Skydda Homes Limited

Urmston Manor

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?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

About the service:
Urmston Manor is a residential care home that provides accommodation and personal care to up to 24 older adults, some of whom are living with dementia. The service is based in an old residential house that has been adapted to meet the needs of the people living there. At the time of our inspection there were 24 people living at the home.

People's experience of using this service:
• People experienced highly person-centred care that they described as going above and beyond their expectations. Staff knew people well and used this information to support people to continue to live meaningful lives where they continued to engage with their local community and people that were important to them.
• There was a caring ethos that ran throughout out all aspects of the service. People described staff as exceptionally caring and person-centred in their approach.
• Staff acted as 'champions' for key areas such as end of life care, nutrition/hydration, dementia and safeguarding. The champions were supported and empowered to undertake relevant learning and to introduce ideas to improve the quality of care.
• Staff went 'above and beyond' to help ensure people continued to take part in groups and activities of interest to them.
• The registered manager had introduced initiatives including a policy that no-one would attend hospital alone and that people would be visited frequently in hospital. Such changes had a positive impact on people's wellbeing and helped ensure effective transfers of care.
• Creative approaches had been adopted to help ensure positive outcomes for people using the service. People and their relatives were given the opportunity to join in with staff training, including training in relation to dementia.
• Feedback from professionals, staff, people using the service and relatives was without exception, exceedingly positive in relation to the management of the service, and the support provided to people living at the home.
• Effective end of life care was provided, that included a high level of support for families and people living at the home who had been bereaved.
• The service's caring approach extended beyond the home itself. For example, people who may have been isolated at Christmas were invited and attended the service on Christmas Day. The registered manager had explored options to help ensure the service was as inclusive to all people as it could be.
• The service acted on the feedback of people using the service, staff and relevant others to make improvements.
• Staff felt valued and were highly motivated to provide a high-quality service. Relatives and people using the service spoke about staff member's attention to detail in providing a personalised service.
• People received care in a safe environment that met their needs.

Rating at last inspection:

This is the first inspection we have carried out of the service since it was registered with the CQC in April 2018. When we last inspected the service under the management of the former provider, we rated the service requires improvement overall (report published 10 April 2018).

Why we inspected:
This was a routine scheduled comprehensive inspection carried out based on the time-scales for inspection of newly registered services. This is currently within 12 months of their first registration.

Follow up:
We will continue to carry out routine monitoring of the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Urmston Manor

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 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.

Service and service type:
Urmston Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates up to 24 people in an old residential property that has been adapted. The service provides support to older adults, some of whom are living with dementia. People's bedrooms are located over three stories, and there is a passenger lift between floors.

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

Notice of inspection:
This was an unannounced inspection. The service was not aware we were coming on the first day of our inspection. The second day of the inspection was announced.

What we did:
Prior to the inspection we reviewed information we held about the service. This included the previous inspection reports when the service was run by a different provider, the report produced when we registered

this home, statutory notifications sent to us by the provider and any other feedback we had received about the service. Statutory notifications are information that services must send us in relation to significant events such as deaths and serious injuries.

We reviewed the provider information return (PIR) sent to us by the provider in February 2019. A PIR contains information providers are required to send us about their service, what they do well and improvements they plan to make. This helps us plan our inspections and make judgements about the service.

During the inspection we spoke with four people who lived at the home and 16 relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine staff, which included the registered manager, seven care staff and the cook. We also received feedback via our online 'share your experience' feedback forms from an additional four staff members.

We looked at records relating to the care people were receiving including medication administration records (MARs), daily records of care, and three care plans. We reviewed other records relating to the management of a care home including, records of servicing and maintenance, staff/resident meeting minutes, quality assurance and audit records, four staff personnel records, and records of training and supervision.

