

Berkley Care (Badminton) Limited

Badminton Place

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

Badminton Place is a care home providing personal and nursing care for up to 73 people. At the time of the inspection there were 21 people living at the home. Since operating a further 92 people had been cared for by the home for various reasons. This included permanent care, respite care, reablement, end of life care and short stay. The home was purpose built in 2020. There were communal lounges, dining areas, cinema, hair salon and therapy rooms. People had access to garden areas. All rooms on the ground floor had patio doors with a terrace. The first and second floor had direct access to outside space with balconies.

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

People who lived at Badminton Place received excellent care from a passionate and dedicated staff team. Staff valued people and their life experiences, and they knew people extremely well. They provided care that was exceptionally individual to each person including their likes, dislikes and preferences.

People and relatives told us staff were extremely caring. Staff did all they could to promote people's independence and we saw examples of this. Staff supported people and their relatives to be involved with decisions relating to their care. People's privacy and dignity was upheld through the approaches taken by staff as well as in relation to the environment.

People had access to a wide range of activities which enabled them to live fulfilled and active lives. There were numerous examples of staff's endeavour to provide meaningful experiences and lasting happy memories. There were examples where staff had done their utmost to ensure people were able to fulfil their wishes.

People receiving end of life care experienced a comfortable, dignified and pain-free death. Staff had received specific training to help them meet the needs of people and their families. Staff provided emotional support and practical assistance needed at the end of the person's life. Staff told us they were supported by the management team who showed empathy and understanding.

The home was exceptionally well-led by a management team determined and driven to deliver an outstanding service, to lead by example, and who were fully committed to quality and placing people at the heart of everything they did. The whole home approach was evident and enabled staff to develop skills transferrable to other roles/duties. There was a clear sense of teamwork in the home. The provider had systems in place to monitor and improve the quality of the home including high quality communications sharing good practice and achievement across the organisation.

Staff involved in the inspection demonstrated a genuine passion for the roles they performed and their individual responsibilities. Visions for people and plans for the future were understood and shared across the staff team. They embraced new initiatives with the support of the registered manager and colleagues.

They continued to look at the needs of people who used the service and ways to make positive changes.

Risks to people's safety and well-being were managed through an effective risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to meet their nutritional needs and they complimented the food at the home. People had a pleasant, well-presented dining experience which offered a variety of appetising food choices available at times that suited their preferences. Staff supported people to maintain food and fluid intake, including, a continuous supply of snacks, and making people hot drinks to help them relax and maintain their comfort.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied.

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

Rating at last inspection

The home was registered with us on 29 October 2020. It was previously registered in August 2020 but this had a change to the limited company's name.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Badminton Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector at the home and an Expert by Experience who made calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Badminton Place is a nursing home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home 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 announced. We gave 24 hours' notice to ensure the registered manager was available.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the home since they registered with us. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the four people, nine relatives, the registered manager, deputy, registered nurse and five staff. We attempted to call a further five relatives. We observed staff practices and how they interacted with people. We reviewed a range of records relating to the management of the home. This included people's care records, training records and staff recruitment records. We considered all this information to help us to make a judgement about the home.

After the inspection

We carried out a video call meeting with the registered manager. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to protect people from the risk of abuse or unsafe care. Staff were trained in safeguarding procedures and knew what action to take.
- People appeared comfortable in the presence of staff. Relatives said their family members were safe at the home. Their comments included, "Very much so, yes. There are sensors in the room because they fall and they were not safe at home. The staff are amazing" and "Oh gosh yes, very safe. I trust them. They are in safe hands".
- The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may have constituted abuse occurred. Agencies they notified included the local authority, CQC and the police.

Assessing risk, safety monitoring and management

- The provider had systems to assess and manage risks to people's safety. Risk assessments and care plans provided guidance to staff about how to support each person safely with their individual needs.
- Staff understood risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, maintaining skin integrity, difficulty with swallowing and potential choking risks. People's records provided staff with detailed information about these risks and the action staff should take to reduce them.
- One person living at the home had a lifelong illness. They had full capacity and were supported to take positive risks. One of the positive risks they were supported with was with driving a vehicle. To support the person the maintenance staff member completed vehicles checks for them. Another positive risk included going out independently. COVID-19 risk assessments had been implemented to support them to stay safe whilst out.
- One person living at the home was worried about falling in their bathroom. They were independently mobile and liked their toiletries in certain places to enable them to reach these safely whilst showering. As part of the person's risk assessment the staff drew pictures of exactly where these should be. They ensured all housekeeping staff had the pictures to hand whilst cleaning to ensure the items remained in the same places. Their room was also cleaned at a specific time daily to help reassure them.
- Some staff were trained falls champions. They helped to put in place fall prevention strategies for people and monitored equipment.

Staffing and recruitment

- Recruitment procedures were robust to ensure staff were suitably checked before being employed. The COVID-19 vaccination status of staff was checked as part of the recruitment process.

