

Leonard Cheshire Disability

Bradbury Wing - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

We inspected Bradbury Wing - Care Home with Nursing Physical Disabilities on 5 July 2017. The inspection was an unannounced, which meant the staff and provider did not know we would be visiting. When we last inspected the service in July 2014 we found the provider was meeting the legal requirements in the areas that we looked at and rated the service as Good. At this inspection in July 2017 we rated the service as Outstanding.

Bradbury Wing - Care Home with Nursing Physical Disabilities provides nursing care, support and accommodation for up to 20 adults with a physical disability and specialises in providing care for people with a wide range of conditions. At the time of the inspection there were 20 people who used the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager displayed exceptional leadership qualities, drive and enthusiasm. They empowered staff to provide care that was tailored to individual's needs. Without exception people, their relatives and professionals told us they experienced and we observed compassionate care from staff. This ensured the service was run in the best interest of people who used the service. A comprehensive programme of audits and checks was in place to monitor all aspects of the service, including care delivery, accidents and incidents, health and safety, infection prevention and control and medicines. Audits resulted in clear action plans to address shortfalls or areas of improvement.

There was a strong presence of health care professional involvement at the service, which ensured people experienced a high level of care and support that promoted their health and wellbeing. People and relatives were extremely complimentary about the care and support received. It was clear from speaking with the registered manager, staff, relatives and hearing from professionals that the provider was committed to achieving excellence in the provision of care. Links to health and social care services were exceptional. The care that people had received at the service had prevented hospital admissions. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Staff were well trained and had the skills and knowledge to provide support to the people they cared for. Staff displayed enthusiasm and pride in their work. We saw the manager provided comprehensive levels of supervision and appraisal for staff. This resulted in a dedicated and motivated workforce. The management team recognised potential and invested in their staff. This empowered staff to support the people who used the service effectively.

Health professionals complimented the registered manager and staff on their understanding of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. This meant they

were working within the law to support people who may lack capacity to make their own decisions. We were told how staff were proactive in discussing people's best interests with relatives. Staff demonstrated a good understanding of how to support people with communication to help them make as many of their own decisions as possible. Staff knew about people's care preferences as these were recorded in their care plans.

Assessments were undertaken to identify people's health, care, and support needs. There was a strong emphasis on person centred care. People and their families were at the centre of decision making whilst working alongside professionals to get the best outcome possible. Care plans were developed with people who used the service and relatives to identify how they wanted to be supported. Staff knew people well, understood their needs and the way they communicated. Care was focused on people's wishes and preferences. The registered manager and staff supported people to maintain and regain their independence and achieve a good sense of self-worth and wellbeing. The impact this had on people was outstanding and had resulted in them being settled, content and helped them to lead as full and active lives as they wanted to.

People's independence was actively encouraged. The registered manager and staff displayed clear resolve to make a positive difference to people's lives. Activities were invigorating, outings and events were well thought through, varied and in plentiful supply. Staff encouraged and supported people to access activities within the community.

There were robust systems and processes in place to protect people from the risk of harm. Staff were able to describe in detail different types of abuse and what their responsibilities were in protecting people. This ensured the welfare of vulnerable people was protected through the rigorous whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Risks to people's safety had been assessed by staff. Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were sufficient staff on duty to meet the needs of people who used the service. Staff were available to provide support with visits out in the community. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

We found a stimulating environment with a warm and welcoming atmosphere. People, staff and relatives had developed strong and mutually respectful relationships. Feedback we received about the service was high. We saw positive interactions between people and staff and staff treated people with dignity and respect, anticipating their needs.

We saw that people were provided with a choice of nourishing food and drinks, which helped to ensure that their nutritional needs were met. Nutritional screening had been used to identify specific risks to people's nutrition.

The provider had a system in place for responding to people's concerns and complaints. People and relatives were aware of how to make a complaint. There had not been any complaints made since the last inspection of the service.

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 remains safe.

Is the service effective?

Outstanding ☆

The service was extremely effective.

People experienced a high level of care and support that promoted their health and wellbeing. Staff worked closely with health professionals to ensure people received a highly personalised service.