We spoke with two health/social care professionals during the inspection and received feedback from a further ten professionals via email.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
• There were robust systems and process in place to help protect people from the risk of abuse. All relatives and people living at the home we spoke with told us they felt safe.
• Staff were aware of their responsibilities in relation to safeguarding. They were able to tell us how they would identify and report any potential safeguarding concerns. One staff member told us, "We have such a good rapport with people, I think they'd say if they had any concerns."
• The service had notified the CQC and the local authority of one safeguarding concern since they had started operating. We found the service had responded creatively to the concern in a way that supported positive outcomes for the person involved.
• There was information available for staff and people living at the home about how to raise any safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Staff identified and assessed relevant risks to people's health, safety and wellbeing. For example, staff documented risk assessments in relation to skin integrity, malnutrition, falls and use of equipment such as bed rails.
• The electronic care system automatically produced recommended actions based on the outcome of risk assessment scores. In most instances staff had edited and personalised the recommendations. However, we found one person's pressure ulcer risk assessment did not provide clear guidance to staff as the recommendations had not been sufficiently edited. The registered manager was aware of the correct risk management strategies for this person and we did not have concerns in relation to the care they were receiving.
• Staff followed good practice guidance in relation to the management of risks. For example, we saw the registered manager had introduced a recognised model (SSKIN) for pressure ulcer prevention.
• Staff recorded accidents and incidents. The forms they used prompted them to take appropriate actions, such as reviewing falls risk assessments following a fall and recording post-incident observations. Staff recorded whether any actions could have prevented the incident, and any further steps necessary to help reduce the likelihood of a repeat incident.
• We saw evidence that people had been involved in assessing and managing risks in relation to their care. For example, we saw staff had advised one person about the risk of not following professional advice in relation to their recommended diet, whilst respecting their right to make informed decisions.
• The provider had assessed potential hazards relating to the premises and equipment. We saw relevant risk assessment and required checks of the premises and equipment had been completed by competent persons.
• The registered manager had replaced some beds in the home with special height adjustable beds with

integrated bed-rails. This would help staff manage the risk of falls for certain people effectively.

Staffing and recruitment
• There were sufficient staff to meet people's needs and to keep people safe. People living at the home and relatives told us they thought there were enough staff on duty, and they said call bells were always answered promptly. We saw the registered manager sought feedback from people living at the home and friends/relatives about staffing levels.
• Comments received included; "There are always enough staff on duty, at night-time as well", "There is a call bell in the toilet, bathroom and by my bed, and they [staff] always come quickly" and "I've been pleasantly surprised by how many staff there are. I've never been concerned about staffing levels."
• The registered manager told us the least favourable responses from the last stakeholder survey had related to staffing levels. As a result, they had increased staffing levels and changed the way staff worked so they had more time to spend with people.
• The registered manager had introduced an electronic staff rota/management system. This helped them arrange rotas responsively, and had also helped them avoid using agency staff since they had taken over the service.
• Systems were in place to help ensure staff recruited were of suitable character, and had the required skills and experience to undertake their roles effectively.
• There were some shortfalls in recruitment practices followed for staff employed prior to the current provider taking over. However, all staff recruited by the current provider had the required checks in place. One recently recruited staff member told us, "[Registered manager's] standards are very high. He made that clear during the interview process."
• We looked at the recruitment process followed for a recently appointed supervisor. We saw robust processes had been followed to help determine applicant's suitability for the role

Using medicines safely
• Staff managed medicines safely. People told us they received their medicines when they should, and said staff always asked whether they needed any pain relief.
• Medicines were stored safely in a locked trolley, controlled drugs cabinet or fridge. We saw the temperatures that medicines were stored at were monitored to help ensure they were kept in accordance with manufacturers recommendations. Controlled drugs are medicines that are subject to additional legal controls relating to their storage, administration and destruction in care homes due to the risks relating to their misuse.
• There were protocols in place that provided staff with information about when to administer 'when required' (PRN) medicines, and their intended effect.
• Staff monitored the outcome and frequency of the administration of when required medicines. Staff used this information proactively to identify when these medicines may no longer be required, or when they might need to be changed to a regular dose on people's prescriptions. This information was shared with people's GPs to make a prescribing decision.
• We checked a sample of medication administration records (MARs), which staff had completed accurately and without omissions. We spot-checked stocks of some medicines and found the quantities were correct according to the records.

