

The Risings Care Company Limited

The Risings Residential Home for the Elderly

Inspection report

Primrose Lane
Glossop
Derbyshire
SK13 6LW

Tel: 01457853770
Website: www.the-risings.co.uk

Date of inspection visit:
27 February 2019
05 March 2019

Date of publication:
01 May 2019

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service: The Risings Residential Home for the Elderly is a care 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. At the time of the inspection 15 people were living at the service.

People's experience of using this service:

People received an exceptional level of care from highly trained staff. People were treated with the utmost respect and dignity.

People, relatives, visitors and professionals were overwhelmingly complimentary around the management, staff and excellent service provided at The Risings.

The service provided an outstanding level of person-centred care. People and their families were fully involved in all aspects of care delivery.

Very close links had been forged with local healthcare professionals and the local community and they were fully involved in the service and people's wellbeing.

There was an exceptional level of group and individual activities both inside and outside the home. A great deal of thought, effort and resource had been placed onto enriching the lives of people.

The provider was very responsive to people's health and wellbeing needs. People's needs were attended to quickly.

People who chose to spend their last days at the service received extremely caring and responsive end of life care.

There was an excellent work place culture and staff were very happy in their role and were extremely

complimentary around the management team.

People were protected from the risk of harm through comprehensive risk management plans and effective monitoring and actions.

The home was extremely clean and tidy, whilst maintaining a very homely feel. People were actively encouraged to make The Risings their home from home.

People and those important to them were supported to be fully involved in the planning and delivery their own of care.

The management team were highly skilled, experienced and knowledgeable around people's healthcare and wellbeing.

Rating at last inspection: The service was rated good; report published 14 July 2016.

Why we inspected: This was a planned inspection based on the rating of the last inspection.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Details are in our Safe findings below.

Is the service effective?

Outstanding ☆

The service was now exceptionally effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was now exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains good.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was now exceptionally well-led.

Details are in our Well-led findings below.

The Risings Residential Home for the Elderly

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a residential care home providing personal care for up to 17 people. It provides a service for older adults.

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

Notice of inspection:

The inspection was unannounced.

What we did:

Before inspection:

We reviewed information the provider had sent us in the Provider Information Return (PIR). This is

information we require providers to send us at least once annually to give us some key information; what the service does well and improvements they plan to make. We checked information we held about the service including information received from the local authority's commissioning team. We also looked at notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service.

During the inspection:

We looked at policies and procedures relating to the delivery of care and other documents regarding the administration and management of the home and staff. This included three people's individual care records, a sample of three people's medication administration records (MARs) and three staff personnel files. We also looked at files for staff training.

We spoke with three visiting professionals. We walked around the home and looked in communal areas, bathrooms, the laundry and several people's bedrooms. We observed how staff interacted and supported people throughout the two days of our visit. We spoke with seven relatives and three people to ask about their experiences of living at the home. We also spoke with the registered manager, the company secretary, the deputy manager, two care staff and the activities co-ordinator.

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

- There was a safeguarding adults' policy and procedure in place. We saw evidence that staff had received up-to-date protection of vulnerable adults training. The deputy manager had put together a safeguarding file to inform staff of local safeguarding arrangements in use by local authorities in the area.
- Staff we spoke with demonstrated a good understanding of the signs of abuse and had a good knowledge of who to inform or what action to take if they had any concerns.
- The registered manager liaised with local safeguarding teams if they had any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Comprehensive and detailed analysis of accidents and incidents was in place. We saw clear evidence of actions taken to minimise any further risks to people.
- Detailed individual risk assessments and management plans were in place for each person. Clear direction was given in care plans on how to provide care in the safest way when someone was at the risk of harm, for example, seizures. The deputy manager had sourced a specialised risk tool kit for one person to help manage their specific condition.
- Updates to these risk assessments were made monthly or when a person's needs changed. However, the deputy manager told us the service was not risk averse and actively encouraged people to engage in positive risk taking.
- The provider had a dedicated falls file, which included a policy, monthly audits and details of preventative measures in place. Staff had received training on falls awareness. Very detailed monthly and annual falls analysis and monitoring tools were in place and demonstrated what actions had been taken as a result of the findings. The provider's good work around falls prevention had won them a falls accreditation award from the local authority and Age UK and they had achieved the "Strictly no falls standard". This is a falls prevention programme that incorporates a regime of exercise to improve people's strength and balance.
- Arrangements were in place to deal with emergencies. People had personal evacuation plans in place and the provider had a contingency plan detailing actions to be taken during unforeseen circumstances.
- The registered manager and deputy were both registered nurses and were on call 24/7 for staff assistance

