

Wild Acres Rest Home Limited

Wild Acres Care Home

Inspection report

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Wokingham
Berkshire
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Ratings

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

Summary of findings

Overall summary

About the service

Wild Acres Care Home provides accommodation and personal care for older adults, some of whom experience living with dementia. The home is a single storey building, with some bedrooms having en-suite facilities. It can provide accommodation and personal care for up to twenty-six people. On the day of the inspection twenty-five people were using the service.

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

The service provided exceptionally responsive, person-centred support to people which consistently achieved outstanding outcomes for people. Staff provided excellent consistency and continuity of care which had a major impact on people's quality of life.

Staff consistently went the extra mile to find out what people had done in the past to enable people to carry out person-centred activities which enriched the quality of their lives. People were supported to maintain relationships that mattered to them which protected them from the risk of social isolation and loneliness. The service worked closely with healthcare professionals and provided outstanding end of life care, which ensured people experienced a comfortable, dignified and pain-free death.

People were supported by a stable core staff group who were kind, caring and inspired by the registered manager to deliver high quality, personalised care.

People experienced safe care. Risks to people were identified and managed safely by staff who understood their responsibilities to protect people from abuse and avoidable harm. Enough staff with the required skills and knowledge provided people with safe care. People received their medicines safely, as prescribed, from staff who had completed the required training and had their competency assessed to do so.

High standards of cleanliness and hygiene were maintained throughout the home, which reduced the risk of infection. Staff followed the required standards of food safety and hygiene, when preparing, serving and handling food.

Accidents and incidents were reviewed, and the registered manager took action to prevent a recurrence.

People received effective care and support which consistently achieved successful outcomes and promoted a good quality of life. Staff felt valued and well supported by the management team, through a system of effective training, competency assessment, supervision and appraisal. Staff consistently delivered care in accordance with people's support plans and recognised best practice.

People were supported to eat and drink enough to maintain good health.

The service worked well with other organisations to ensure prompt referrals to healthcare services when people's needs changed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. Staff treated people with compassion, kindness, dignity and respect. People and relatives consistently told us staff made them feel valued and listened to. Staff supported people to express their views by involving them in developing their care plans and making decisions about their care. Staff responded in a timely and caring way when people experience physical pain, discomfort or emotional distress.

Staff identified the communication needs of people with a disability or sensory loss and effectively shared

this information with others when required. People knew how to make a complaint and were confident the provider would address their concerns.

The service was well-led, with the registered manager providing clear and direct leadership and a safe environment, which had cultivated a positive, open and empowering culture.

Rating at last inspection:

The last rating for this service was Good (report published 5 January 2017).

Why we inspected:

This was a planned comprehensive inspection, based on the previous rating.

Follow up:

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wild Acres Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector 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

Wild Acres is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information the registered manager sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the notifications received from the provider, since the last inspection. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service, including clinical commissioning groups, continuing health care groups, the local fire authority and environmental health for information to aid the planning of our inspection.

During the inspection

We spoke with 12 people who used the service and six visiting relatives. We also spoke with the registered manager, the provider, and eight staff, including two night staff, the chef, activities coordinator and a member of bank staff. We also spoke with two visiting health and social care professionals.

We observed medicines being administered and the support people received in communal areas, including the mealtime experience and people engaging in group activities.

We reviewed the service care records, including seven people's care plans and medicine administration records, risk assessments relating to skin care, falls management, and nutrition. We reviewed the daily progress notes of six people and confirmed that issues raised during staff handovers had been actioned. We looked at six staff recruitment and training files, together with the provider's training and supervision schedules. We also examined other documents relating to the management of the service, including policies, procedures, quality assurance documents, audits and satisfaction surveys.