Preventing and controlling infection
• Prior to our inspection we received a copy of an infection control audit carried out by the local infection control lead in March 2019. This highlighted areas where improvements were required to meet expected standards.
• We found the provider had acted on the findings of the audit and had made a range of improvements in the short time since the audit. This had included installing new personal protective equipment (PPE)

dispensers, painting/sealing the laundry floor, installing a new sluice and increasing the number of hours worked by domestic staff.
• The environment was visibly clean and tidy.
• We saw staff followed good practice in relation to infection prevention and control. We saw staff were 'bare below the elbows' and used PPE and hand sanitiser when appropriate.
• All staff working in the service had received the flu jab. This would help reduce the risk of staff and people living at the home getting flu.

Outstanding ☆

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

Staff support: induction, training, skills and experience
• The registered manager had introduced lead roles in key areas including end of life care, nutrition/hydration, dementia and safeguarding. Staff had been supported to take part in a range of learning opportunities relating to their lead roles, and they were overwhelmingly positive and enthusiastic about the improvements they had been empowered them to make to the service based on their learning.
• The improvements made as a result of these lead roles had a positive impact on people using the service. For example, one staff member had produced a box with resources to help all staff provide effective and caring end of life care. We received feedback about the exceptional level of end of life care and support given to people and their families.
• The staff member with a lead role in relation to nutrition had implemented ideas from a conference such as providing 'drinks themes' to encourage good nutrition and hydration. We received positive feedback from a dietician about the support people received, and all people previously under the care of a dietician had been discharged from this service.
• The dementia champion had put forward ideas that led to improvements to the environment and staff practice relating to the care of people living with dementia. Their learning had also led to the introduction of weighted blankets for some people, which had had a positive impact on their wellbeing.
• Relevant training sessions were opened up to relatives and people living at the home in addition to the staff team. Recent training accessible to everyone under the home's 'all together now' initiative had included training in relation to use of fluid thickeners, and a dementia friends information session, which people living at the home and their relatives had attended.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The home had introduced an initiative they called 'never alone'. This meant staff would always accompany people (if they wished) when attending hospital for planned or unplanned admissions. Staff aimed to visit anyone admitted to the hospital every other day. The registered manager told us this meant they were able to be more responsive when people were ready for discharge as staff were undertaking continual assessments in relation to people's changing needs.
• Staff had received training to enable them to undertake physical observations such as blood pressure, oxygen saturation and heart rate. The registered manager said this helped staff identify and change in people's physical health and had also resulted in GPs changing people's medicines.
• We received consistent highly positive feedback and praise from health and social care professionals with recent involvement with the service. They told us staff were pro-active in managing people's health and

social care needs in a person-centred way.
• One healthcare professional told us, "Communication between staff is very good, I can talk to any member of staff and they know where my clients are up to with their mobility and progress with current goals." Another professional told us, "[Registered manager] works collaboratively with the MDT [multidisciplinary team]. [Registered manager] is the essence of primary and secondary health care collaborative working."
• The registered manager had arranged for a member of staff to spend time with the discharge team at a local hospital to help them develop their understanding of how the process worked.
• People told us the staff team worked well together and with other services to ensure their healthcare needs were met. One person said, "There's good access to GPs, chiropodists and dentists. They're on the ball even with minor ailments. They keep us well informed".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The dementia champion had introduced the use of weighted blankets following a training event they had attended. There is some evidence that weighted blankets can help reduce anxiety and distress.
• The service had purchased several of these blankets for people who may benefit from their use, whilst considering relevant risks. Staff told us they had seen a significant positive impact for people, and one person in particular following the introduction of the blankets. They told us the change had been 'amazing' and that where the person previously became anxious when receiving support with personal care, they were now starting to undertake aspects of personal care independently. This was also reflected in records the staff team had been asked to keep in relation to this person's wellbeing.