Staff received very good training and development, supervision and support. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink. Menus were varied and provided people with choice.

The manager and staff had an exceptional understanding of mental capacity legislation and people's rights.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People consistently received person centred care. People who used the service and relatives were involved in decisions about their care and support needs.

People were provided with numerous opportunities to take part in a varied range of stimulating activities of their choice inside and outside the service. Careful thought had been given by the manager to enhance the lives of people who used the service.

People did not raise any concerns. The provider had a system in place in which complaints could be made.

Is the service well-led?

Outstanding 

The service was extremely well-led.

Exceptional leadership was demonstrated by an extremely experienced and skilled manager who promoted the highest standards of care and support for people.

A strong ethos around effective partnership working was in place and excellent working relationships had been forged with many professionals.

Quality assurance checks were instrumental in driving standards of care to an outstanding level. There was an open and transparent culture at the service. Staff were well supported by the manager team and were clear on their roles and responsibilities.

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Bradbury Wing - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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

We inspected the service on 5 July 2017. The inspection was an unannounced, which meant the staff and provider did not know we would be visiting. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, the deputy manager, the activity co-ordinator, the housekeeper and with three care staff. We also contacted commissioners of the service and many health care professionals to seek their views. Professionals often refer to this service as the Minories, which is part of the service's address. Their comments can be read in the main body of the report.

We sat in communal areas and observed how staff interacted with people. Verbal communication with some people was difficult because of their complex needs. During the inspection we spoke with six people who used the service and a relative. We looked at communal areas of the service and some bedrooms. After the inspection we spoke with the relatives of three people who used the service.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medicine records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person said, "I feel safe, there are always people around." Another person said, "Yes I do. Staff keep a close eye on you to make sure you are safe." A relative we spoke with said, "Yes [name] is definitely in safe hands. The manager and staff act upon everything."

The provider had an open and accessible culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. All staff demonstrated a deep understanding of their responsibilities to protect people and said they would have no hesitation in reporting safeguarding concerns.

Staff told us of the different types of abuse and what would constitute poor practice. They had completed training in safeguarding and were able to describe how they would recognise any signs of abuse or issues of concern. One staff member said, "I have a duty of care to safeguard people. I would speak to the manager who would take immediate action." Staff were able to state what they would do and who they would report any concerns to. Staff said they would feel confident to whistle-blow (report poor practice) if they saw something they were concerned about. Staff told us about the provider's whistle-blowing policy. This ensured the welfare of vulnerable people was protected through the rigorous whistle-blowing and safeguarding procedures.

The care plans we looked at incorporated a series of risk assessments. They included areas around the use of bedrails, moving and handling, risks associated with having a tracheostomy, skin integrity, nutrition and hydration and choking. Risk assessments and care plans had been reviewed and updated regularly. This meant staff had the written guidance to keep people safe.

The provider had a system for reporting incidents and accidents. Discussion with the registered manager and examination of records identified that accidents and incidents were infrequent.

There were control measures in place to make sure the building and maintenance systems were safe. This included comprehensive and detailed individual and collective risk assessments. This meant that staff were enabled to help people to remain safe.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw records that showed water temperatures were taken regularly.

We saw certificates to confirm that portable appliance testing (PAT) was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, hoists and fire extinguishers.

Personal emergency evacuation plans (PEEPs) were in place for people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular checks were made on the fire alarm to make sure it was in working order and that staff had taken part in fire drills.

The registered manager understood their responsibility to ensure suitable staff were employed. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm.

We saw that appropriate checks were carried out on nurses with the Nursing and Midwifery Council before they started work and on an annual basis thereafter. This meant that the provider ensured that appropriate checks were carried out on nurses to make sure they were eligible to practice.

We looked at the arrangements in place to ensure safe staffing levels. During the day up until 5pm there were two nurses and eight care staff on duty. From 5pm until 7:45pm there were two nurses and three to four care staff and at night there was one nurse and two care staff. In addition, some people who used the service had been assessed as needing one to one support for their personal care and activities and outings. We observed throughout our inspection that people had regular one to one time with staff members. We also saw staff responded quickly to people's needs. For example, ensuring people were occupied with an activity or ensuring they had enough to eat and drink. People and relatives told us there were sufficient staff on duty to meet people's needs. One person said, "You never have to wait long for anyone to help you." A relative said, "There's always plenty of staff around."