After the inspection

We spoke with three community health and social care professionals and two relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe and trusted the staff who supported them. One person said, "I know if I'm in trouble when I put my head down at night, I've only got to press my bell and there's somebody to help me straight away. They're all very caring, they know me well." Relatives made positive comments about the safety of the service. For example, "I cannot imagine a safer more caring home" and "Knowing [loved one] is safe and well looked after is very reassuring."
- People were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse. The provider had worked effectively with families, community professionals and relevant authorities, to make sure people were protected from abuse and avoidable harm.
- Staff were able to demonstrate how they used the local authority safeguarding threshold tool to ensure that all decisions to protect people from avoidable harm were effectively recorded and explained.
- People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely. For example, people had management plans to protect them from the risks of choking, malnutrition, falling and developing pressure areas.
- Staff knew people's individual risks and how to support them safely to reduce these risks. This helped to keep people safe, whilst promoting their independence, undertaking activities that they enjoyed.
- Risks to people associated with their behaviours which may challenge others, were managed safely to protect people and staff. We observed timely and sensitive interventions by staff preventing an escalation of such behaviour, ensuring people's dignity and human rights were protected, whilst keeping them and others safe. Any restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.
- There were comprehensive contingency plans to address any foreseeable emergencies, such as fire, flood or contagious illness. The registered manager supervised and observed regular safety drills. For example, emergency procedures to ensure staff knew how to evacuate people safely if required. On completion of all safety drills the registered manager completed reflective sessions where they reinforced good practice and highlighted lessons learnt. For example, checking the visitor's book to ensure all visitors were safe.

Staffing and recruitment

- People, relatives and professionals consistently told us people experienced good continuity and consistency of care from regular staff, who knew them well.
- Rotas demonstrated that enough staff with the right skills were deployed to make sure people experienced safe care. The registered manager was authorised to provide additional staffing when required due to

unforeseen circumstances. For example, when a person's needs changed quickly and their dependence increased, requiring more staff to support them. Staff consistently told us there were enough suitable staff deployed to meet people's needs safely.

- The provider had completed thorough pre-employment checks to make sure staff had the appropriate skills and character to support older people and those living with dementia. These included prospective staff's conduct in previous care roles and their right to work in the UK.
- The registered manager completed a staffing analysis, which ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely.
- During inspection we observed staff responded quickly to support people who had activated their alarms or required assistance.

Using medicines safely

- Records demonstrated that people had received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans. We observed staff support people to take their medicines in a safe and respectful way. For example, people were consistently asked if they were ready for their medicines and were given time to take them, without being rushed.
- The provider had policies and procedures in place, which staff followed effectively to ensure medicines were managed safely, in accordance with current guidance and regulations. Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- Where people had medicines 'as required' (PRN), for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use. The registered manager consistently checked that the reason for administration of PRN medicines was valid and recorded. When PRN medicine was administered the effectiveness of the medicine had been recorded.
- The registered manager completed regular reviews of people's medicine management plans to ensure continued administration was still required to meet their needs.
- Staff were aware of the action to take if a mistake was found, to ensure any potential harm to a person and any future recurrence was minimised.

Preventing and controlling infection

- People, relatives and community professionals consistently told us the home was kept very clean. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with provider's policies and procedures, which were based on relevant national guidance.
- Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed.
- Staff had access to personal protective equipment, such as disposable aprons and gloves, to use when supporting people for the purposes of infection control and prevention.
- Staff had completed food hygiene training and followed correct procedures wherever food was prepared or stored.

Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff felt empowered and confident to report incidents. All accidents and incidents were recorded and reviewed daily by the registered manager, who took prompt action to implement any lessons learned. This meant the provider had taken necessary action to reduce the risk of further incidents and accidents. Where appropriate, accidents and incidents were referred to the Care Quality Commission, together with other authorities, and advice was sought from relevant health care professionals.

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.

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People experienced effective care and support from staff who knew them well and understood how they liked things to be done.
- People, relatives and professionals consistently told us staff had the required skills and knowledge to meet people's health and emotional needs. One person told us, "They [staff] know how to care for me and how I like things done. They always get me seen by the doctor and nurses if I'm poorly".
- We reviewed documents from professionals, which praised the effective management of people's skin integrity and wound dressings.
- People's physical, mental health and social needs were thoroughly assessed to ensure their care and treatment was effective and achieved their desired outcomes. These assessments were person-centred, considered all aspects of their lives and were regularly, reviewed and updated.
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, care plans were amended immediately, to ensure people received the care they required.
- People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.
- Staff used nationally recognised tools to assess and monitor risks to people and then effectively managed them. For example, people at risk of developing pressure areas, experienced the correct support from staff and were provided with right equipment to prevent them.

Staff support: induction, training, skills and experience

- The registered manager operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- New staff completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. Staff told us their training had fully prepared them to meet people's needs.
- The provider's induction programme was linked to the Care Certificate. The Care Certificate sets out national outcomes, competencies and standards of care that care workers are expected to achieve.
- When required, staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people living with dementia. Staff consistently told us their training was 'excellent' and fully prepared them to meet the needs of people. A staff member with experience of the

training provision of other providers told us, "The training here is the best I've known because it's practical and related to the individual people you care. We also get the chance to practice on colleagues, which allows you to feel what it's like for our residents, especially when we're using things like hoists."