Supporting people to eat and drink enough to maintain a balanced diet
• Staff were proactive in ensuring people's nutrition and hydration needs were met. They had worked creatively to help improve care in this area and provide positive health outcomes for people.
• We received positive feedback from a dietician who had worked with the service. They told us the registered manager had developed a positive culture in relation to supporting people's nutrition and hydration, and that staff made appropriate referrals. They commented, "Since [registered manager] has taken over the management/running of the home I have seen a significant change in the nutrition and hydration care provided. The culture of the establishment has changed in this area. Meals, snack and fluid provision is no longer seen as 'another duty'… but something to be enhanced in order to promote quality of life, and where appropriate, prevent complications of under nutrition."
• The nutrition and hydration champion had introduced initiatives to improve care in this area. This had included introducing themed drinks events where people were encouraged to explore different flavours and to be involved in making drinks. They had also arranged for a vegan chef to visit the service to pass on ideas about how they could better meet the nutritional needs of anyone who might use the service who required a vegan diet.
• People told us they enjoyed the food provided. Comments included; "I have my meals in the conservatory, it's very pleasant. The food is of good quality and they give you the choice earlier in the day. It's varied there's a good spectrum", "The food is good, it's varied and you have a choice. For example there's spare ribs which I love. Another favourite is lamb hot pot. I'd rather eat here than go to a restaurant!" and "It's really good, there's a good choice, the cooks are good. The food is all home-made. Once a month there's a themed dinner."
• The registered manager talked about how they supported healthy lifestyles by introducing home-made soups and gentle exercise activities. They believed this had led to a reduction in the need for use of laxatives and planned to try and collect some data to help monitor this.

Adapting service, design, decoration to meet people's needs
• The provider had undertaken refurbishment of the environment, taking into account people's needs and preferences. People commented on how much 'lighter and brighter' the home was. One wall in the

lounge/dining area was papered in a map of the local area, which staff told us was a good point of discussion with people. The provider had purchased wardrobes designed to be easier to use by people living with dementia.
• The provider had refurbished a former bedroom to become a clinic room, and a former office to be a 'multi-function room'. This provided people with more space to be seen by visiting health professionals or to meet their friends/relatives.

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• People's capacity was considered throughout their care plans. Where people were able to, they were asked to provide consent to their care plan.
• Staff identified when people may be subject to restrictions amounting to a deprivation of liberty, and appropriate applications were made to the supervisory body (local authority). We saw the registered manager tracked the outcome of DoLS applications and any conditions, which were also reflected in people's care plans.
• Staff understood the principles of the MCA and how they applied to their day to day work. Where people were found not to have capacity to make decisions in relation to their care, there was recorded evidence that staff had followed the MCA and made best-interests decisions.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; respecting equality and diversity
• The home had a policy of accompanying people during hospital admissions and visiting them regularly during any in-patient stays. The registered manager told us they would support people's friends living at the home to visit too. We saw they had prepared video messages of kindness and support from people's friends at the home when they wanted to send well-wishes but were unable to visit in person. This helped people feel cared for and helped prevent them becoming isolated even when they were not in the home.
• The caring nature of the home extended beyond the immediate service. For example, after consultation with people living at the home, the registered manager had contacted social workers and a local charity to extend an offer for people who may be at risk of isolation to come to the home on Christmas day. Four people had joined the home for Christmas dinner and received a present. The registered manager told us people had responded positively to this and wanted invite people again the following year.
• There was a person-centred, caring ethos that ran through all aspects of service delivery. Without exception, all the people living at the home, their visitors and professionals we received feedback from, told us staff were exceptionally respectful, kind, caring and went out of their way to provide person-centred care.

• Staff took the time to get to know people and what was important to them. This information was used to help deliver a person-centred service that had a positive impact on people's lives. Relatives told us that staff paid great attention to detail and talked about lots of little things they did to provide person-centred care that had a significant positive impact on the lives of their family members.
• For example, staff talked about one person who used to drink, and was well known in a local pub. One staff member told us, "[Person] used to drink in the [pub]. We take him for a pint. When we walked in the first time, it was like he was king. [Person] used to love gardening, and we're going to make her her own little garden in the summer. Another person used to do amateur dramatics and we take them to the pantomime they were in along with other people from the home."
• One relative said, "It's the little things such as when they went out and they were all sat there with ice lollies. It's not done for show", and another told us, "The care [relative] gets is person-centred. They get the individual and make it [the service] bespoke to each person… If we say something like [relative] would really like this, they go out of their way to do that. For example, [relative] loves Irish music and they went out of their way to have it on at a party. [Relative] loves a bath and staff asked what they could do to make her feel better. They did that for her [supported her to have a bubble bath] and she remembered that. They listen to her and make it happen.
• Relatives talked about the registered manager 'instilling' a caring person-centred approach amongst the staff team. One relative told us, "There are just little touches such as whenever [registered manager] talks to