- Staffing levels were maintained to ensure consistent support for people. Staff told us, "Staffing levels are ok at the home. We are lower on residents, but the management team have kept up the levels" and "I think we have enough staff. We only have one floor open. I know the registered manager is recruiting because they want to open up another floor. The team are really good at covering shifts amongst ourselves".
- People we spoke with told us, "Staffing seems good here. My call bell is answered quite quickly" and "I like to know who is on duty each shift. We seem to have good staffing levels. I have no complaints".

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. People told us they received their medicines when they needed them. We observed one person ask staff for pain relief as they felt unwell. Staff responded in a prompt manner and administered their medicines.
- The home used an electronic medicines management system. Medicine Administration Records (MAR) were therefore electronic. The records we checked showed that medicines were administered correctly and recorded the total of each medicine in stock.
- The provider had procedures in place to ensure medicines were stored and managed appropriately. Staff who administered medicines had been specifically trained to do so and the registered manager completed regular competency checks to ensure procedures were followed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was following guidance in relation to visiting at the home. At the time of the inspection the home was open to visitors. People's relatives and significant others were given the option to become an essential care giver. This meant they would be still able to visit if the home experienced an outbreak. The registered manager told us that in the event of an outbreak the home still facilitated end of life care visits when people were unwell.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- There was a learning culture at the home. The registered manager was keen to learn lessons when things went wrong and was responsive to feedback. Any concerns or shortfalls were quickly investigated, and action taken to address the concerns.
- The registered manager used staff meetings, handovers and supervisions to update staff and discuss learning and share ideas.
- The registered manager monitored accidents and incidents in the home. They looked at trends and used a holistic approach to prevention. This included implementing person-centred strategies such as doll therapy and one to one support.
- One person experienced a number of falls which related to the time the person had an infection. The registered manager identified this whilst looking at trends. They spoke to a medical professional who started the person on a daily dose of antibiotics. This had helped to reduce the number of falls the person experienced.
- The home had a post falls protocol in place. This included close monitoring and observation of the person over a 48-hour period. The protocol had helped the home to escalate concerns regarding a person's wellbeing post fall. They noticed changes in the person's condition and were able to seek emergency medical attention for them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were holistically assessed in line with recognised best practice. Comprehensive assessments of people's physical and mental health care and support needs were completed prior to anyone being admitted to the home. This was to ensure staff could meet their needs effectively. Assessments were used to implement people's overall care plan.
- People, and their relatives where appropriate, were consulted throughout the assessment process and their needs and choices were reviewed on a regular basis or when people's needs had changed.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received training to meet people's needs. Training provided covered a range of topics care staff required and the clinical skills needed for nursing staff. Examples of the training provided to staff included; moving and handling, first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Clinical training provided to nursing staff included; wound care management and hydration.
- The registered manager told us staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers.
- Staff told us they received regular supervision and support from senior staff and the registered manager. One staff member told us, "I receive regular supervision, training and support. The management team are really supportive of me". Another told us, "The managers are passionate in creating training opportunities for us. I have regular supervision, attend staff meetings and handovers".

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

- There was a strong emphasis on the importance of eating and drinking well. Innovative methods had been sought to support those who needed encouragement to eat and drink enough or had difficulty in eating and drinking. The home had worked extensively since they opened to promote and enhance 'Dining with Dignity'. This was a programme whereby the head chef, his team and the registered manager had explored ways of improving the dining experience for those people who required a textured modified diet.
- Training programmes and research had afforded the head chef a wealth of knowledge and initiatives. It was understood amongst staff that eating was a multi-sensory experience and that texture, aroma and flavour as well presentation would impact on how something tasted and as a consequence influenced how much someone ate.
- People's needs were discussed in regular meetings with the head chef so adaptations could be made, for example if people were losing weight, or required a softer diet. The head chef regularly spoke with people

about their meals and adapted menus to suit.

- Softer diets were presented in an appetising way. Snacks, afternoon cakes and fruit were readily available daily. People told us they could have whatever they fancied.
- Smoothies were available for people on request and were made specifically to cater for people's own dietary needs. This included for example, high calorie and low-calorie options.
- If people were at risk of weight loss staff had management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were regularly weighed but this was increased if people were considered at risk. Referrals had been made to specialist advisors when required. This included speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food and fluid intake.
- The home had a fine dining room where people were able to enjoy a meal in private with family and friends. A separate fine-dining menu was available to people to help them enjoy the extra special experience of fine dining.

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

- People were supported by different health and social care professionals. Staff supported people with this as needed. This included hospital appointments and opticians.
- People's needs were regularly discussed and reviewed by the multidisciplinary team. This meant people's health needs were identified quickly and improved liaison with outside health professionals were established.