- The registered manager ensured that staff delivered care in practice in accordance with their training, through a framework of formal and informal supervisions.

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

- The provider placed a strong emphasis on the importance of eating and drinking well. People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals.
- People and relatives consistently praised the commitment of the chef and their staff to provide healthy meals and drinks of their choice. One relative told us, "When [loved one] was losing weight, they [chef] asked us to make a list of foods she liked and [the chef] will always try to tempt her. He's amazing, nothing is too much trouble."
- We observed staff regularly encouraging people to have their preferred cold drinks, to protect them from the risk of dehydration. Staff made mealtimes an enjoyable and sociable experience, with friendly conversation and discrete support when required.
- Staff understood the different strategies to encourage and support people to eat a healthy diet and the importance of remaining well hydrated.
- The home achieved the highest rating awarded by the Food Standards Agency in their last inspection.

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

- Staff effectively monitored people's daily needs and well-being to ensure they were supported appropriately.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received. This ensured staff were informed of any changes.
- Staff worked effectively with healthcare professionals to make sure care and treatment met people's changing needs. We observed staff make prompt referrals to GPs, specialist nurses and other relevant healthcare services, in response to people's changing needs
- Visiting healthcare professionals told us that people they supported consistently experienced successful outcomes, due to the diligent way staff had followed their guidance.
- Successful treatment of pressure injuries, wounds and infections had allowed people to lead healthier, more active lives.

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

- The home had not initially been designed to promote the independence and safety of older people or those who live with dementia. However, the provider had implemented environmental improvements to signage, decoration and lighting, to provide more support to people who may be experiencing confusion or disorientation. The registered manager told us this was an ongoing process subject to continual review.
- People were involved in decisions about the decoration of their rooms, which met their personal and cultural needs and preferences.

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

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA, any restrictions on people's liberty had been subject to appropriate applications.
- The registered manager effectively operated a process of mental capacity assessment and best interest decisions.
- People's human rights were protected by staff who had received required training on the MCA and DoLS, which they followed in practice, to protect people's rights. Staff demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.
- The registered manager and staff empowered people to make their own decisions. For example, the activities they wished to take part in.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were highly motivated and consistently told us they were inspired by the registered manager and provider to deliver care that was caring and compassionate.
- People experienced caring relationships where staff consistently treated them with kindness and compassion in their day-to-day care. One person told us, "I'm very happy here, I've just hopped out of bed and I've just eaten this lovely food. I can walk out of here, get my exercise, then after lunch, I will put my feet up and have a sleep. I'm free to do what I like, everybody is kind to me. Now I'm here, I couldn't be happier."
- Relatives told us their loved one experienced good continuity and consistency of care from regular staff, with whom they shared a special bond. Relatives consistently praised the caring attitude of the provider, registered manager and staff. For example, one relative said, "The care staff here are excellent, they listen to us. They make [loved one] feel special by the way they talk to her, look after her, it's like a family. They look after the relatives too. [Loved one] is very happy here." Another relative said, "They [staff] provide excellent care. The carers are great, very friendly, they always make the relatives feel welcome. We visit when we like, sometimes very late, nobody bothers us, we sit in the lounge with [loved], it's like being at home. It's everything, knowing [loved one] is being cared for."
- Visiting professionals told us that they observed sensitive staff interactions with people, which were consistently kind and gentle. This was confirmed during our observations, where staff engaged in meaningful conversations with people whilst delivering support, which was focussed on caring for the individual and not completing tasks.
- Staff spoke with pride and passion about people living in the home. For example, one staff member said, "I love it here [Wild Acres]. Don't get me wrong sometimes it can be hard work, but I can't imagine not coming in here every day and seeing all the smiling faces. There are not many jobs where you can make a difference everyday and the best reward is seeing them [people] happy."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith.
- Staff understood how to care for each person's emotional and spiritual wellbeing in line with their wishes and support plans.
- The management team assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.

