 'past' but is still now, in their home here." Not everyone we spoke with wanted to take part in domestic activities, but those who did were supported to do so. This meant people were able to continue with daily routines that were important to them and gave them a sense of purpose.

- People were supported to practice their faith if this was important to them. Staff spoke with people about any needs associated with faith or culture. This was documented in care records, and we saw evidence that people were supported with these needs. For example, where people had a diet associated with their faith or culture, the provider worked with them to ensure they had this.
- The provider had a proactive approach to ensuring people maintained links with their local community. For example, students for a local college did placements at the service. The students confirmed they were in addition to the regular staff levels, and did not provide intimate personal care. They said they supported people with activities, meals and social occasions, and enjoyed the opportunity to learn about care work. One person with a hearing impairment was supported by a student to be more confident in using sign language to communicate. This led to staff accessing training in sign language, and resulted in the person being more able to communicate and participate in daily life at the service.
- The provider also managed several houses next door where people lived independently. These neighbours were invited to the service for events, and also to spend time with their friends living at Liversage Court. The service also regularly held events where relatives and the local school were encouraged to attend. For example, the service had recently held an event to switch on their Christmas lights, and the local school children visited several times to sing carols with people. The registered manager confirmed that they and the provider were always looking for opportunities for people to participate in local events, as it was important for people to retain their sense of place in their community.
- The service had lots of information about local amenities, encouraging staff and relatives to support people to access them. There were also photographs of people and staff doing lots of different activities. Staff told us it was important for people to be reminded of the activities they enjoyed. Staff used the photographs to prompt conversations with people, and explore future activities they might like. Relatives confirmed this information was also helpful for them when planning to go out with people.
- The service embraced the use of technology to help people retain their independence. The registered manager showed us the provider had recently installed a more responsive alert system in bedrooms, which had led to a reduction in falls. Staff confirmed people were supported to use Skype to keep in contact with relatives, and several people enjoyed internet access. One person used voice controlled technology to help them recall dates and information they wanted to remember. The provider had recently purchased more voice controlled technology which enabled people to keep up to date with weather and news. This technology also meant people could ask for the music they liked, and staff could respond quickly to requests for entertainment from people. A gaming system was used by a number of people to keep active and have fun. The service also had a loop system installed to assist people who had a hearing impairment. This meant, for example, that people could watch television in their rooms at high volume without disturbing others.
- The provider had taken steps to meet the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. There were posters informing people and relatives about accessible communication. The registered manager said they asked people and relatives about their communication needs, and could provide information in various formats. For example, large print, easy read versions and audio information. The provider also ensured staff had the information and support needed in accessible formats to provide care and to study care qualifications.

Improving care quality in response to complaints or concerns

- People were actively encouraged to share their views about the quality of the service, and felt listened to. The provider had a clear system in place to respond to complaints and concerns. The registered manager said their policy was to respond quickly to any small concerns so they did not become larger complaints. The provider had not had any formal complaints since their last inspection, but there was evidence in people's care records to demonstrate the provider responded quickly to any concerns about the quality of care.

- The provider had a variety of ways to get feedback from people, relatives and healthcare professionals about the quality of the service. For example, a survey on the quality of mealtimes was done on 28 November 2018. This was done in response to feedback from a residents meeting, where people had shared their views on food. The registered manager showed us evidence that this, plus the input from a dietician, had informed their new menus. College students on placement at the service were encouraged to give their feedback on care from the perspective of a young person. The manager valued this as it brought a different perspective to looking at quality. Feedback was shared with people, and the provider was open about what action was taken to improve the service. Records of residents and relatives' meetings showed that people felt able to share their praise or concerns, and the provider responded to this to improve the quality of the service.

End of life care and support

- No-one was receiving care at the end of their lives at the time of our inspection. However, we looked at how end of life care was planned. People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.
- Feedback we saw from relatives whose family members had received care at the end of their lives was overwhelmingly positive. One relative said, "Words cannot express our happiness at the way you all treated [my family member]. The way you all nursed them in their own room until the end was absolutely amazing. They could not have had better care anywhere else."
- Staff said they tried to attend people's funerals, and we saw relatives had chosen to hold a wake at the service for a person who had recently died. The registered manager confirmed this, saying this was the person's home, so relatives and friends should have the opportunity to hold the wake here. A health professional confirmed that staff regularly attended people's funerals, and they did this on their own initiative because they wanted to show respect to people they cared for.

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

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

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

- People and relatives felt the service was very well-led. They knew who the registered manager was and said they were extremely approachable. Relatives had written to the service with praise for the leadership of staff. One relative wrote, "You [the registered manager] really are a first-class manager, always approachable and willing to support. We always felt welcomed and trusted that [my family member] was safe in your care." Another relative wrote, "As a manager you were always approachable helpful, caring, and a great support."
- Staff felt supported in their work, and there was a positive team attitude. One staff member said, "Managers are not afraid to do hands-on work. I feel like I matter as a staff member. We work well as a team. It's their [peoples'] home, and the ethos is to be flexible. I'd be happy for my relatives to live here." Another staff member said, "Love it – I love my job." Staff we spoke with were motivated and proud to work for the service.
- Where staff had specific needs in relation to their roles, the provider ensured they were supported. For example, staff meeting minutes were provided on different coloured paper to assist staff who had dyslexia.
- The registered manager said they did a walk round the service each morning to greet people and staff, and to check there were no issues that needed resolving. They said, "It's important to notice people and staff, and respect them. You know when someone's not their usual self, and you can then do something about it."
- There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care during extreme circumstances. For example, if there was a fire or flood. This was available in the main office, and staff confirmed they knew where it was, and what their responsibilities were.