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

- Badminton Place provided an exceptionally homely environment for people. The home had been designed to provide people with a noteworthy environment whatever their need. For example, there was a high level of attention to detail on all floors. Each floor had lounge areas which were all decorated and furnished to an extremely high standard. Corridors were wide and well lit. Badminton place won an award for the Best Architecture, Interior Design of Communal Spaces in 2021.
- The provider sought specialist advice from a university when building the home. This was regarding the signage used in the environment and the setting up of the first-floor dementia unit.
- The home contained a number of other facilities which people could use. This included a gym, hair salon, spa room, barbers, cinema, resident kitchen, bar bistro and fine dining room.
- The entrance had a reception area which was staffed throughout the day. There was a bar bistro area where people and visitors could access hot and cold drinks with pastries and cakes. Alcoholic drinks were also served to people. We observed the bar bistro was a sociable area where people met with others. Staff offered people drinks as they arrived to sit in this area of the home.
- All rooms at the home came with telephones. Staff assisted people to store contact details in the phones of people that were important to them. This made it easier for people to contact loved ones and helped maintain their independence.
- There were garden areas designed to be assessable for people with support needs. There was a large seated patio area outside.
- A wooden lodge was installed in the garden, to facilitate people seeing their relatives safely during the pandemic, which had been used. The lodge had a Perspex screen and a hearing loop with intercom to help with communication. When visits were concluded, the lodge was fitted with a self-cleaning mechanism which cleaned and ventilated the area.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were knowledgeable and aware of the need to assess people's capacity if required, in order to support them to make decisions. Staff received training on the MCA and DoLS. People's rights were protected because staff acted in accordance with the MCA.
- People's care records contained mental capacity assessments that had been completed to record whether people were able to make decisions about their care. Where people could not make decisions, best interest decisions were made. We saw evidence of DoLS applications had been made to the local authority.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a strong and visible person-centred culture at the home. We observed staff were highly motivated offering care and support that was exceptionally compassionate and kind. This positive culture was helped as staff had built trusting and positive relationships with those they supported.
- People's culture and religion was highly respected and valued by the staff. People were supported by the staff team to practice their religion and culture. During the COVID-19 pandemic places of worship at times were closed due to restrictions. The staff made contact with the local places of worship and asked if they could be sent some information booklets. The booklets were from a range of faiths. They were given to out to people. The registered manager told us that the staff did not know much about one person's religion. They asked the person about personal preferences, how they wished to be supported and the times they wished to pray. The staff team invested further time in researching this religion. They were able to find out some further information which helped them understand the person's culture. When places of worship opened after the restriction, people were supported to attend in person.
- The staff encouraged people to celebrate all different cultures and appreciation days from around the world. One example included Romanian Matisor. This was to celebrate the start of spring. Red and white strings with tassels were given to others which promoted the wearer to have a strong and healthy year to come. The home celebrated world cuisine through activities such as a 'virtual cruise' and learnt about the country's language, food and culture. Some people that lived at the home were well travelled and spoke different languages. They were encouraged to maintain their skills and to have regular French singing lessons. The staff encouraged people who spoke the same language (natural linguists) to speak in a common language.
- The home was exceptionally caring. Every person and relative we spoke with gave heartfelt comments throughout our inspection. One person told us, "I cannot praise the staff enough for the high level of care I receive here. The staff are marvellous and so caring". Another person told us, "I have fallen on my feet here. All the staff are considerate and so kind". One relative we spoke with told us, "I am so impressed with the home. I cannot believe the difference in my [relative] since they moved here. They treat them like a queen. Another relative of mine also lives here, and I have never seen them so healthy and motivated. They have a lot of get up and go now. We came to visit today but they are off doing a keep fit session". Another relative told us, "The staff are always kind and caring. Every single one of them. I have no doubt that this continues when I am not there. I feel so welcomed. We've had conversations with the day and night seniors and it's a continuation of the care day and night".
- It was clear people and staff knew each other well and that a tangible level of trust and respect was evident. We observed a husband and wife who lived at the home share lunch together in the dining area. This was the first meal the couple had shared together in a long period of time. The staff lit a candle at the

table to make this an extra special occasion. They offered them both a glass of their favourite wine. Blankets were offered for extra comfort. The staff respected their privacy and supported from a distance whilst they held hands.

- Staff were kind and compassionate and their interactions with people were warm and caring and people responded extremely positively. Staff told us, "I love coming to work and doing my very best for people. I want to help people live life to the full" and "We always look at ways to make things better for people. I treat people with the highest of respect, because they deserve the best". We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. We overheard one person for example joking with the staff after a keep fit session at the home. Both the staff member and person were laughing with each other. The person told the staff member, "I do like it that we have a laugh here. You have made my day". One person we spoke with told us, "What I like the most about living here is the staff. We have lots of fun which I enjoy. We are always laughing".
- Staff had worked diligently to develop and foster caring, respectful and empathic relationships with people. Staff made cards and letters for people to help build their confidence and to make them feel special highlighting the things they admire about them. People's care plans included comments from staff about their qualities and how they would describe their strengths and their best and favourite memories with them. This helped to build a sense of wholeness and a community where people were valued and respected. One example of this was a card was sent to a person by the receptionist. The receptionist said the person's smile brightened their day and that they liked their true gentleman qualities. The person shed a tear when they received the card. We were told the staff were incredibly passionate about the people in the home and wanted them to feel loved and valued.
- Throughout the inspection we observed staff talking to people in a polite, respectful, and friendly manner. Staff were kind and compassionate and their interactions with people were warm and caring and people responded extremely positively. Staff told us, "I love coming to work and doing my very best for people. I want to help people live life to the full" and "We always look at ways to make things better for people. I treat people with the highest of respect, because they deserve the best". We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. We overheard one person for example joking with the staff after a keep fit session at the home. Both the staff member and person were laughing with each other. The person told the staff member, "I do like it that we have a laugh here. You have made my day". One person we spoke with told us, "What I like the most about living here is the staff. We have lots of fun which I enjoy. We are always laughing".
- The caring ethos and philosophy of the home was shared and celebrated by all staff at the home and not just the care staff. Staff were determined and creative in overcoming obstacles in achieving optimal care and support. The registered manager told us that one person they cared for was admitted to the home with no structure at their own home. They had self-neglected for many years and experienced low mood and self-esteem. In a short period of time they lost 7 kgs of weight and had previously experienced poor nutrition and hydration. With the dedication from the head chef, events assistant and the care staff the person began to accept critical medicines. They also accepted support from the male head chef to have a shower and began to show an interest in their appearance. The head chef had bought the person a shirt and took them to watch a football match. The head chef continued to build upon the relationship which helped to aid the person's nutritional intake and they began to eat socially. The events assistant structured activities of interest on a 1:1 basis to help them gain their confidence and self-worth. This included gardening and jobs with the maintenance team. The success of dining socially was to invite the person to fine dining where they were invited by other people living at the home as a guest. The initiative was scheduled for over several weeks. As a result, from the staff teams care and dedication the person now eats every day with others. The person now planned for the future at the home months in advance. They have returned to a positive healthy weight regaining all of the weight they had initially lost.
- The registered manager kept letters and cards sent to the home regarding the care people received.