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

- Care plans were developed with people, their relatives, where appropriate, relevant professionals and from the staff team knowledge gained from working closely with them.
- Care plans and risk assessments were reviewed regularly, which ensured people and relatives made sure they were accurate and reflected people's current needs and preferences.
- Relatives consistently told us they were fully involved in decisions about all aspects of people's care and support. One person told us, "They [staff] always make a fuss over me and talk to me about what I want and how I like things done. They are very kind and always take time to listen to me."
- Throughout the inspection we observed staff providing reassuring information and explanations to people whilst delivering their care, particularly when administering medicines and supporting them to move. For example, we heard staff explaining to one person and their relative about a new treatment prescribed that day by the GP. The kind explanation and answers to pertinent questions provided by staff, reassured the person and their relative.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy. We observed staff discretely supported people to rearrange their dress when required to maintain their personal dignity.
- During our inspection, we saw that all staff behaved and spoke in a respectful manner with people. When people were confused or disorientated, staff immediately provided gentle reassurance, which eased their anxieties and improved their wellbeing.
- When people were approached by staff, they responded to them with smiles, known gestures or by touching them, which showed people were comfortable and relaxed with staff.
- Where staff supported people with sensory impairments we observed meaningful interactions encouraged by staff adopting techniques, in accordance with people's support plans. For example; ensuring they were in the right position and at the right level to communicate with people effectively.
- Staff consistently spoke with people in a way that met their communication needs. For example, staff spoke slowly and clearly, and allowed people time to understand what was happening and to make decisions. Staff knew how to comfort different people. For example, we observed staff gently holding people's hands or putting a reassuring arm around their shoulder.
- People's care plans promoted their independence safely. People's abilities were reviewed and any change in their independence was noted. People consistently told us staff encouraged them to be as independent as they could be.
- Care plans contained information about respecting and promoting people's dignity. Staff described how they supported people to maintain their privacy. For example, how they followed the provider's policy when people requested a bed bath.
- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

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

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

- Excellent consistency and continuity of care provided by a stable staff team had a major impact on people's quality of life.
- People had experienced exceptional person-centred care, which consistently achieved outstanding outcomes.
- People and relatives consistently praised the quality and care provided by staff, which had significantly improved the quality and longevity of their lives.
- Visiting professionals told us the service was focused on providing person-centred care and support. One professional was impressed that whenever they were called out, each staff member they engaged with knew exactly why they had been called and the current position in the person's care. One professional said, "You never hear, I wasn't working, or I've had no dealings with that" One professional told us, "This would be the home I would choose."
- The registered manager had developed a holistic approach and worked effectively with relevant professionals to improve people's health and well-being. For example, they had arranged weekly visits from a paramedic practitioner and GP to ensure continuity of care for people. As a result, both had developed an in-depth knowledge of people living at Wild Acres and had gained their trust and respect.
- Most people told us that if they became unwell they wished to be cared for at Wild Acres and did not wish to be admitted to hospital. The registered manager had effectively worked in partnership with the Rapid Response and Treatment Team and District Nurses to prevent hospital admissions, wherever possible, thereby respecting people's wishes. Where necessary staff have worked under the guidance of relevant healthcare professionals to enable people to receive treatment at the home. People, relatives and healthcare professionals told us that remaining at the home had a significant impact on achieving successful outcomes. Analysis demonstrated that the collaboration with relevant healthcare professionals had significantly reduced the number of hospital admissions since our last inspection.
- The service effectively used technology to ensure people received personalised care that was responsive to their needs. For example, the use of sensor beams to protect people from falling and specialist chairs to assist people to mobilise.
- Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance to enable people to live as full a life as possible. People and relatives without exception told us the provision of stimulating activities at Wild Acres was exceptional. One relative told us, "The activities here are brilliant. Sometimes I come here and [loved one] doesn't want to see me as she's having so much fun. She likes the 'knit and natter.' It's more than I could hope for. They put a lot of pictures on

[social media forum] and she's now conquering her fears about dogs. I notice more photos of her with the dog that comes in once a fortnight. I often come here and the lounge is full and everyone is included."