We saw that appropriate arrangements were in place for the management, storage, recording and administration of medicines.

At the time of our inspection people who used the service were unable to look after or administer their own medicines. Nursing staff had taken responsibility for the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the details of the medicines they were prescribed. We checked peoples' Medication Administration Records and found these were fully completed, contained the required entries and were signed.

There was a room in which medicines were stored centrally and in addition people's individual medicines were stored appropriately in their own room. We saw records to confirm checks on the temperature of central storage and people's rooms were taken daily. We noted that some temperatures were too warm. We pointed this out to the registered manager at the time of the inspection who took immediate action to address this. They contacted the pharmacy who was unable to provide any advice. However, the registered manager was innovative and created an insulated temperature controlled jacket which fitted over the medicine storage facility. Over a period of time (hours and days) they monitored temperatures and found the insulated jacket effectively reduced the temperature.

Is the service effective?

Our findings

People experienced a high level of care and support that promoted their health and wellbeing. People and relatives were extremely complimentary about the care and support received. One person said, "I get my specialist care exercises every day." Another person said, "The staff are great." A relative said, "We [family] are so impressed with this place. Staff go out of their way to support [name]. It's the little things they do and nothing is ever too much trouble."

After our visit we contacted health and social care professionals who consistently praised the staff and care people received. One professional wrote and told us they had visited the service regularly since December 2016. They told us about one person who used the service who had very complex needs and who had encountered a number of issues. They wrote, 'I can honestly say that the current manager and staff have dealt with these issues and continue to do so in an extremely professional manner.' They went on to tell us the registered manager had identified several areas of practice that needed to be changed.

Another professional wrote and told us, 'I have no concerns with this service. The staff go above and beyond to care for the residents. They act safely and appropriately to ensure appropriate medical care when needed. The staff are exceptional and act with compassion and empathy. The residents always come first. This home is absolutely 10/10.'

One relative told us about the vast improvement their family member had made since they moved into Bradbury Wing from a rehabilitation service. They said, "[Name] is 100% better since coming her. We [person and family] could see a vast improvement after eight weeks and they [staff] got a power chair sorted immediately." The relative also said, prior to moving in the person had been extremely poorly with numerous chest infections. The relative complimented staff at the service as since moving in seven months ago they had not had one chest infection. The person who used the service and relative told us these improvements had vastly improved their quality of life.

People and their relatives told us that people received effective support with their health. Staff worked with other healthcare services to monitor people's physical and mental health and sought advice from external professionals when their health needs changed. In addition, people were supported to attend health screening appointments with the NHS and to access dentist, chiropody, and GP services as required.

Professionals praised the care provided at the service. One professional wrote and told us, 'The physical care received is excellent and is borne out by the fact that this particular [person] has had no hospital admissions for some time. [They] remain free from pressure damage due to excellent care. Any infections are identified and managed quickly.' Another professional wrote, 'I have seen patients from The Minories for the past three years. I cannot recall any issues with attendance. A staff member who knows the patient usually attends with them which makes a huge difference from our perspective when we are trying to ascertain a history/background social info/behaviour changes/oral care plans. [Name of deputy manager] has been my main point of contact and I have been so impressed with [their] attitude towards the patients and our staff. [The Deputy] is so caring, diligent and efficient. A true asset to the team.'

A health professional also wrote and told us, 'The care at the Minories is very effective. They were pioneers in setting up regular palliative care meetings at the care home in order to proactively discuss patient's care with local specialists and GPs. This has reduced inappropriate admissions to hospital, reduced inappropriate interventions, investigations and treatments for patients, and more of the residents remaining at the Minories at the end of the lives and dying more peacefully in familiar surroundings.' The same professional wrote, 'Finally, as the care at the Minories Care Home is recognised as being so good, proactive, caring and innovative, health care professionals who are visiting teams in order to train (e.g. GP trainees, palliative care trainees, nurse specialists) will often request to attend these monthly palliative care meetings to witness the excellent example of partnership working between professionals, best interest decision making, proactive planning and excellent leadership, in order for these trainees to hope to replicate this model within their own practice/services.'