Comments included, "I would like to take the opportunity to say thank you very much for the very kind and thoughtful care that my [relative] received" and "I know my [relative] was treated with dignity and respect and genuine care and attention. Thankyou". Another comment included, "My [relative] was treated with such great care and kindness. This meant it was an easy decision to make them permanent. Thank you".

- The people at the home celebrated Pride day on the 25 June 2021 with a drag show performance. The staff regularly discussed LGBT (Lesbian, Gay, Bisexual and Transgender) subjects with people. We were told conversations were positive. One person had brought it up in conversation with staff that they enjoyed going to drag show on holiday once. The staff organised the event with them in mind. We were told the highlight of the day was a person of 103 years of age who embraced the performance by throwing on colourful wigs and scarves whilst waving rainbow flags.

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

- One family we spoke with told us that a pre-admission assessment of their relatives care needs was carried out. This comprised of a liaison between Badminton Place and the care home where the person lived previously. The person's needs could not be met effectively in the previous setting and they now benefited from the support of nurses as well as care staff. They went on to say, "This home is something special. I am beyond thankful. They listened to the frustrations about what went wrong in the previous home. This time feels very different as we have been involved in decisions".

- One person the staff supported had limited mobility. They had full capacity and were able to make all decisions regarding their care. They were not able to communicate verbally. They communicated and made decisions by moving their finger. The person was able to make decisions and express views by a communication board. We were told the staff went through numbers to identify letters of the alphabet. Letters were written down to spell out the words they wished to communicate. The person used their little finger to communicate when staff had the right numbers and letters. They did this until each word was spelt to form full sentences. All communication was done through this method. The person was able to make all decision around their care. This included what they wanted to wear each day, how they wanted to spend the day and what they wanted to eat and drink.

Respecting and promoting people's privacy, dignity and independence

- Staff had exceptional awareness of how to maintain people's dignity. They were passionate in ensuring people were treated with dignity. People's dignity at meal times was maintained using a special dignity menu introduced by the head chef. This was designed for people who preferred small bite-sized finger food style meals. This was especially important to people who were no longer able to use a knife and fork. They were able to still enjoy everything on the menu. This helped to maintain choice, independence, and good nutritional intake. For example, mini yorkshire puddings were served with the vegetables and meat inside and could be picked up by the person.

- People were able to wear clothes protectors which were in styles such as pashminas, scarfs and neckerchiefs. This promoted dining with dignity. Show plates were used to support people's choice. People who had a textured modified diet had the same menu choices as those who had a normal diet.

- Respect for people's privacy and dignity was at the heart of the home's culture. This included the staff being respectful of how people wished to spend their day. Where people did not wish to be disturbed at certain times of the day a notice was placed on room doors. One person for example did not wish for staff to disturb them between the hours of 11:00hrs and 13:00 hrs and 15:00hrs and 17:00hrs. The person's wish was respected. Housekeeping duties were carried out around these times.

- The home supported and encouraged people and staff to notice and challenge any failings in how people were treated at the home. People and staff had been appointed as dignity champions. The registered manager met regularly with the 'resident dignity champions'. At a recent meeting a resident dignity champion raised concerns about another resident who banged their cup on the bed table for the staff's

attention instead of using the call bell. This was a learnt behaviour from the persons previous care home but was this was not dignified. As an outcome, the staff supported the person and encouraged them to use the call bell instead. We were told the dignity champion role worked very well at the home. Dignity cards were also in place which people could fill out where they had any comments to make around dignity.

- Staff were exceptional in enabling people to remain independent and gain skills in independence. Through continual assessment and monitoring staff were able to support people to regain life skills.