- People and relatives consistently told us that the extra-ordinary efforts of the activities coordinator (ACO) and staff had enriched the quality of their lives and had a positive impact on their health and emotional well-being. One relative told us, "[Named ACO] is wonderful. She never stops coming up with great ideas to keep people stimulated and entertained. That's why people are so happy here."
- To maximise the impact of social activities on people, the registered manager and ACO had ensured the service played a key role in the local community and were actively building further links. Contact with other community resources and support networks had been encouraged and sustained. For example, the registered manager had engaged with several community societies and clubs who visited the home and engaged with people. A local 'gentleman's society' had built a 'bugs hotel' to enhance the home's garden and provide a focus for the wild life. This society provides a safe space for men to converse and create, in the process reducing social isolation, whilst having fun.
- People, their grandchildren and children from the community had developed special bonds, whilst involved in a joint project, following the transformation of caterpillars into beautiful butterflies.
- The provider had enabled all staff to complete safeguarding children training in preparation to fully engage with local schools. This has been followed by visits of children from local schools and visits by people at the home to local schools. The provider had also engaged with some schools and provided work experience opportunities to some young people. This proactive approach had created some young volunteers who had developed close relationships with people, which has had a positive impact on their well-being.
- The proactive engagement within the community had led to a thriving group of volunteers from different age groups and backgrounds. The interaction of volunteers with people at Wild Acres had encouraged people to develop new friendships, which helped to protect those who do not receive regular visitors, from the risk of loneliness and social isolation.
- Staff had gone the extra mile to find out what people had done in the past and evaluated whether it can accommodate activities to stimulate happy memories. For example, a volunteer whose first language is not English discovered that a person living at Wild Acres speaks their mother tongue fluently. This person lives with dementia and has developed a trusting relationship with the volunteer, who both enjoy singing together in their shared language. This has made the person feel less isolated.
- Staff have also discovered that the power of song enriches the quality of other people's lives. For example, one person with a diagnosis of Parkinson's disease responded positively to staff singing, which enabled them to mobilise when they were confused and unable to move. This has enabled them to remain mobile and socially active, which enhanced their well-being. Another person who experienced severe anxieties was soothed and reassured by staff singing their favourite song to them. The incidents where this person experienced behaviours triggered by their anxieties had significantly reduced.

Supporting people to develop and maintain relationships to avoid social isolation

- Staff make sure that people can maintain relationships that matter to them, such as family, community and other social links. This helps to protect them from the risk of social isolation and loneliness as social contact and companionship is encouraged. For example, two people with extremely poor mobility were enabled to attend the weddings of close relatives, through imaginative support and risk assessments. Another person was supported to achieve their goal of being able to stand and walk again, after being immobile for many months. Staff worked with health professionals to obtain necessary equipment, then supported the person to maintain an exercise routine to build their upper body and leg strength. This person can now stand and transfer safely and engages in daily group exercise. This achievement has greatly improved the person's mental well-being, social activity and given them a new lease of life.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider effectively identified and met people's communication needs so they could understand information, including information about their service.
- Arranging accessible means of communication that were individual to the person showed the provider had an awareness of legal obligations around communication needs. For example, several people who experienced a hearing or visual impairment had joined relevant supportive societies and received regular companion visits from their staff.
- The registered manager had implemented a 'buddy' system to support people moving into the home, whereby people with similar interests were introduced to each other. This had recently led to two people becoming the best of friends, who spend most of the day together.

End of life care and support

- The service worked closely with healthcare professionals and provided outstanding end of life care, which ensured people experienced a comfortable, dignified and pain-free death.
- Professionals consistently told us the service was focused on providing person-centred care and it achieved exceptional results.
- Staff had received end of life care training to a recognised standard. There were members of staff with the specific skills to understand and meet the needs of people and their families in relation to end of life care. For example, two staff members had completed further training in relation to the provision of end of life care to become the service Champions.
- People's end of life wishes were sensitively considered and their plans comprehensively explained what was important to them, things they wanted to avoid, and where they wanted to be cared for.
- The service provided a rapid response to people's changing care needs and advice on care and support for people and carers at the times they need.
- The registered manager had created sensitive pamphlets to prepare and support people and their relatives through the end of life journey.
- Immediately prior to our inspection one person who was receiving end of life care had sadly passed away. We spoke with healthcare professionals who praised staff for the quality of the care they had provided.
- We spoke with family members of several people who had passed away at Wild Acres since our last inspection, who consistently described the care and compassion of staff as exceptional.
- Relatives consistently praised the staff for providing compassionate care, which ensured their loved one's advanced decisions were respected.
- For example, the registered manager and provider visited one person who had been admitted to hospital for treatment. The person told them they wished to return to Wild Acres for their last few days. The registered manager engaged with relevant healthcare professionals, supported by Wild Acres GP to make this wish come true. We spoke with family members who told us they would be forever grateful for the registered manager's support to ensure their loved one's wishes were respected. A relative told us, "We will never forget the care and compassion of everyone at Wild Acres who made [loved one's] wish come true.
- We reviewed many glowing testimonials received by the service, regarding the outstanding quality of care extended to people and their families when their loved one's had passed away. Extracts from some of these letters read, "Thank you for all your [staff] wonderful care and support for [loved one]. During the last few months we have been especially comforted by knowing how well looked after she was. We will always feel part of the Wild Acres family" and "Thank you for all the love and care you gave our [loved one]. She loved her time with you and every week would tell me how lucky she was to be in such a lovely place. The care and attention she was given in her last days was amazing. You're all wonderful."
- Staff consistently told us they were supported by the service with empathy and understanding when people passed away.