if any accidents occurred.

- Health and safety checks were in place which monitored the safety of the equipment and the building. Measures had been put in place to make the environment safe and accessible for people, for example, anti-slip flooring had been placed in external areas of the building so everyone could access the outside areas.

Staffing and recruitment

- Robust and safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.
- Staff had the necessary safety checks in place before starting work and completed an in-depth induction.

- Suitable numbers of staff were on shift day and night to appropriately support people. The management team told us they ensured higher than average staffing levels. Staff knew people well; several staff had worked at the home for many years and the manager had been at the service for 19 years. Throughout the inspection, we saw staff were always present and attentive to people when they required support.
- Visitors we spoke with told us they felt the staff knew their relatives well. One visitor told us, "Staff are well trained and know the residents well...I couldn't be happier with the place." Another visitor commented, "Staff know him well...they are there straight away if we want anything."

Using medicines safely

- Medicines were managed and administered safely by suitably trained and competent staff.
- We conducted an audit of medicines and safe storage checks and found everything to be in order. We observed a medication round and saw that this was conducted safely.
- Regular medication audits and checks were carried out by the provider and the supplying pharmacy. The most recent audit from the local authority medicines management team had found the service to be 93% compliant.

Preventing and controlling infection

- All areas of the home were very clean and tidy, and we saw that staff wore appropriate personal protective equipment (PPE) to minimise the risk of infection. The provider employed full time cleaners and detailed cleaning schedules and audits were in place.
- The laundry was clean and organised with hand-washing facilities and PPE available.
- Staff had up-to-date training on infection control.
- A recent audit had been completed by the local Clinical Commissioning Group (CCG) and the provider was found to be compliant.
- Relatives and people commented on how clean the service was. Comments from one relative included, "...all the rooms are in pristine condition and the home always smells lovely."



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 better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The provider demonstrated excellent links and relationships with other health care professionals to ensure people received exceptional and timely care. There was a very strong emphasis on prevention rather than treatment. The deputy manager was very knowledgeable regarding health care conditions that may occur in older people and had information folders for each potential condition. The district nurse told us the home was very quick to get them or other professionals involved
 - We saw lots of evidence of input from other agencies in care records. People had individual, comprehensive records documenting their involvement with other agencies and what that means for the person.
 - People received responsive care and support extremely quickly. The in-depth healthcare experience of the management team ensured any concerns were identified and acted upon without delay. A best practice toolkit, "Is my resident well?" was accessible to all staff and management to record any concerns about a person. It uses a traffic light to triage symptoms and gives instructions on next steps.
 - Comments in a letter from a relative included, "You knew her holistically and were able to pick up subtle changes in her condition and I had complete confidence that the medical team would be called if required. Any aids and adaptations were always catered for in advance as her condition altered and her needs dictated."
 - The provider had very close links with their GP surgery and nursing service. Staff had been trained to carry out medical observations to assist health care professionals. The registered manager told us, "Anything that affects people's health is addressed immediately. Staff had recently received training on the 'Manchester Triage Tool' – an evidence-based tool designed to reduce hospital admissions.
 - We received excellent feedback from visiting professionals regarding the exceptional way any concerns had been identified and people had appropriate referrals made to other agencies.
- Staff support: induction, training, skills and experience
- Staff had undergone extensive training and development to ensure they had the skills to provide safe and exceptional care and support. The registered manager told us it was a priority to ensure a highly knowledgeable and skilled workforce. There was excellent support provided to staff regarding appraisal, supervision and an emphasis on continuous development and excellence in care delivery.