- One person was not able to carry out most day to day skills due to a period of poor health. This had affected the persons emotional wellbeing as they were not able to do the day to day skills they longed for and needed the support from staff. This caused anxiety and depression. Through planning and assessment, a kitchen was set up for them in the home to promote their independence. They were supported with rehabilitation which included making drinks, meals, support to mobilise independently and to make their bed. Through the high level of support given the person was able to be discharged to their own home after 28 days. This was much quicker than was expected as the person did have a high level of anxiety on admission. On admission to the home professionals had thought the person may not have been able to return back home.

- The staff found exceptional and creative ways to help people remain independent. One person was admitted to the home following a stroke and had experienced a right sided weakness. They had been unable to use their left hand as they were right-handed. The events assistant spent time at meal times supporting the person to train there left hand and arm. They provided the person with the motivation and confidence to overcome barriers. We were told the person now ate independently and had been able to independently participate in art and writing activities. In particular they were able to write a letter to their daughter, of which they were really touched by.

- People who were discharged home after a period of short stay at the home were provided with food hampers. This contained their favourite treats and daily essentials such as bread and milk to ensure they didn't need to go shopping straight away.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care. Where a person's health had changed it was evident staff worked with other professionals to support them. People's needs, and care plans were kept under review and amended when changes occurred or if new information came to light. People and their families were consulted and involved in their care plans so that they felt empowered and listened to.
- The staff were passionate about providing exceptional individualised care for people. People's care and support was individually tailored to each person's needs. This reflected people's choice and ensured continuity of care. The staff understood the needs of different people and delivered care and support in a way that met those needs and promoted equality. Staff knew people extremely well and understood their individual needs. We were given examples of how this had a positive impact in relation to people's wellbeing and supporting people to reach their true potential.
- One person was admitted to the home with a medicine dependency due to their high level of anxiety and sleepless nights. The person had moved from another home as they were unable to manage the person's needs. This had heightened the family's and the person's anxiety. The registered manager carried out a detailed assessment of the person, spoke to the family and sought advice from a health professional. With agreement they were taken off the medication. An intensive care regime of reablement designed to support the person was introduced by the registered manager. This included the staff following an approach of positive interactions, the introduction of social activities during the day, creating a calm bedtime routine and making use of the spacious environment at the home.
- We spoke to the person's relatives during the inspection. They told us, "I am blown away. [Person] is less anxious, content and settled. We were so worried she would not do well off her medication and would be moved again. The difference is remarkable".
- Another person was admitted to the home who was at high risk of falls and experienced many near misses each day due to heightened anxiety. Between October 2021 November 2021 the person had four falls in a three-week period with many near misses. The registered manager told us they were so concerned that they developed a strategy for them which included extensive input from the staff team. This included one to one time with staff, reminiscence therapy and support to help engage them in social activities. A teddy bear was introduced for comfort which the person immediately interacted well with.
- Doll therapy was introduced due to the persons love of the teddy bear, children and comfort. The staff told us the person adapted well to the doll and they now sat and read books together. As the person had engaged so well with the strategy the risk of falls had reduced and they had not fallen in 11 weeks or had any

near misses. The staff we spoke with were proud of what they had achieved.

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

- The arrangements for social activities were innovative and met people's individual needs. There was a dedicated events assistant who worked at the home. The events assistant and the staff team shared the homes values in preventing social isolation.
- There was a nominated 'resident of the day' at the home. This was a special day for each person who was able to enjoy fine dining. They were asked to invite a guest of their choice. The 'resident of the day' was announced by a hand delivered person-centred letter to each person. This was written by the receptionist who knew people well. One example of a quote from a letter included, "Today you are resident of the day. You are a true gentleman whose face lights up when I mention your [loved one]. Enjoy your special day". People had a person-centred small gift left under their pillow which was their favourite treat. Pillows and bedding were sprayed with their favourite fragrance. An arrangement of towel origami was left in the persons room for them to enjoy. Heads of departments also visited the nominated resident of the day to help celebrate this special day.
- The home had worked hard to ensure people could have access to meaningful activities despite restrictions caused by the COVID-19 pandemic. All activities were carried out inside of the home whilst restrictions were in place. Virtual live streaming of the homes events in the pandemic were interactive through using a live social media platform. An example of an event held included a VIP valentine's day party for people with a five-course champagne dinner served. The staffed dressed for the occasion in the appropriate waiter/ waitress attire. As some people were isolating in their rooms due to COVID their meals were taken to them. The party was live streamed on people's televisions to ensure they were included in the party. A live singer was also streamed for people to watch, enjoy and feel included. Other events live streamed included for example bingo and the home's summer party. This helped to engage people with family and friends. One family had written to the home and said, "We are so proud of everyone. The food looks wonderful plus we are happy we can be involved in the events on social media".
- People and staff were involved in the creation of the 'Berkley Recipe book for Christmas'. This had been developed by holding a week of baking old favourite recipes. People who were the keenest of cooks had participated. One person had baked shortbread. The staff told us the person was so happy that she could share an old family recipe with others and was so privileged that everyone could eat her shortbread. The registered manager told us, "She took great pleasure in showing off her skills and the correct way to mix and add the ingredients, being very particular with our trained chef". Whilst taking part in the creation of the recipe book people reminisced about past times.
- The staff had looked at inventive ways to connect the home with the local community. They developed strong links with local people. People wrote letters to the home's neighbours during the pandemic with a view to build 'pen pal' relationships. Most people had moved into the home during the pandemic and had faced challenges with feeling part of their local community due to the lockdown. The registered manager told us this had a great impact on people as they had correspondence back and forth and window visits took place as a result of this. This had helped people to feel less isolated.
- It was clear the pandemic had affected people. As soon as restrictions were lifted the staff worked hard to build people's confidence to go out into the community.
- We were told about one person who was quiet and preferred their own company. They spent periods of time in their room which worried staff. The person was a keen horse enthusiast. They liked to help people and feel wanted. The events assistant had contacted a local horse charity nearby to see if they were in need of any volunteers. The offer of help was greatly accepted. The staff worked hard to encourage the person to go out and visit the charity. A number of person-centred steps were put into place to firstly achieve this. This included trying to persuade the person to come out of their room. An invitation was sent to the person