people he gets down on their level, and I think he must encourage staff to do that. Everything they [staff] do is really kind and considerate." Other comments included; "They [staff] even visit you in hospital, I really love them. They are kind and compassionate, you never see a frown", "They [staff] know how to interact with people, there's lots of conversation and laughing. [Staff] continually go above and beyond the call of duty. It's like a family", "Each carer knows individually what people like. They are like family, so caring" and "The level of care is what I like most about this place. It goes well beyond it just being a job."
• Whenever possible, staff would pick people up from hospital rather than relying on patient transport services. The registered manager told us this had helped reduce people's anxieties when returning to the home.
• The registered manager had worked to develop a welcoming and inclusive environment at the home. They talked about developing a 'community' where people could feel comfortable and secure. They had done achieved this through a variety of ways including training, instilling the homes values amongst the staff team and leading by example. Staff talked about themed meal events that were opened up to people's friends and relatives. They told us these events encouraged people and friends/relatives to interact with one another and get to know each other.

Respecting and promoting people's privacy, dignity and independence
• Staff supported people to maintain their independence. One relative told us, "[Staff] will spot things where people can do it for themselves… They promote her going out with family and help her do things herself like paying for the hairdresser by leaving the money for her" and another said, "[Relative] is quite active. [Registered manager] takes him everywhere, he goes to dinner with him, and will take him with him to pick people up."
• The provider had considered how to support people's independence within their environment. For example, people were able to help themselves to food and drink. The provider had purchased a TV that could be operated by voice control so that people with a visual impairment or who did not have the dexterity to operate a remote control could still operate the TV.
• One relative who also visited other care homes in a professional capacity told us, "If people ask to use the toilet, it's co-ordinated quickly, in a nice private way without everyone knowing. How they [staff] support people here is really different to other care homes... Here it's a very personal interaction."

Supporting people to express their views and be involved in making decisions about their care
• The home had a policy of offering every person a bath or shower every day. The resident's survey asked whether this was happening in practice, and a positive response was received.
• Information was made available to people in relation to local services and the support they could provide. This included advocacy services, and information about safeguarding. Staff had provided people and their relatives with information about bereavement counselling services.
• Staff spent time with people and were attentive to their needs. We saw staff responded promptly if anyone needed any support.

Outstanding ☆

Is the service responsive?

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.

End of life care and support
• Staff went out of their way to help ensure people's end of life wishes were met, and that their families received effective, compassionate support. One relative told us, "[Family member] passed away last week. [Registered manager] has been a great support, texting, ringing me. He has made it a lot easier, and the girls too. To offer that after care is a great help."
• One staff member talked about a person they had recently supported with end of life care and said, "We recognised a deterioration and rented a beach hut for them in their favourite place. They took two close friends. That was an amazing day."
• We received feedback from a social care professional who told us, "When [Person] was in the end stages of life [registered manager] put a bed in his room for his friend to stay with him for a week until he passed away so that he wouldn't be on his own. This was all without any charge with all meals included."
• The end of life champion spoke enthusiastically and passionately about this role, including the improvements they had made based on their learning to help ensure people were comfortable and treated with dignity at the end of their lives. Their training had included attending conferences, and visiting an undertakers and crematorium.
• The service supported people living at the home who had been bereaved. This included supporting a person to visit a family grave, offering to refer people to bereavement counselling services and supporting people to be with their loved ones at the end of their lives.
• The registered manager had introduced an audit tool to help monitor end of life care provision. This included considerations such as whether people's end of life care wishes had been met, whether there were anticipatory medicines and a statement of intent in place, and whether a representative from the home had attended the funeral and made a donation or sent flowers.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Staff had arranged for children from a local primary school to visit regularly, and they had also set up a pen pal arrangement between pupils and people living at the home. The acting headteacher of the primary school told us the project had been "a fabulous experience for all involved" and that, "A key reason for this working so well is the staff. [Staff] were initially so passionate about the benefits to all, and [registered manager's] enthusiasm for caring for his residents is quite inspirational. This passion is clearly shared by all of the carers at the home who have welcome all of our staff and children with great excitement and have been nothing short of superb in nurturing the relationships between the residents and our pupils." Staff talked about one person in particular who appeared to benefit from interaction with the school children. They told us this person was 'totally different', 'less agitated', and enjoyed interacting with the children when they came in.