- People received the best quality support because staff had very specific, individualised and high-quality training and therefore had the knowledge to respond appropriately to people's needs. Staff were actively encouraged to increase their knowledge and skills and could access the home's leadership course to develop and progress within the service. Mandatory and further specialised training was provided to meet people's individual needs.
- Staff told us if they expressed an interest in specific training then the provider would source this for them. One staff member had been supported to access a range of training and resources relating to one person's specific medical condition. They expressed they wanted to ensure the person received the best possible outcomes and quality of care.
- An emphasis was placed on each aspect of care delivery to ensure people received exceptional quality care. Senior staff had their own area of expertise within the service, known as champions. Each champion held responsibility to keep up to date with current best practice about their area, for example, pressure sore prevention. Each champion was supported by the deputy manager who was the clinical lead for each area. Staff we spoke with were proud of their expertise and ensured other staff were knowledgeable to ensure the best care delivery possible and a better quality of life for people. We saw that comprehensive, up-to-date information was held and developed by each champion. This enabled staff to have a more in-depth knowledge of certain conditions and be able to respond to any concerns.
- Staff were supported with an excellent formal package of supervision and development. Staff were extremely complimentary regarding the support they received at work. One staff member told us, "We love them, they are very supportive and approachable. We can question practice and they want our feedback and suggestions." The provider ran a 'magic wand' scheme for staff to make suggestions on how to optimise the care experience for people. We saw several examples of the implementation of these suggestions, for example, cooking meat in a slow cooker to make it softer and easier for people to eat.
- Staff knew people very well and how best to support them. The high level of training provided at the service ensured people were supported in the best way possible to provide excellent care delivery.

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

- People were comprehensively supported to eat and drink a healthy, balanced diet considering their specific dietary needs and individual preferences.
- People had individual, up-to-date nutritional care plans and the provider had strong links with the dietician and speech and language therapy (SALT) service.
- People were not restricted to a set menu and were fully supported to make their own choices around what they wanted to eat and when. Some people were assisted to make their own choices by being shown picture cards. The kitchen was accessible to staff 24/7 and fully stocked with a variety of foods to cater for people who preferred to be flexible around their mealtimes. People could also choose from a large variety of options at snack and supper times. A thank you letter to the home stated, "The home-prepared food is so well prepared with nutrition, taste and choice in mind. The individual needs of [name] meant they could have a meal at midnight if that is when she felt like eating."
- People were actively encouraged to be fully involved in making meals. The cook and activities co-ordinator facilitated people in meaningful activities, such as making cakes, canapes and other foods people had chosen.
- The registered manager told us they would not hesitate to source equipment to optimise people's independence and mealtime experience. We saw they had purchased equipment to assist people with their individual needs, for example, red plates to aid people who were living with dementia, adapted cutlery and specialised cups.
- A hydration station was available to people to help themselves to juices and we saw several people buy items from the mobile tuck shop and fruit trolley. The provider is involved in the NHS's 'Drink More Campaign' and has introduced 'Fizzy Fridays' where people are encouraged to try flavoured waters.

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

- People were completely involved and consulted on the decoration of the home. The management team had worked especially hard to make the service as homely as possible whilst being sensitive to the needs of people living with dementia and physical disabilities. They had worked through a toolkit assessment to check if their home was dementia friendly and made adjustments where necessary. During the inspection we saw that people had been painting different colours on the wall for them to agree on a new colour for the dining room.
- People were actively encouraged to make The Risings feel like their own home. One example is when a person moved into the service, they were asked if they would like to bring in some china of their own to put in the china display cabinet for everyone to enjoy.
- The service benefitted from appropriate spaces for people to spend time alone or with visitors. The home's conservatory was used each afternoon by one person who liked to have some quiet time alone. The provider had purchased mobile call bells to ensure the person was able to remain independent but also to call for assistance if required. There was a large outside space that had been extensively adapted to ensure it was safe and accessible to everyone.