It was clear from speaking with the registered manager, staff, relatives and hearing from professionals that the provider was committed to achieving excellence in the provision of care. A relative said, "They [staff] keep a track of all [their] appointments. They take [name] to the dentist, for an eye test and the diabetic clinic. They [staff] are very good at monitoring diabetes."

We asked staff to tell us about the training and development opportunities they had completed at the service. Staff told us there was a plentiful supply of training. They told us they had received training in moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards, dementia care and health and safety amongst others. Staff told us the quality of their training was excellent. One staff member said, "I have done more training in the six months I have been here than the seven years in previous posts." Another staff member said, "I've done loads of training. The training is good. It's practical and not just someone spouting information at you."

Staff told us they felt extremely well supported and that they had received comprehensive supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm that regular supervision had taken place. One staff member said, "This is a fantastic place to work, I couldn't be any more supported." Another staff member said, "I absolutely love my job. I get all the support I need."

We asked the registered manager if staff received an annual appraisal. An annual appraisal is a review of performance and progress within a 12 month period. This process also identifies any strengths or weaknesses or areas for growth. The registered manager told us they had completed appraisals with staff, and we saw records to confirm this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisation were in place for 18 people using the service. These had been agreed following a MCA assessment and best

interest decision. We saw other examples of MCA assessments and best interest decisions in people's care records, such as for consent to people's care and managing people's finances.

Staff demonstrated a good understanding of MCA, including their role in supporting people with communication to help them make as many of their own decisions as possible. Staff said they knew about people's care preferences as these were recorded in their care plans. Care plans helped staff to understand what people were communicating in certain situations. For example, how people would tell staff yes and no or communicate they were sad or happy. Staff described how they supported people with their communication by using simple questions and showing people objects to choose from.

The registered manager told us that staff had attended training within the last 12 months on the MCA. We saw records to confirm this. Staff were extremely knowledgeable and able to articulate their obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care.

People were supported to maintain a healthy diet. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. We saw completed charts to record people's fluid intake. Care records showed the service was referring people to a dietician or speech and language therapist (SALT) in a timely way if they required support with swallowing or dietary difficulties.

Some people who used the service were unable to maintain adequate nutrition orally and as such had enteral feeding. Enteral feeding refers to the delivery of a nutritionally complete feed, containing protein, carbohydrate, fat, water, minerals and vitamins, directly into the stomach. One professional wrote and told us, 'I tend to visit the Minories infrequently, however, I have always found [name of registered manager] and [their] staff to be very proactive in the care and management of their service users regarding enteral feeding.'

During the inspection we spoke with a person who used the service who told us they were receiving lots of visits from SALT and dieticians. They told us how they were currently being supported to have tasters of food and how they hoped to move away from enteral feeding to enjoy a full and varied diet. After the inspection we spoke with a relative who told us the person was making improvements on a daily basis.

We looked at the menu plan. The menus provided a varied selection of meals with two choices available at each meal time. Staff were able to tell us about particular individuals and how they catered for them. At lunch time we saw staff supported people discretely and in a very caring way. Staff provided help to maintain people's independence where needed. Food was well presented and looked very appetising. We saw staff identified when one person did not enjoy their food and brought them something different, which they then went onto enjoy.

Is the service caring?

Our findings

People and relatives told us that they were very happy and the staff were extremely caring. One person said, "I am well looked after here, I enjoy living here." Another person said, "Yes all the staff are so kind." A relative said, "They are great with [name of person]." Another relative said, "This is an impressive place with staff who go out of their way to help [Name of person]."