Improving care quality in response to complaints or concerns

- The registered manager used the learning from concerns as an opportunity for improvement.
- People had been provided with a copy of the provider's complaints policy, in a format which met their needs.
- People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- However, there had been no formal complaints made to the service in the year before our inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained good.

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

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

- The provider had established effective management systems to promote person-centred care. The registered manager and staff consistently placed people at the heart of the service and clearly demonstrated the caring values and ethos of the provider.
- People, relatives and professionals described the registered manager to be conscientious and committed to the people living in their home, who led by example and provided a good role model for staff.
- Relatives consistently told us that the provider was very approachable and readily available if people wished to discuss anything. A relative told us, "[Named provider] always takes an interest in [loved one] and always asks if anything needs to be done to make [loved one] happy."
- People, relatives and professionals described the service as well managed and very organised.
- The registered manager and provider had cultivated an open, inclusive and empowering culture, where people and staff felt valued.
- Staff consistently told us they were inspired and motivated by the registered manager to provide the best care possible to people.
- Several staff praised the registered manager for supporting them compassionately and sensitively when they were experiencing personal difficulties. For example, rearranging duties so staff members could provide appropriate support to their family members.
- People experienced high quality personalised care from a stable staff team who were committed to ensuring they received care which was individual to them. Staff recognised the importance of knowing people well and could share details about people with us.
- Staff felt they were provided with training and support that enabled them to provide care and support to a high standard.

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

- The management team understood their Duty of Candour, to be open and honest when things went wrong. When relatives raised concerns the registered manager and provider listened to the concerns, apologised where necessary and took swift action to address the concern. For example, when medicine errors or accidents had occurred, they were dealt with in an open and transparent manner, in accordance with the provider's policies and procedures.

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

- There was a clearly defined management structure within the service. The registered manager and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people.
- The management team often worked alongside staff and monitored the quality of their care in practice. The registered manager operated a rigorous competency framework and completed regular observations to ensure staff consistently delivered care in accordance with their training.
- Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support. The registered manager completed quality assurance checks to ensure all relevant information was shared accurately during handovers and that necessary action was taken by staff to meet people's changing needs.
- Professionals were impressed by the person-centred approach of the registered manager and had confidence in the staff's willingness and ability to follow their guidance to meet people's complex needs.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner, which meant that the CQC could check that appropriate action had been taken.

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

- The registered and deputy manager were highly visible within the service and readily approachable. The registered manager spent meaningful time with people, relatives and staff. People and relatives told us their views were listened to by the registered manager and were acted upon.
- Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. The registered manager recognised and praised good work by individuals in supervisions and team meetings. Staff consistently told us that the provider encouraged them to share their ideas to improve the quality of care people received.
- Quality assurance surveys were used to obtain the views of people, their relatives, staff and professionals. These surveys were consistently positive and analysed by the registered manager. Plans were developed in response to these surveys to ensure action was taken to drive improvements.
- The provider had suitable arrangements to support the registered manager through informal daily meetings and regular governance and quality assurance reviews.
- The provider had forged good links with local community resources and organisations that reflected the needs and preferences of the people living in the home.

Continuous learning and improving care

- Staff recorded accidents and incidents, which were reviewed daily by the registered manager. This ensured the registered manager and provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe.
- The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.
- Staff received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they need to take.
- Staff competencies were subject to regular assessment by the registered manager who also completed regular unannounced night time and weekend visits to assure the quality of care provided at all times.

Working in partnership with others

- The registered manager worked effectively in partnership with health care professionals from multi-disciplinary teams. This ensured people were integrated into their local community and had their health and

social care needs met.

- People's relatives, care managers and supporting professionals consistently praised the registered manager for coordinating partnership working across different organisations.
- We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.