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

- People were supported by qualified staff to ensure their health and wellbeing needs were promoted and met.
- Visitors told us of the immense impact the service had on the lives of them and their relatives. They felt their relative was cared for extremely well and how people's health and well-being had improved since they went to live at the service.
- The management team could give us many of examples of the exceptional positive impact the service had on people. One example related to a person who came to live at the home and during the pre-assessment they had been told the person was unable to walk and required the use of a hoist. Through excellent care, support and access to health services, the person was walking around the home using a frame throughout our inspection. Another person came to live at the home from hospital after their health deteriorated significantly through self-neglect. They were on food supplements on admission, but now had put on weight and was eating well. The person was now very happy, well and had built strong relationships with staff. They said they now feel they are on an "all-inclusive holiday". Their relative was extremely happy at such a positive outcome and stated, "I've got my [name] back."

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

- The provider worked very closely with other professionals to ensure positive outcomes for people and to ensure their needs were fully met.
- Thorough pre-assessments took place prior to people coming to live at the service. The registered manager told us they needed to ensure they could fully meet the needs of each person and make improvements to their life.
- Assessments and care plans were highly individualised and specific to the person. Each person's care plan was very detailed in terms of what was important to them and what made them happy.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider 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. We found they were.

- The management team and staff were knowledgeable regarding the legal safeguards and could demonstrate what these meant for people. The team were committed to providing care and support in the least restrictive way possible.
- People had a capacity assessment carried out only where it was deemed appropriate. Where required, the management team made an application and monitored this in a tracking document.



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 truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Respecting and promoting people's privacy, dignity and independence

- We saw exceptional care was provided at the service. Dignity, respect and kindness was embedded throughout the management of the service and was reflected in the excellent care people received.
- Staff demonstrated the highest level of respect and care when providing support to people.
- Staff we spoke with described how they always promote people's independence and choice when providing care. We observed people were spoken with in a dignified and respectful manner throughout the inspection. Consent was always gained, choices and explanations always offered and reassurances given at all times.
- The provider placed a very high emphasis on ensuring people were treated with dignity. They had been assessed and awarded the Derbyshire Dignity Campaign Award for their person-centred care and the work of the dignity champions. People could be assured that they received care from staff who fully understood the meaning of providing care in a dignified manner. Several staff had also voluntarily joined the 'Dementia Friends' scheme. This meant staff were able to have a greater understanding of what it meant for people living with dementia. Also, a dementia friend signs up to actively improve the care of people by taking specific actions.
- There were numerous compliments and thanks from people. The home had recently received a generous donation from a person's funeral collection to thank the home for the excellent care afforded to their relative; people were in the process of choosing what they would like to buy for the home to remember the person by.
- People were very happy to tell us they felt respected and were treated with dignity by staff. One person told us, "I think it's very good; they're wonderful. I am very much treated with respect. They always ask if it is okay to do things." Another person commented, "I like it here. The ladies look after me; I have no grumbles. I'm respected." A third person told us, "I'm cared for and treated nicely. I'm treated with dignity and respect

and they look after me."

- Verbal and written feedback from relatives was exceptionally complimentary and there was overwhelming praise for the service. All the visitors we spoke with were extremely happy with the care and could not praise staff and management enough. We received comments, such as, "I wouldn't change anything, staff are so nice and friendly. They treat [name] with great respect. The home is well known around here as a great place to live. The staff are caring; they are there straight away if [name] or I want anything." And "Staff are well trained and know the residents well, they know what to say. We couldn't be happier with the place." One written compliment stated, "I would describe the care staff as angels; nothing is too much trouble for them. The way they have looked after [name] is exemplary. They have, without exception, always been patient, loving and treated all the residents in the way themselves would like to be treated. I have nothing but praise for them. They are a credit to their profession."