Professionals wrote and told us, 'The care staff always demonstrate a genuine passion for their job.' Another professional wrote, 'The staff at the Minories should be highly commended for their care. I am always impressed by how well the staff know the patients in their care, how they notice any small changes in behaviour that may be due to distress or a physical cause, and also how they are always willing to do a bit extra to try to improve the patient's quality of life.'

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. One staff member said, "I have never worked in a place where they [people] get such good care. I've got the time to give people their person centred care. I can spend quality time. I love my job."

During the inspection we spent time observing interactions between staff and people who used the service. There was a calm and relaxed atmosphere and we saw staff interacting with people in a very caring and friendly way. Staff promoted independence, dignity and choice at all times. We heard staff speaking to people about topics that interested them or they had experienced in their lives. One staff member spoke to a person about their family. The person clearly enjoyed this conversation and was not rushed. We heard another staff member compliment a person on the way they were dressed and we saw the person smile as they were complimented. These examples showed that staff were knowledgeable about people and were able to use this knowledge to have meaningful interactions with people in a very caring way.

We saw staff were always respectful and called people by their preferred names. Staff were patient when speaking with people and took time to make sure that people understood what was being said. We saw staff were affectionate with people and provided them with the support they wanted and needed. We saw staff explained what they were doing and were encouraging and chatty. Staff made sure that people were safe and comfortable at all times. One person who used the service had difficulty with their communication, however indicated to staff that they needed some help. This staff member took time to find out what the person wanted and didn't leave their room until the person's needs were met.

Staff told us and we saw how they respected people's privacy. They told us how they always knocked on people's doors before entering and made sure they were covered with towels when they were providing personal care. They told us how they respected people as individuals and decisions that they made. One relative told us, "They [staff] respect privacy. They knock on the door every hour or check in the day room. They always acknowledge [name of person]. The bedroom is always clean after personal care and they take such care with [their] clothes making sure they are folded and put away nicely not just flung. We [family]

really are so impressed."

There were many occasions during the day where we saw staff and people who used the service engaged in conversation, general banter and laughter. We saw staff speak with people in a friendly and courteous manner and we saw staff were discreet when speaking to people about their personal care. This showed us that people were treated with dignity and respect and this promoted their well-being.

We saw people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. The service was spacious and this allowed people to spend time on their own if they wanted to. We saw people were able to choose to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

Staff said they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day.

The provider had used advocates on many occasions. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We contacted the advocacy service for their views on the service and they wrote and told us, 'I have worked with several clients in my Advocate/ Relevant Person's Representative [RPR] role at this care centre. The management team, ably led by [name of registered manager and deputy manager], together with care staff, are caring and carry out their roles with professionalism and understanding. Care records and health plans are written in a very robust way, ensuring that the clients' daily needs are properly understood and addressed in a holistic and person centred way.'

Is the service responsive?

Our findings

People who used the service and relatives consistently praised the staff, care and service provided. A relative said, "[Name of person] has an active life. There is something always going on at Easter, Christmas and at other times of the year." They told us at Easter a staff member brought in an incubator and people excitingly watched the eggs turn into chicks.

Discussion with staff, people and relatives told us the registered manager was a key player in ensuring people enjoyed and took part in meaningful activities, outings, holidays and events. One person who used the service told us they had celebrated a special birthday. This person liked the colour pink and was a lifelong fan of the pop group ABBA. The registered manager helped to organise the birthday party with pink balloons and people who used the service dressed in pink. In addition the registered manager and staff dressed up as ABBA and sang to people who used the service, friends and relatives. A staff member we spoke with said, "[Name of registered manager] is the full front of everything we do. There is no show without punch [meaning the registered manager takes part in everything]." The person was excited to show us a display of photographs of their birthday party which were in the main entrance of the service."

A staff member told us how the registered manager went above and beyond to support people to live fulfilling lives, often taking people on outings and holidays in their own time. This staff member said, "[Name of registered manager] has taken people on holiday in [their]own time. [They] have taken people to Whitby and Centre Parcs." A relative said, "[Name of registered manager] is always arranging events and parties throughout the year at Easter, Halloween, summer and Christmas and everyone gets involved which is great."