asking them to join another person for the home's fine dining experience. The staff then encouraged the person to invite another person for fine dining. The person was asked if they wanted to plant some trees outside in the garden. This then moved to planting trees in the community and joining in with some other activities in the home. The events assistant was beaming with pride when they told us the impact this had on the person. The person engaged well with the charity and horses and was soon mucking out the stables, caring for the horses and lending a hand. This had become a regular visit with other people at the home supporting the charity. The staff told us the person's whole outlook to life had completely changed and they were much more positive in their emotional wellbeing.

- We were told about another person who liked to exercise their brain. They were very intelligent and loved to share their knowledge with others. The person did not like to take part in group activities. The home bought the person an encyclopaedia book, so they could check the answers to the quizzes people and the staff took part in. We were told the person liked to be challenged and this made them feel valued and wanted.

End of life care and support

- The home provided an exceptionally high standard of care to people with palliative and end of life care needs. All staff had received training in end of life care.
- The home had appointed an oral health champion who helped care for people which included at the end of life. A mouth hydrator was offered to people to help them stay hydrated with their preferred choice of drinks. One person who was end of life care enjoyed fizzy orange. We were told this was also really important to the family who felt she still maintained her choice and preferences right at the end of her life, and encouraged her to take fluids.
- The registered manager told us they provided a 'Namaste' approach to end of life care. Namaste is a holistic approach to people's needs. The focus is on people being cared for in a comfortable environment. A box had been put together to support relatives and care staff to engage in providing comfort, reassurance and engagement at the end of a person's life. The box contained, for example, essential oils and a diffuser, starry night sky projector lamp, LED candles, a book of poems, a bible, a book of faiths and music. We were told how one person who was at the end of their life was anxious. The staff told us that they found giving them a hand massage with essential oils was comforting.
- Staff cared for and supported those that mattered to people at the end of their life with empathy and understanding. The registered manager told us they helped to care for people's relatives by offering them a room where they could stay at night, freshen up or spend time to themselves. Hairdressing facilities were offered along with meals and drinks provided at no cost.
- When people had passed away the staff spoke with relatives and offered two knitted hearts. One heart was placed with the person who had passed away and the second heart was given as a gift to the relative. A pack of forget me not seeds was also given. These were tokens of remembrance and helped support relatives with their sad loss. This had become particularly important through the pandemic.
- The registered manager told us they provided personalised sentiments to people's loved ones. One example included a framed photo of a loved one. The photo was of the person laughing fondly whilst on the phone to their daughter. Flowers and a card were sent to relatives after their loved one had passed away.
- Relatives sent cards and letters thanking the staff for the care and attention they had given. Comments included, "Our family have been delighted with the care and treatment given by Badminton. We have been telling everyone what a brilliant place it is" and "I would like to thank everyone at Badminton for your time and patience with [my relative] during such a difficult time. Thank you for the flowers, that was a very kind thought and made me smile through the sadness".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