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

- People and those important to them had significant involvement in making decisions about their care and support delivery. Care plans had been written with full involvement of the individual person and their families.
- Where people may require help with communicating their wishes, they were fully supported by involving family members or friend to support them. The provider had purchased several communication aids to help some people express their wishes, these included large print and picture boards. Staff told us one person was able to lip read so they ensured they were facing them and spoke slowly. Another person was non-verbal and staff were able to read their body language and facial expressions to support them in making decisions.
- Information was given to people on admission regarding advocacy services available in the area. This information was also displayed in the foyer of the home for people and their relatives.
- Staff knew people extremely well and we saw established relationships between people living at the home. The provider employed high staffing levels as standard; however, one extra staff member was employed during the afternoons to enable staff to spend quality time with people, read care plans and build relationships. One visitor expressed how happy they were with how well staff knew their relative. They told us, "Staff know [name] so well...I feel like I want to hug the staff as they are so amazing with [name] all the time."
- Every morning the registered manager visited each person living at the home to ask them privately how they were and if they have any concerns or comments.

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

- People were fully supported, and the provider went to exceptional lengths to ensure people could follow and participate in what was important to them.
- There was a strong emphasis at the service on ensuring people's religious beliefs were catered for. A number of services for differing denominations were held each week at the home and staff supported people to participate if they so wished. We spoke with one visitor who came to provide a religious service. They told us, "The staff are in the right job, they speak to people with respect. Underpinning everything is respect for the people who live here."
- Staff told us they were motivated to be as caring and supportive as possible to relatives of people who are on end of life care and wish to make it as good of an experience as possible for them. Staff were passionate around ensuring people had a peaceful and dignified death. People's relatives were encouraged to stay as long as they liked and were accommodated in people's bedrooms.
- The registered manager demonstrated exceptional care; they told us they always ensured someone was with the person at the end of their life if a family member could not be there or if the family required extra support from staff. The service was intimate and flexible enough to accommodate everyone's wishes. They

told us, "I'm really proud of our end of life care. They are not just a resident, they are our family and we are losing family too." Staff from the home always attended each funeral and families were invited back into the home if they wanted to talk about the person after they have passed.

- We reviewed many compliments from relatives regarding the outstanding end of life care delivered at the home. These included, "They [the home] discussed the end of life plan with us in advance and liaised closely with her doctor to determine the best approach... we have been very impressed with the way it has been handled by all concerned. [Name] was treated with dignity and respect at all times...we regularly turned up... and found staff sitting with her, comforting her and on occasion singing to her. We were warmly welcomed into the home." Also, "The genuine care and kindness shown to [name] was touching. You managed their last days with kindness and sensitivity, and for that we will be forever grateful." One relative we spoke with was visibly emotional when speaking to us about how caring and sensitive the staff were, particularly when discussing advanced care plans.

- We were given many examples of where staff had gone above and beyond to ensure people were able to follow their wishes or attend specific events. One visitor we spoke with told us how very happy they and their relative was when staff supported them to attend her wedding 45 miles away. Staff had supported the person to be dressed up and a staff member of their choice had supported the person throughout the wedding. Another person was supported to a family party where staff coloured their hair, applied make up and painted nails in preparation. Family really appreciated this gesture and staff told us, "Just because you live in a care home, doesn't mean you can't attend weddings."

- People were supported extremely well at mealtimes. Tables were set with wine glasses and flowers on the tables. Staff were extremely respectful and attentive throughout the meal. Attention had been paid to support people to eat independently. One person's food was served in a wide bowl and another's had been cut up before it was placed on the table. We observed one person being assisted with their meal and the staff member provided this with care and attention whilst also being discreet. The staff member explained what was on the plate, was not rushed and asked the person if they were ready for more or if they liked the food. It was evident there were strong friendships between staff and people at the service. There was lots of chat and laughter over the lunchtime meal.

- An equality and diversity policy was in place and the 'Safe to be Me' poster was displayed. Staff were aware of the need to report any concerns regarding discrimination. Staff had received training on equality, diversity and human rights. This was discussed regularly with staff during supervisions and team meetings.

Our findings

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

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

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

- The provider, documentation and staff demonstrated an exceptionally high level of person-centred care. This was evident throughout the inspection during observations, talking to staff, people, visitors and our review of care plans. There was a strong emphasis on promoting individuality and independence. Staff clearly knew people and their preferences, and we could see high levels of affection between them.
- Comprehensive and informative care plans reflected the person's individual needs and preferences for their care. They had been written with full involvement of people and their families. Special attention had been paid to people's family, background, social preferences, routine and aspirations. Information included 'What is important to me' and 'How to communicate with me and include me in decision making'. A 'Map of life' had been completed by people and relatives and showed the person's family, work and social history.
- People were encouraged to take an active role in choosing activities that were meaningful to them. There was an exceptionally full activities programme at the service and they employed a full-time activities co-ordinator. The co-ordinator told us they were not restricted financially and the management were passionate about the impact of mental and physical activity had on people's well-being. Activities were provided seven days per week and included, singers, pet therapy and armchair exercise. Meaningful and varied activities promote people's mental health and wellbeing.
- Research has shown older people's all-round wellbeing is enhanced by visits from children and the provider had embraced the benefits of intergenerational care. The home had strong links with a local nursery and a group of young children visited weekly when a musical duo attended the home. We observed this activity and saw the people and children had a very enjoyable time together. People were singing, laughing and holding the children's hands.
- People were actively encouraged to design their own activities. One person living at the home was supported to set up their own knitting club, meeting weekly in the conservatory and the activities co-ordinator told us this has proved to be a great success. We saw examples of the knitting that people had created. People were encouraged to attend this session independently, but staff were on hand to provide support where needed. Relatives were also encouraged to attend activities and even to come into the home

and provide them. One relative provided each person with a personalised tapestry name cover for their walking frames and personalised wash bags. One staff member told us, "When people move in, we get to know the families and get close to them too. We have good relationships with relatives; we are like one big family."

- People were encouraged to make gifts and cards for their family members during special occasions, such as Christmas and birthdays.
- Alongside the extensive activities programme, there was a very strong emphasis on personalised activities. We saw lots of evidence of personalised activities throughout the inspection. The deputy manager told us people's pet were welcome and we met one person's dog during the inspection. One person used to work in an office and they were welcomed into the office each day to sit and help with paperwork if they so wished. Another person was supported to partake in hanging out the washing in the garden.
- The service provided excellent facilities to enable people to spend time outdoors. Exceptional attention had been paid to the outdoor space. This included landscaped grassed areas, accessible and safe patio areas, a gazebo, greenhouses, outside furniture. The provider had commissioned a gardener to design raised patio beds at the right height for people to be able to plant whilst sitting down. We saw lots of photographs of people enjoying the outside and engaging in many different activities.
- Relatives told us they were impressed with the activities at the home and people told us they enjoyed the activities. We received comments such as, "I enjoy the activities.", "The activities are good and well thought out; I enjoyed it today making the pancakes." And, "I'm content and I can join in if I want to. I don't always want to join in and I can sit quietly with my own thoughts."

End of life care and support

- The service provided good end of life care for people that encompassed caring for the whole family.
- As people were aware of the excellent care provided, many people and their relatives had decided to stay at the home for their end of life care. People and their families spoke at length about their wishes and people were given the option to have a detailed advanced care plan, 'My care, My way'. Several pieces of information were given to people and their families around end of life care and the agencies people can speak to for further advice. Information on end of life was also on display at the home.
- Staff had received training from Age UK on compassionate care and several staff were qualified to use the 6 Steps Pathway for providing end of life care. This included the Abbey Pain Scale to assist staff in the assessment of pain levels to ensure people received the appropriate pain relief.
- The provider had strong links with the district nurse team and told us they could access the necessary equipment quickly, for example pressure mattresses and hospital-type beds. As the provider has strong links with local places of worship, they could quickly arrange visits as required.
- Visiting healthcare professionals told us they felt the service provided excellent end of life care. One told us, "If they have any concerns, they are on the phone to the district nurses straight away. They pre-empt if anyone is needing pain relief and have already referred to the GP." Another healthcare professional told us how the service provided good end of life care for people, they said, "The family is always involved and it goes smoothly."