A relative told us, Christmas was a big celebration at the service. They told us last Christmas the registered manager and staff had re-enacted the Christmas Nativity play with a 'Geordie' twist. The relative told us this was, "Fabulous." They told us how people, friends and relatives appreciated the hard work of the registered manager and staff to put on such great performances.

One person who used the service who was at the end stage of their illness had requested to have one last holiday to Whitby. The registered manager (in their own time) and another two staff members had supported the person and another person who used the service to go on this holiday. We saw photographs to confirm that this holiday was thoroughly enjoyed visiting sites, going out for meals and night clubbing. After this person's death their relative wrote and complimented the service. This read, 'My grateful thanks to everyone at the Minories. I wish I could mention everyone by name as you all deserve individual thanks. The care, love and support not just given to [name of person] but all of us [family] will not be forgotten. You made a huge difference not to just [name of person] life but ours also. We had peace of mind knowing that [name of person] was in the best place with the best possible care. The last years of [name of person] life could have left us with much anguish, but instead we are left with so many happy memories of seeing [them] happy, smiling, comfortable and full of joy. You [staff] are so professional and yet you were like [their] family and [they] loved you all.'

A relative told us how their family member had been supported by the registered manager and staff to do their first ever Great North Run. They told us this had been a fantastic family occasion as they and other members of the family had also taken part. The person for most of the run had been pushed in their wheelchair by staff but was supported to walk a few steps to cross the finishing line. We saw photographs of staff supporting the person to take the final few steps and from the huge smile on their face we could see they were overjoyed with their achievement.

Another person was a dedicated fan of Manchester United Football Club and staff had recently supported them with their lifelong ambition to visit Old Trafford. This trip required careful planning as the person had extremely complex medical conditions. The registered manager organised a team of staff to take this person and two other people who used the service to Old Trafford. The registered manager compiled a comprehensive list of hospitals on route from Newcastle to Manchester. This included those hospitals with accident and emergency services and intensive care units. The person was overwhelmed with joy as they enjoyed a tour of the stadium and changing rooms. They commented, "The best experience ever."

Due to the complexity of people's needs, visiting the hairdressers was a challenging task. To ensure people didn't miss out on the experience to have their hair coloured, cut, professionally styled and to experience the social aspect of visiting the hairdressers the lounge was turned into a hairdressers for the day. Professional hairdressers visited the service and one person liked to bring along their magazines while staff served hot and cold drinks to people.

The service employed staff to plan activities for people on a day to day basis. People took part in activities such as arts and crafts, board games, hangman and ball games. The provider runs a day service which is attached to the service. One relative told us how their family member was supported to go into the day service and play bingo. The relative told us the person enjoyed meeting and socialising with others.

We saw people consistently received person centred care. This meant the service putting people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcomes. Staff told us how they carefully considered what people wanted, their values, family, lifestyle and treated each person as an individual. During our visit we reviewed the care records and saw people's needs had been individually assessed and plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. In addition there was clear documentation for staff to follow on the person's morning, afternoon and evening routine. For example, the evening routine for one person described how they liked to get ready for bed at about 6pm and how they liked the lighting to be dimmed by just having the bedside light on and not the overhead ceiling light. This routine clearly described the person's positioning to ensure their comfort and safety. To complement the care plans and routines there were also photographs showing the careful positioning the person required. The care records for another person detailed their individual feeding regime.

Individual care plans clearly identified emotional needs and anxieties, how they presented and the support the person required from staff to manage and reduce them. Episodes of anxiety and/or any incidents that occurred were recorded and reviewed on a regular basis to identify any trends and if current management strategies needed to be adjusted. This helped to ensure that care was delivered in a way that was acceptable to the person. People and relatives told us they had been involved in making decisions about care and support and developing the care plans. Care plans provided consistent and up to date information about each individual.

We saw staff had completed a one page profile. This is an introduction to a person that captures important information on a single sheet under three headings. This provided essential information about what was

important to the person, what people appreciated about the person and how best to support them.

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. People who used the service told us how they felt supported to plan all aspects of their lives. Staff were seen to be responsive to the needs of people who used the service. A professional wrote and told us, 'The staff at the Minorities are responsive to the patient's/service users needs, as well as proactively endeavouring to predict what they might like or need.'