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

- The registered manager had taken innovative steps to meet people's information and communication needs. One person the home supported was significantly hearing impaired. The staff used a white board for all communication. The staff had got to know the person well and knew what motivated them. The registered manager told us on a morning the staff would write "Good morning beautiful" and they would smile. They would draw a happy face or sad face to find out how they were feeling. They were then able to communicate their feelings verbally. The white board had a positive impact on the person as they were able to take this to the dining area. Before this they did not engage very well with other people at the dining table and they were isolated. Other people wrote down sentences on the board and for the person to read. They were able to answer verbally. We were told this had enhanced the person's wellbeing and they had built up the confidence to sing out loud which people enjoyed hearing. People had commented to the staff how much they enjoyed the person's company.
- Pictorial formats of menu's and show plates were used to help people at mealtimes. People's care records each contained information about the most accessible way to provide information and support decision making.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which had been made available to people. People told us they would be able to make a complaint to the registered manager who would listen to them.
- People said they had no complaints or concerns about the care they received. Relatives also told us they had no complaints. One relative told us, "If I had any concerns, I would talk to staff on the desk. I would then speak to the manager as they are very helpful".
- The registered manager kept a record of the complaints they received. Where complaints had been made, they had been fully investigated with a satisfactory conclusion reached.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The management and leadership of the home was exceptional. This was due to the provider and management team evidencing strong and effective leadership which led to a highly positive culture. People received individualised care to a high standard that enhanced their well-being and self-worth and management monitored risks proactively. For example, the registered manager identified the risks associated with the pandemic, but people's wellbeing had been deemed equally important.
- There was a strong emphasis on continually striving to improve. The provider had recognised, promoted and implemented innovative initiatives to promote high quality service delivery and nursing care. The provider had created the Berkley Nurse programme. Which incorporated the Queen's Nursing Institute's Essential Standards of Practice and Education for Care Home Nurses.
- The Berkley Care Group had taken these standards and used them upon which to base the Berkley Nurse Programme. This was completed over a 12-month programme. These standards were used to promote care home nursing as a career pathway for registered nurses and to attract and support them transitioning into the sector. This had been embedded at all levels of nurses, recognising that some are degree qualified, and some will be certificate level. The programme had helped the home retain the registered nurses that worked at the home. Prior to this registered nurse retention had the highest level of turn over at the home. This programme had enabled the registered manager to work with a clinical team to drive forward clinical excellence. It had helped to implement a good governance structure with continuity and continuous improvement. We were told the clinical KPI's (key performance indicators) were the most improved as a result of this. The home had not had any un-desired weight loss or pressure sores acquired in the home for the previous three months. It had also had a reduction in infections by 50% within the last three months.
- The registered manager had created a new pathway for the management of falls at the home. We were told this was in the early stages. This was done by analysing the falls screening assessment of a person along with their frailty score. The registered manager had set up a private neurophysiology/physio service. This was run by the home with weekly clinic taking place. The pathway enabled the staff to prioritise and refer people at greatest risk from falls and those who wished to maintain and improve their independence. They had developed a pathway of rehabilitation physiotherapy and exercise to promote physical health and wellbeing. Since the home had opened, they had a number of people admitted to the home from hospital on a pathway 3 that had benefited from the home's gym and community physio team. As a result, some people were being discharged home successfully after 28 days. The registered manager had organised for a private physio to support on-going admissions requiring rehabilitation. The programme planned to have a significant impact on enabling people to be discharged back home. It also promoted people's mobility goals

within the home.

- The registered manager was passionate at providing the best possible care to people and strived to achieve excellence. They did this by empowering the staff team with a strong emphasis on wanting them to be the best in their role and creating the best outcomes for people. The registered manager had nominated the head chef for a 'South West Regional' award for their hard work and dedication. This was in relation to providing dignity with dining. The head chef won the local award for their hard work and dedication and had got through to the national awards final. It was clear the chef took pride in their work with a passion in promoting person-centred meals.
- There was an exceptionally strong focus on person-centred care within a homely environment. One person who lived with dementia liked to thank staff members for their help. We were told they wanted to give the staff gifts as a thank you which they were unable to except. As gifting was very important to her a jar of sweets was purchased so that she could give them to the staff. This had a positive impact on the person as it made them feel valued as they were able to thank the staff with a small token of appreciation.
- People and relatives, we spoke with were extremely complimentary about the registered manager and the staff. A relative told us, " The manager and staff amaze me. There's nothing I would change really. My relative is in the safest, best place [they] could be in. They've done an amazing job" and "I am blown away with how friendly everybody is. The managers are really approachable. The registered manager is doing a great job leading such an excellent team".

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

- The registered manager, deputy and staff team were passionate about their roles and worked effectively together and shared the same visions to ensure they achieved positive outcomes and enhanced the wellbeing for people.
- The senior management team were visible which enabled the registered manager to contact them without hesitation. Both the regional manager and clinical governance manager were regular visitors to the home. As well as supporting staff the regional manager was keen to provide a hands-on approach to care. At a recent visit to the home they spent time with a person blow drying their hair and engaged in activities with others. This enabled the clinical governance manager to get a better understanding of the home, to find out if people were happy and it helped them to feel connected and engaged with people.
- The senior management team were highly supportive of the registered manager. The registered manager was given the freedom within their role to manage the home, drive improvements and implement initiatives. One initiative was to reduce the amount of sedative medicines that home used on a PRN basis. PRN is medicines that are taken as needed. This followed a KPI (key performance indicator) report on medicines. The registered manager implemented a flow chart for the staff to follow. This focused on wellbeing and used a holistic person-centred approach and to avoid using these medicines.
- The provider visited the home regularly to meet with the registered manager to discuss the progress and any issues which needed to be addressed. The registered manager told us the provider was very supportive and resources were forthcoming if they required any new items for the home. One staff member told us, "The provider is so supportive. If I said the home needs an ice cream machine because the residents would make use of this, we would have one. They are generous and value us as staff and what we need to provide good care to the residents".
- The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities in order to further enhance the service they provided. Staff members had taken individual lead roles and become champions (experts). These roles had helped ensure the home was up to date with current best practice and legislation.