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

- The registered manager and deputy manager clearly understood their roles and responsibilities. They worked together as a team, and recognised that they both had different qualities and strengths to bring to managing the service. Staff clearly understood their roles, and were supported by the provider to keep up to date with best practice in care guidance.
- A health professional told us the registered manager welcomed extra input to ensure the service and the well-being of residents was the highest priority. Another professional commented that this was the best residential home in Derby (in their opinion). A third professional gave very positive feedback on all aspects of the service, and said they would be happy to have a family member live there.
- The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on the building environment,

equipment, and fire and falls safety systems.

- There was a monthly plan arising from audits to show what action was required and who was going to do it. For example, Staff were developing a "This is Me" document to provide a concise two-page summary of people's key needs and preferences for care. This would also be used as part of the Red Bag scheme to ensure hospital staff had essential information about people.
- The service had an external quality audit from the local authority in August 2018 with positive feedback. This noted, "The home is very proactive in ensuring they listen to residents and family on where the home can improve. Suggestions are also listened to from any person visiting the home."
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as is the legal requirement.

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

- People, relatives and staff felt involved in the development of the service. The service had regular meetings for people and relatives, and records showed these were well attended. The provider used the meetings to request feedback from people on a variety of things, including the quality of meals, décor and cleanliness of the service, and activities and events. For example, people had commented on disliking plastic water beakers. We saw the provider had addressed this by providing glass tumblers as people requested. People were also involved in a monthly 'resident's committee' where they discussed ideas for improving the service with staff. The registered manager and provider had an open and responsive approach to all comments and criticism of the service, and saw this as an opportunity to continually improve the quality of care.
- One person told us there was a lightweight vacuum cleaner available for them to use in their room if they wished. We spoke with housekeeping staff, who showed us the vacuums. They said these were available to anyone who wished to use them, and their design meant they were easy to use and did not have any trailing cables to present a trip hazard. They also said people were not expected to use them, but they were helpful for people who wanted to maintain their independence. Accessible kitchen facilities were available for people and all visitors. The registered manager confirmed people were encouraged to use these to maintain their independence, and to promote the fact that, "This is their home, so using the kitchen is something we expect people to keep doing if they wish."
- Staff said they felt able to make suggestions for developing the service. For example, one staff member spoke about how they developed links with local theatres to ensure people could access dementia friendly performances. Another member of staff spoke about working with one person to produce handmade cards for special occasions for others in the service. We saw evidence of this work, which was something the person had said they enjoyed doing. People were invited to be involved in meeting and speaking with prospective staff. The registered manager then sought people's feedback as part of the interview process and used this to help make decisions about employing new staff.
- The provider had a proactive approach to involving the local community in the life of the service. For example, the provider had recently revamped their brand logo and associated products and information. They held an event to celebrate this, and invited relatives, friends, neighbours and local dignitaries. People and staff told us the day was a good opportunity to celebrate the good quality care. One person said, "I'm more than proud to live here – I came on its reputation." The provider also had strong links with a local primary school, whose pupils visited regularly for events and social occasions. People told us they liked when children visited the service, as they could spend time singing, chatting or doing craft activities together.

Continuous learning and improving care

- The service had a strong ethos of continually improving the quality of care for people, and to promote on-going learning and development for staff. Staff were encouraged to access a range of resources to build on their knowledge of people's care needs. For example, information and evidence based practice from the

Dementia Services Development Centre at the University of Stirling was used to improve the environment for people with dementia.

- Staff said they had taken part in training to become Dignity Champions. This is promoted by the National Dignity Council to raise the focus on providing care that keeps people's dignity at the centre of their care. Staff demonstrated throughout the inspection that they upheld key values of dignity in care by providing support that was individualised, promoted independence, and treated people as partners in their care.
- The registered manager and deputy manager attended a local forum for managers to help keep up to date with issues affecting care homes, and hosted this forum at the service. They said they wanted to help develop the forum to promote continuous improvements in care and to share ideas about best practice. This has resulted in an agreement about sharing transport between several providers, which will increase opportunities for people to go out. They also attended various professional development opportunities and events to gather information about new developments in care.
- The provider had an on-going plan to improve the service environment. For example, they had just obtained planning permission for a new conservatory, to increase the amount of space for people to use. This new area had been designed to provide a safe environment for people with mobility needs, and for people living with dementia. The provider was proposing to increase staffing levels. This will enable senior care staff to make improvements to reviewing people's care with them. The provider was also working with their local pharmacy to improve how medicines were managed. The registered manager said they hoped this would enable people to be more in control of managing their medicines if they wished, and would promote independence.

Working in partnership with others

- Staff at the service were confident to liaise with other organisations in Derby to ensure people received a high-quality service. We saw staff making phone calls to GP services as they had identified two people who needed medical advice and treatment. A staff member described how they had identified a person at risk of developing pressure sores, so they liaised with healthcare professionals to get the person assessed for specialist seating. Records we looked at supported this.
- A health professional confirmed staff and the registered manager worked well with them, and said staff were willing to help and always trying to improve the service. Another health professional commented on how well the staff worked with them to ensure they had all the relevant information they needed to improve people's health and well-being.