• Staff had an in-depth understanding of people's needs, preferences and social histories. They used this information to help provide support in a person-centred way that met their holistic care needs. There were numerous examples of staff going above and beyond to support people to continue to engage in hobbies and interests they had, as well as to maintain connections to people that were important to them.
• One relative told us, "[Staff] support her to do things they enjoy in the community, such as going to the craft café. They are regularly supported to access the community." A social care professional told us, "A member of staff supported [person] every day to visit their favourite local café for a couple of hours and then went back to pick them up. This was very important to [person] as this is where they visited every day independently to see their friends and was their routine."
• We saw a sign displayed that encouraged relatives and people living at the home to let staff know if there were any community groups they previously attended that staff could continue to support them to. Staff told us they supported one person to continue access a church group that was important to them. This support was funded by the provider.
• One person's family told us staff had provided support for their relative to attend a family birthday party at the family home. They told us this had been of great importance to both them and their relative.
• Staff arranged regular trips out from the home, and there was a full programme of activities taking place in the home in addition. Some activities were also open to friends or family to attend, including regular parties and themed meals as part of the services 'culture club'. People spoke positively about these events and how they encouraged people to interact socially with one another.
• The service had made use of technology to help provide people with timely and person-centred care. For example, the registered manager showed us they used a web-based application to help manage people's optician appointments and understand the impact of any visual impairment they had. An electronic care planning and management system was used, which provided alerts and prompts to staff to help ensure people's care was managed effectively.
• Care plans recorded any communication support needs people had. They used alternative means of communication such as prompt cards, pictorial and easy-read guides where this would be of benefit to people.

Improving care quality in response to complaints or concerns
• Everyone we spoke with told us they would feel comfortable raising any concerns or complaints they might have with staff or the registered manager. Comments included, "If I had to raise a concern, I'd go directly to the manager", "I would feel comfortable raising a concern" and "You can talk to the manager about anything. He's like one of us."
• People had a copy to the home's complaints policy, which was produced in large print. Easy-read guidance from CQC in relation to how people can make and escalate complaints about their care was also available. People's care plans outlined the support they might need if they wished to raise a complaint.
• People told us staff had sought their views on the service and any improvements that could be made via surveys and residents and relatives' meetings. The registered manager had made improvements following feedback, such as purchasing a foot-spa and reviewing staffing levels and deployment.

Outstanding ☆

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

• We received consistently positive feedback from staff, professionals, relatives and people living at the home about the management of the service. They described this as exceptional, professional, caring and person-centred.

• During the inspection, multiple members of care staff and relatives went out of their way to speak with us. This included relatives taking time of work and staff members coming in on their days off. This was because people were eager to share how outstanding their experiences were of the leadership of the home, and the support it provided to people living there.

• The service had a person-centred, caring ethos that ran throughout all aspects of service provision. Staff, people and relatives attributed this to the positive culture the registered manager had developed within the home that valued staff and people living at the home.

• The registered manager had an empowering approach to enabling staff to identify and make improvements to the service. This was evident through the lead role initiatives and the emphasis they placed on supporting and developing the staff team.

• Staff felt highly valued and supported by the registered manager, leadership team and their colleagues. They told us they were proud of the positive impact the changes they had helped introduce had had on people living at the home.

• The registered manager had taken on a previously failing service, which they had effectively turned around. Comments from staff members about the leadership of the home included, "[Registered manager] has made this home rise up. The way the staff have changed, we get a lot of training now, and it's a completely different place", "The change is unbelievable and has also had a positive impact on us [staff]", "[Registered manager] isn't a typical manager. He's hands on and will do anything for them" and "I have worked in care home a long time and never had a manager or boss like [registered manager]. I Think it's because he is caring and compassionate."