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives. All but one relative told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One relative said, "If I was worried about anything I wouldn't hesitate to complain." Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There had not been any complaints made since our last inspection of the service.

Is the service well-led?

Our findings

The service was exceptionally well-led. It had an experienced and skilled registered manager in post, which provided stable and consistent leadership. People who used the service and relatives spoke extremely highly of the registered manager. They told us they thought the home was very well-led. One person said, "[Registered manager] is great. I get on with them so well." A relative said, "[Registered manager] is very good and keeps a check on staff. The wife gets on great with [them]." Another relative said, "[Registered manager] is absolutely fantastic. I like [registered manager] because [they] have got residents care as priority." The same relative said, "[Registered manager] works so hard they need a holiday."

Staff consistently praised the registered manager and told us they felt very much valued and supported. They said, "[Registered manager] is a really effective manager. [They] are always there. [Their] office is supposed to be upstairs but [they] use the downstairs office so they can be near to support." Another staff member said, "I've worked here for a long time and I have never felt the need to move as this is such a fulfilling place to work. You can approach the [registered manager] with a bit of a worry but you walk away with a sigh and a smile [meaning relief and you've been listened to]."

Professionals consistently praised the registered manager and told us the service was extremely well-led. They wrote and told us, 'The service at The Minories is extremely well led by [registered manager]. I have always found [name of registered manager] to be and promote proactive care, and focus on quality for the patients. [Registered manager] leads by example in caring for the patients and their families, and co-ordinates, leads and supports the staff to do the same.'

Another professional wrote, 'My client's needs are both extensive and complex and the need for good teamwork and co-ordination is apparent and this is provided by the whole care team at The Minories including domestic staff. The team are overseen by [registered manager] who demonstrates thorough and insightful knowledge and understanding in relation to my client and [their] needs. This understanding appears well disseminated to the wider team. Care delivery appears effective in continuing to meet client need and is capable of adapting to any changes to health and/or functioning. There is a good sense of teamwork with the team being effectively led by the highly regarded registered manager.'

Another professional wrote, '[Registered manager] as manager is approachable and in my experience demonstrates advanced communication skills with attached professionals, patients, family and care home staff. [Registered manager] is always keen to enable care home staff to attend palliative care education which is provided by the specialist palliative care team of Newcastle Hospitals NHS trust. [Registered manager] has implemented regional and local best practice guidance and documentation for palliative and end of life care.'

A strong ethos around effective partnership working was in place and it was clear excellent working relationships had been forged with many professionals from the local authority and NHS. The registered manager worked closely in partnership with the Community Palliative Care Team and held monthly multi-disciplinary team meetings at the service with the inclusion of people's doctor, other health care

professionals and if necessary family members in order to proactively discuss people's care.

A professional told us the registered manager was a pioneer in setting up the regular palliative care meetings. They told us as a result of this close liaison the registered manager had achieved extremely positive outcomes in ensuring people received care that was appropriate and as they would have wished for themselves towards and at the end of life. This partnership and meetings had resulted in reduced inappropriate admissions to hospital, reduced inappropriate interventions, investigations and treatments for people, and more of the people remaining at the service at the end of the lives. In addition the registered manager worked in partnership with various organisations including, the local authority, district nurses, doctors, local hospice and mental health services to ensure they were providing a high quality service. Feedback from health and social care professionals about their experience of working with the service was complimentary and reflected positive and effective working arrangements.

The registered manager was supported by a head of clinical excellence who visited the service on a regular basis. The registered manager told us the head of clinical excellence was a strategic nurse employed by the provider. They were a specialist nurse who guided the registered manager and staff to the most up to date professional guidance. They enabled the provider to look into the future in an orderly and systematic way to ensure services remained relevant and responsive to people's needs. In house, they were supported by two deputy managers. The registered manager and a deputy manager told us how they complimented one another and worked together to ensure strong leadership and team work.