Improving care quality in response to complaints or concerns

- The provider had made it very accessible for people to pass on any complaints or concerns. They had on display several options to pass on any comments people or their family may have; these included a suggestion box and information on how to make a formal complaint to other agencies. The provider also facilitated a residents and family meeting each month where people were asked if they had any concerns; the most recent meeting incorporated an afternoon tea session.

- We saw evidence that complaints were recorded and responded to effectively.
- People we spoke with and their relatives told us they had no complaints; however, they said the management team were very approachable



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

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

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

- The provider benefitted from an excellent leadership team with a wealth of experience and expertise. The overarching vision for the provider was that of the provision of the highest quality, person-centred care. The management team were very passionate to ensure people could have the best possible experience whilst living at The Risings and provide the optimum experience for people and their relatives at the end of their life.
- The provider actively sought feedback on people's experiences and were proactive in ensuring positive outcomes for people. This had been facilitated by employing high staffing levels to promote outstanding person-centred care.
- The management team fully engaged people in the design of the service and the design of their own care. People and those important to them were fully consulted in all aspects of their care.
- There was an excellent work place culture and staff were very happy in their role and were extremely complimentary about the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had an extremely robust and organised system of quality monitoring and auditing systems. These systems were employed effectively and any required action taken quickly. This gave the management team clear oversight to ensure the safety and quality of the service. Regular checks and audits enabled the provider to maintain their high standards.
- The management team were fully aware of and embraced their legal and regulatory requirements. They demonstrated an exceptional knowledge and understanding of their responsibilities to provide safe and effective care. They had ensured these requirements were adhered to and embedded in all aspects of the

service whilst embracing equality and diversity.

- People and their families were central to the service and their input was sought on a daily basis. Feedback from people and their relatives was overwhelmingly complimentary about the management team. One relative told us, "Management are so approachable, they always take time to know you as an individual and not just the resident. It feels like a little community here; it's so intimate."
- Regular surveys and resident/family meetings ensured the management team could be responsive and feed people's opinions into service delivery. For example, people's recommendations were included into menus and people's preferences for activities were implemented. These included growing their own vegetables to serve at mealtimes.
- The knowledge, wealth of expertise and high numbers of the staff were key in ensuring the highest possible quality in care delivery. The management team had a strong focus on ensuring the highly trained skills of staff meant they had the ability to provide care in line with the clear vision of the management team.
- Staff were highly motivated through their involvement in the service, such as champions, suggestion schemes and regular team meetings.

Working in partnership with others

- The management team have forged excellent, sustained partnerships with other homes, the local authority, the local nursery, the community, families and friends. It was clear there was a wholly holistic approach to ensure the best quality care involving others and ensuring people still felt part of the community. The home had close links with their GP practice and the practice nurse would ring weekly to offer advice on any non-urgent issues.
- The provider also had links with specialist organisations in order to ensure they could provide the best possible care and keep up to date with any relevant news. Several organisations were involved with home to provide advice and input to people and their relatives. These included The Epilepsy Society, Compassionate Communities and Age UK. Working with these organisations meant people and their relatives had access to further help and information if they needed it.

Continuous learning and improving care

- The exceptional emphasis placed on high quality care delivery meant people received excellent care from highly trained staff. Excellent training opportunities and support offered meant a very low turnover of staff. The management team told us they strive for excellence and they aim to be the best example of a care home.
- The management team were innovative and forward-thinking and they told us they were constantly looking at ways to ensure they maintain and improve the high-quality care. They demonstrated this by showing us what systems they had introduced, such as replicating the NHS evidence-based health monitoring tools and the safety cross tool for falls. They also showed us what new technology they planned to introduce.
- The management team ensured they sought out the most up-to-date research and healthcare information. They were healthcare professionals and were subscribed to several health news websites and local provider groups. Here they could share best practice and new innovations to enhance the experience of people.
- Comprehensive systems were in place to audit the health and welfare of people and ensure any concerns were addressed immediately. We could see close monitoring systems were in place which gave the management team full oversight of the safety of people and quality of care delivery. These checks were carried out on a daily, weekly or monthly basis and any action followed up.