• The registered manager offered effective support to the staff team, which had a consequent positive impact on their morale and work with people living at the home. Staff were given the opportunity to attend team building days paid for by the service.

• The service's written values were to be 'transparent, inclusive and compassionate'. Staff were aware of these values and felt they were supported to 'live' them in their day to day work.

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

• The service had strengthened links with community services beyond those immediately involved in people's care. For example, the service had developed links with local charities and professionals involved in people's care. Links had also been developed with the local primary school, and staff and people living at the home were involved in fundraising for charities.
• The registered manager was enthusiastic about continuing to make improvements to the service to help ensure it could offer an inclusive environment to LGBT people. They had been pro-active in approaching an LGBT charity to develop training that could be provided to staff, people living at the home, relatives and professionals in the area. We saw the registered manager had written, "Ensuring older LGBT people in care homes feel safe and secure and have the same opportunities as heterosexual individuals is something I'm really keen on improving within the community."
• Staff were able to access policies and procedures electronically. However, the registered manager recognised that staff may be reluctant to access the whistleblowing policy electronically as this activity would be visible to them. They had therefore printed this policy that staff could refer to if needed.
• People using the service and their relatives were involved in developing the service. We saw feedback had been sought from people living at the home, relatives and visiting professionals via surveys and meetings. People's feedback led to improvements being made to the home.
• The registered manager told us they encouraged people living at the home and loved ones to be involved in staff interviews. We saw a representative from the local authority quality and contracts team had also been involved in staff interviews for an internal position for a supervisor role.

Working in partnership with others
• The registered manager, and staff team as a whole, worked effectively with other services. Without exception, the feedback we received from professionals with involvement in the service was positive in relation to how the service worked collaboratively for the benefit of people they provided support to.
• The registered manager of another care home in the local area came to speak with us during the inspection. They talked positively about the support the registered manager offered to them and spoke about how their services worked collaboratively to share information about relevant developments and to make improvements. They told us, "If I need advice over anything, I can contact [registered manager]. We help each other out… I think [registered manager] is an excellent manager. They have an excellent reputation and would help anybody."
• The registered manager was involved collaborative work with various stakeholders that would help support improvements to the quality of care within the local area. For example, they played an active role in the local registered manager's network and were inputting to work by the local authority relating to developing new safeguarding procedures. They were also in the process of developing a tool to support effective decision making in residential homes following falls.
• The local authority told us the entire staff team appeared to be working 'tirelessly' to make continual improvements to the home, and that the staff team were always 'welcoming and engaging.'
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There was a registered manager in post. The registered manager had taken over the ownership of the home and registered as its' new provider with the CQC in April 2018. The registered manager was also the nominated individual and director of the company that owned the home.
• The registered manager had introduced an electronic system to help them manage the staff team effectively. The system included facilities to manage staff rotas and attendance, and to disseminate important information effectively. For example, the registered manager could send staff policies and procedures, which they were asked to read via a smart-phone or tablet. They could then track which staff had completed these tasks.
Continuous learning and improving care
• The registered manager continued to look at ways in which technology could support the delivery and

monitoring of care within the service. For example, they were piloting a mobile app to help manage people's finances, where staff had a role in this. When appropriate, relatives could log-on and see how their family member had been spending their money, and receipts could be uploaded to the system for transparency and auditing purposes.

• The registered manager/provider had invested both time and money in the service. In conjunction with excellent leadership skills, this had resulted in wide ranging improvements in relation to all aspects of the service, including the physical environment, the nature of the care provided and the culture within the service.

• A falls audit covering a nine-month period had been carried out. This identified the most common times and locations that falls occurred. Using this information, the registered manager had made changes to staffing levels, how staff were deployed, the physical environment, and had introduced new equipment. As a result, the registered manager could show that there had been a large reduction in the number of falls occurring in the service.

• The registered manager used a range of tools to help them monitor the quality and safety of the service. We saw the electronic care management system was used effectively to help monitor aspects of service delivery such as the safe management of medicines, accidents/incidents, maintenance and infection control. Audits were also carried out to monitor how effective the new initiatives introduced were, such as those in relation to end of life care and accompanying people to hospital admissions.