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

- The registered manager promoted and encouraged open communication amongst everyone who lived at the home. There were good relationships between people, relatives and staff, and this attributed effective communication on a day to day basis.
- Without exception, comments from staff were hugely supportive of the registered manager. Staff told us they were very confident in her leadership. Comments included, "She is a great manager. I like her management style. She knows us really well and we share her vision" and "She always asks me if I am ok. She knows if I am not and will say but are you really ok. She is a brilliant manager and we value her".
- The registered manager had creative ways to enable people to feel empowered and voice their opinions. They had implemented a 'you say we did' system. People were able to comment on their opinions of the home and make suggestions on a 'you said we did form'. One person for example had commented they wanted more exercise at the home. This person's feedback was valued and as a result the home increased exercise sessions at the home. This included armchair exercise. Another person made the suggestion of a third menu option added at mealtimes. As an outcome a vegetarian option was added at mealtimes. The general feedback from people was that they really enjoyed this option. The 'you say we did' system was discussed at resident meetings to keep people updated with any changes.
- People were part of the home's recruitment process for staff. Interviews were carried out over a video call with people participating. A set of interview questions was put together by people before the interviews took place. This consisted of four questions which people wanted to ask which was important to them. The registered manager told us they interviewed for a night nurse post. The person chosen for the interview panel created four questions around night care. One of the questions asked was regarding how the applicant would manage as the person preferred a carer from the same gender caring for them. The applicant was a different gender. The applicant was able to explain that they would respect the person's choice and ask another staff member of the same gender to provide care. Another question was around emergency care during a night shift. An evaluation meeting took place where people and the panel discussed each candidate and if they felt the potential staff member had the skills needed for the role. The registered manager had set up taster sessions for new potential staff which had been risk assessed. The new potential staff visited the home and met with people. People were able to give direct feedback to the registered manager about how they felt the visit went. This helped to shape decision making of the overall recruitment process.
- The home opened during the COVID-19 pandemic which meant they were not able to hold an opening event due to the restrictions in place. To continue building trusting relationships with others and to celebrate the home's opening a VIP event took place for the delayed celebrations. This was a red-carpet event with a pianist and singer, comedy act and quiz. Some professionals that had worked with the home attended so the staff and people could say thank you for the support given to them. Luxury food and drinks were supplied. People who lived at the home invited their relatives to be part of the celebrations.
- The organisation was passionate in ensuring staff wellbeing was placed at the heart of the home as well as caring for people. It was clear from speaking to the registered manager that the pandemic had affected the team in many ways. The provider and registered manager provided wellbeing boxes to staff who were isolating with COVID-19. The wellbeing boxes contained treats and pampering items to help the staff feel better. They were keen to support staff affected by COVID-19 as much as they could. One example was the registered manager delivered a weekly food shop to a member of staff who was isolating with their family.
- Some staff had been very unwell with COVID-19 and required hospitalisation. The registered manager kept in daily contact with those families that wanted to provide updates. This had impacted the whole staff team who were genuinely worried and concerned for their colleagues. Staff had access to an online GP service which proved valuable during the pandemic when they found it difficult to access medical attention.
- The registered manager ran an employee of the month awards scheme. This was announced monthly

with a small token of appreciation given. They valued the staff team and celebrated their talents and not just their job roles at the home.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager supported the Queen's Green Canopy (QGC). This is a unique tree planting initiative which was created to mark Her Majesty's Platinum Jubilee in 2022. The provider had pledged to plant 500 trees locally within the local community. People living at the home and staff supported the initiative by engaging with a local nursery. They visited the nursery to help them plant trees which the children could watch grow. The registered manager told us this had a positive impact on people as they had built ongoing relationships which led to further networking between both the people of the home and the children. In the run up to national book week some people at the home each read a children's book which was video recorded. This was sent to the local nursery with people's consent and each video was played to the children at story time. One person told the staff, "I really want to do it again". The nursery school gave feedback to the events assistant and said it had helped the children to engage with reading. One person had mimicked getting into bed, encouraging the children to act the same as a role model. This included getting ready and brushing their teeth. The children joined in making the noises people had made whilst reading the book. This initiative has since been linked the home to two further primary schools. We were told the people involved have felt empowered with a sense of achievement that they are helping the children to learn.
- It was clear the registered manager and staff were committed in connecting the home with the local community. Most recently staff involved people in supporting a local hospice in fund raising. Other fund-raising events were carried out to support the charity. The provider supported the charity to pick up Christmas trees in the minibus. In return the working partnership meant the home could seek support with educational resources. It provided a pathway of support for those people in the home requiring end of life care.
- People that lived at the home, the registered manager and staff were keen to support a local horse-riding charity who had struggled financially during the pandemic. The events assistant organised various cake sales to help raise money. The money raised was donated to the charity. This charity was close to the home's heart as some people visited it regularly and volunteered their time there.
- The registered manager told us about the very positive relationships they maintained with other professionals involved in people's care. This included GPs, community nurses and the dementia wellbeing team. This ensured people received a consistent service. The registered manager told us that they had completed reflective practice of people's care with the GP surgery when things have not gone to plan with people's treatment plans.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had policies in place to ensure any relevant concerns were addressed with openness and transparency under the Duty of Candour. The registered manager was clear about their responsibilities under the Duty of Candour, however, there had been no incidents which required this to date.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled and equipped to provide the support people required.