The registered manager received information from specialist colleagues from within health and social care, for example, enteral feeding advice, speech and language updates, nutrition information and medication alerts. The registered manager and staff worked closely with specialist teams which included Parkinson's nurses, Huntington's Nurses and Multiple Sclerosis specialists who provided new subject matter and advice to help to ensure people received the best possible care and treatment.

The registered manager and provider led a service that was committed to continuous innovation. The vision and values of the provider were clear and we saw how this was translated into the provision of high standards of care through making sure people were equally valued and free to live their lives the way they chose. The provider and registered manager were driven by a shared set of values, which included valuing the individual, integrity, excellence, pioneering and having the energy and imagination to be innovators and drive in which passion, ambition and commitment was given to the people who used the service. The registered manager was passionate that people were all equal, were not judged by appearances or defined by race or disability. They told us by sharing these values with staff and their continued non-judgemental, fully inclusive approach enabled them to develop an open, happy and transparent culture where they continually strived for excellence.

The inspection highlighted that people were encouraged and supported to lead as fulfilling a lives as possible. People were very much supported by the registered manager and staff to understand and overcome difficulties in their mental and physical well-being. We saw that a committed, highly motivated and enthusiastic staff team was employed. They were led by an effective management team who gave the staff the confidence to support each person in the way they wanted to be supported. The registered manager and all staff told us they prided themselves on ensuring people lived their lives as they wanted. Staff understood their roles and responsibilities and the high standards that were expected of them. Their actions demonstrated they were trained and supported to provide care that was in accordance with the provider's clear aims and values.

The registered manager led by example and modelled excellent practice to staff. For example, throughout the inspection if a person needed support or assistance the registered manager prioritised the person above everything else. People, relatives and staff told us this was the registered manager's usual practice and this ethos was carried out throughout the service. The registered manager told us they were proud of the service, staff and the care that was delivered. They told us that they had an open door policy in which people who used the service, staff and relatives could approach them at any time. The registered manager described their staff as, "The salt of the earth and fabulous and caring. Staff go above and beyond with their care and attention to detail."

Many staff had worked at the service for a number of years. The senior staff team had been developed by the internal promotion of staff members. They were supported to undertake enhanced training to be able to fulfil the requirements of their roles, including management training.

The provider recognised staff and volunteers contributions by providing awards. In 2016 the registered manager had received a 'Proud to Care Award'. Staff at the service told us the manager deserved this award for her outstanding contribution to wanting to make a difference to the lives of people living with a physical disability. The manager and staff told us they were looking forward to the awards for 2017. The purpose of this award was for staff to show people who used the service that they were immensely proud to deliver the care and support they did.

Staff told us the registered manager worked with them to provide care and support to people who used the service. The relative of one person who used the service became ill and was admitted to hospital. At this time the person was unable to visit their relative in hospital so the registered manager, in their own time, had visited the relative and reported back to the person after each visit. When the person became well enough, the registered manager supported the person to see their relative, which was both an emotional and wonderful experience as they hadn't seen one another for over three months. Unfortunately the relative died but the person was not well enough to attend the funeral, however the registered manager and staff attended the funeral on behalf of the person. When the person who used the service reached the end of their life they had specifically asked for the registered manager [who was not on duty at the service]. The registered manager visited immediately and stayed with the person until they died.

Quality assurance checks were instrumental in driving standards of care to an outstanding level. We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. Monitoring of the service was very good. The registered manager completed a wide range of audits to maintain people's safety and welfare at the service. These looked at quality in areas such as infection control, housekeeping, medicines, care records, the environment and health and safety. Any areas identified as needing improvement during the auditing process were analysed and incorporated into a detailed action plan. A detailed report was frequently produced in relation to quality. We saw there was a culture of continuous learning and improvement.

Staff told us team meetings took place on a regular basis and they were asked and encouraged to share their views. Meetings also took place for people who used the service and their relatives. These were used to discuss activities, upkeep of the home and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service.

The provider had achieved accreditation in Investors in People. Investors in People are an external organisation that checks how services manage their staff against set standards. The accreditation programme looks at the leadership, support and management of employees and identifies good practice or

areas for improvement.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed