

One Housing Group Limited

# Baycroft Great Baddow

## Inspection report

Molrams Lane  
Great Baddow  
Chelmsford  
Essex  
CM2 7FJ

Date of inspection visit:  
11 March 2019

Date of publication:  
23 April 2019

Tel: 02074284190

Website: [www.baycroft.co.uk](http://www.baycroft.co.uk)

## 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: Baycroft Great Baddow is a 'Care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service is registered to provide personal and nursing care to 64 older and younger people, people with physical, sensory and mental health needs and people living with dementia. At the time of the inspection, 29 people were using the service.

People's experience of using this service:

People received exceptional personalised care that responded to their needs. They spoke highly of the staff who went the extra mile to provide individualised care.

Information was recorded and used in a way that considered how best to deliver person centred care that improved people's outcomes. This process enabled them to take risks and to live their lives with dignity and freedom.

The manager provided proactive leadership, management skills and was a positive role model. There was an inclusive, open and honest culture in the service with a high level of staff satisfaction. Staff were very happy in their work and created a warm, caring atmosphere and ambience in the service.

Staff used innovative and individual ways of making the service inclusive. They involved people living, working, volunteering and providing services from the community to meet people's needs in a holistic and respectful way. People benefitted from a service which went to great lengths to include and encourage people to be socially engaged and stimulated. Arrangements for social activities was exceptional and personalised.

People were treated with utmost respect and their dignity maintained. Staff knew people well, their family history and backgrounds and used this to enable and encourage people to maintain their interests and celebrate their lifetime achievements. People or their representatives consented to their care and support and the service was working within the Mental Capacity Act 2005.

Systems were in place to protect people from potential harm and people told us they felt safe. There were sufficient numbers of staff who had been recruited safely. People received their medicines by trained staff in the way they wanted them and as prescribed. People were protected by the control of infection as staff wore protective clothing as appropriate.

The training provision was excellent. Staff had access to a comprehensive programme of continuous learning and personal development, support and supervision.

Auditing processes were in place to assess and monitor the quality of the service. Lessons had been learnt and improvements made when things had gone wrong. The service was continually striving to provide a high-quality service.

The service was purpose built and well designed. It was exceptionally well furnished with spacious bedrooms, bathrooms, communal areas and gardens that were well used and brought people together.

Rating at last inspection:

This was the service's first inspection and rating. The service was Good in safe, effective, caring and well led and Outstanding in responsive. It has an overall rating of Good.

Why we inspected: This was a planned comprehensive inspection based on the date the service was registered with CQC.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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.

# Baycroft Great Baddow

## 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 an inspector, an inspection manager, a specialist professional advisor and an expert by experience. The specialist adviser was a qualified nurse who had expertise of nursing care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of the care of older people living with dementia. We carried out this inspection on 11 March 2019.

Service and service type:

The service is a 'Care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service requires a manager to be registered with the Care Quality Commission. The current manager is in the process of applying to be the registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: The inspection was unannounced.

What we did:

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is how providers tell us important information that affects the running

of the service and the care people receive. We used the information sent us in the Provider Information Return. This is information we require providers to send us at least once annually which gives key information about the service, what the service does well and improvements they plan to make.

We spoke with 12 people who used the service and five relatives. We spoke with the general manager, peripatetic manager, two nurses, three activity coordinators, four housekeeping staff and ten care staff. We observed care practice and interactions between care staff and people who lived at the service.

We reviewed seven people's care files, medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at three staff files, the recruitment process, complaints, training and supervision records.

The manager sent us information we requested after the inspection and this included evidence of actions taken, lessons learnt and the training and development programme.

# 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

- People who used the service were safe. One person said, "I feel safe, absolutely. I've only had one fall since I've been here, staff came very quickly it's all very positive for me." Another said, "Yes I feel safe here and secure. My daughter feels I'm safe here too." A family member told us, "My [relative] is very safe here, she's very determined but there is always someone looking out for her."
- The provider had effective safeguarding systems in place. Staff had received appropriate training and were aware of the provider's whistle blowing and safeguarding policies.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They told us how they would identify and report it, for example, any changes to people's mood and behaviour.

Assessing risk, safety monitoring and management

- People identified as being at risk had comprehensive risk assessments in place which were thorough, individualised and person centred. For example, one person liked eating grapes in bed at night but were at risk of choking. In discussion with them, it was agreed for staff to cut up grapes for the person in the evening so that they could enjoy their fruit whilst keeping safe.
- Another example included people at risk of falls. Risk assessments included how to mitigate the risk, whilst taking a positive risk approach and supporting people to remain independent. Staff recognised the importance of keeping people mobile and independent and encouraged and supported them to use their walking aids, utilising different parts of the building to provide stimulation and exercise. One staff member told us, "It's important that people can retain their mobility for as long as possible. We wouldn't want them sitting because they were at risk of falling."
- Health and safety systems were in place to manage, monitor and maintain the building, gardens and its environment to keep people safe.

Staffing and recruitment

- People, their relatives and staff told us that there was enough staff on duty to meet people's needs. One person said, "I feel safe. There's plenty of people around, even at three am at night, I know there's someone around to get me a cup of tea if I can't sleep." Another said, "There's plenty of staff around all the time, they're very good, keep an eye on me." A family member said, "There is always enough staff to help and support people and now there are more activity people, it's really good." One staff member told us, "We have enough staff here. We always have time to sit and talk to people throughout the day."
- We saw the provider had robust procedures in place to ensure future recruitment was safe. Where agency

workers were used, the agency had provided information the manager required to ensure they were suitably recruited and trained to work with people using the service.

### Using medicines safely

- We observed people being given their medicines in a safe and appropriate way. The staff member was patient with people and gave them the time to take their medicines without rushing. People told us they had their medicine on time and staff waited while they took it. One person said, "They give us our medicine but don't just go away they stay and watch us take it."
- People who needed medicines at specific times, for example people who were diabetic, were given their medicines in line with meal times.
- The nursing staff were very knowledgeable about the care and management of medicines.
- Medicine administration records were completely correct. Covert medicines protocols were in place (medicines given without the knowledge of the person) and best interest decisions made with family, GP and the pharmacist.
- All medicines were stored appropriately in locked cupboards and trolleys. The temperature in the medicine room and the fridge (which was locked) were within acceptable limits and this was checked and recorded daily.
- Where people were having medicines on an 'as needed' basis, the protocols were in place to ensure people's pain was managed well and kept them safe.

### Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- The service was very clean. One person said, "This place is so beautiful, would you look how clean it is, look at the towels in the bathroom." Housekeeping staff told us it was a lovely place to come to work, and one said, "It sparkles it's so clean."

### Learning lessons when things go wrong

- The manager was working collaboratively to make changes to the service involving all staff and people and their families to find solutions when events had occurred and to make improvements.
- Accidents and incidents were recorded, monitored and shared with staff to help prevent a reoccurrence. The manager took preventative action when this was needed.
- Safeguarding events had been investigated and solutions had been found by working proactively with people, staff and partner organisations.

# 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 good, and people's feedback confirmed this.

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

- People's needs were assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care.
- Support was provided in line with best practice guidance and legislation and staff had a clear understanding of people's needs and choices.
- Some of people's protected characteristics under the Equalities Act 2010 were identified such as age, sex, disability and religion. However, ethnicity and sexual orientation were not routinely identified or recorded as part of their needs assessment. We spoke with the manager about the lack of recognition of some aspects of people's lives. They agreed to consider reviewing their assessment and recording process and look at good practice guidance including CQC's 'Equally outstanding'. They let us know, shortly after the inspection, that a teaching session had been arranged for the following week to address ways to talk to people using the appropriate language and how to tackle potentially difficult information in a sensitive and gentle way.

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure staff had the knowledge and skills to carry out their role effectively. When any gaps in staff knowledge were identified, the manager was proactive in putting in place learning sessions to upskill staff in the relevant areas. We raised with the manager that staff awareness around mental health issues in relation to two people was not as robust as it could be. They investigated this quickly, provided written assurance about people's needs and the action taken and how they would increase awareness about mental health across the staff team.
- Throughout the day, we observed staff caring for people in a knowledgeable manner. This included knowing how to operate moving and handling equipment safely and working in line with best practice guidance. One staff member told us, "After receiving dementia training, I recognised that [person's name] always got distressed at the sound of the Hoover. Now, when domestic staff are about to Hoover, they let us know and we take [person's name] for a walk so they are not affected anymore."
- Staff had an excellent induction to the service. This included a four-week programme of face to face learning and supervision of their practice. One member of staff told us, "The training is brilliant, I had not worked in care before, but the training here gave me the confidence to care." Another said, "The management would not hesitate to provide training if I identified it as a need." One family member told us, "Staff are very well trained and know what they are doing."
- Additional training was provided to meet people's needs for example, the nursing staff offered mini sessions for care staff about the side effects of medicines, maintaining skin and pressure care and recording

observations. One staff member told us, "The lead nurse had excellent knowledge and experience and regularly provided clinical training for staff."

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

- The dining experience was calm and inviting. People sat in friendship groups and tables were set up in a way that encouraged socialisation. We saw staff supporting people with dignity and respect. They gave them lots of positive encouragement and support, with phrases like, "You are doing really well" "Would you like some more?" "You don't seem to be enjoying this [food] shall I get you something else?"
- People and their relatives thought the food quality and choices were very good. People were given a choice by menu and in addition were presented with plated foods at meal times to select their preference by sight on the day to help them choose. One person said 'The food portions are a bit too much sometimes, but it's very good. At one time I lost a lot of weight but got it back here.' Another said, "You couldn't get any better, it's wonderful." A third said, "I like the food, if I don't like something, the staff make me something else."
- Where people were at risk of malnutrition, plans were in place to ensure they had enough to eat and drink and their intake was recorded and monitored. People who were unable to swallow easily, had food provided in a textured or pureed way to minimise their risk of choking. One family member told us, "My [relative] now has their food pureed, it's beautifully presented and always delicious."

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

- People received consistent care as the staff team worked together effectively.
- Good communication systems were in place and staff were kept up to date about people's care. Handover meetings helped discussions between staff which focused on how best to respond to people's changing needs.
- Staff were aware that people's needs could change and understood how to manage these risks. They understood when to involve other agencies and services when this was required.
- The service used the 'Red Bag Scheme' which provided up to date information about people and details of the medicines they took when they needed to be taken to a hospital or another health care provider.
- Staff worked together to ensure people received consistent, timely, coordinated person-centred care.

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

- The service was purpose build as a nursing home. It was very accessible, spacious and decorated to a high standard. It had been designed by specialists in dementia care as part of the building was dedicated to people with dementia to live in comfort.
- People's rooms were spacious and personalised, with their own furniture, possessions and were very homely. Ensuite facilities included a wet room. Bathrobes and toiletries were provided as standard.
- Care had been taken to incorporate sensory areas and memory boxes. Areas of stimulation, sensory furniture, large calendars and clocks, tactile art on the walls was well thought out. All areas were exceptionally comfortable and welcoming.
- The main entrance to the reception area had a café where people, their families and visitors could have a drink from the bar, hot drinks and homemade cakes. This was a very popular area for socializing as many people told us, "It's the place to be, to chat or sit if you're lonely or need a bit of company with your friends."

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

- People were supported to be as healthy as possible and received healthcare assistance from professionals when they needed it. For example, one person was receiving treatment from a physiotherapist for pain and mobility difficulties.
- Records showed that referrals to professionals were made in a timely way. This included the GP, optometrist, audiologist and dentist. Speech and language therapists, the mental health and palliative care teams were involved to provide specialist advice as needed.

#### 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.
- Where people lacked capacity to make decisions for themselves and consent to their care, MCA assessments were carried out. Decisions were made by their representatives in consultation with the service and GP and taken in their best interest. DoLS applications and authorisations had been completed appropriately to ensure people's human rights were respected.
- Staff had an excellent understanding of the MCA. They were able to put the theory they had learnt in their training into practice. Staff consistently sought consent from people before carrying out care tasks or activities.

# 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 supported and treated with dignity and respect; and involved as partners in their care.

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

- People were incredibly positive about the service, the staff and the environment. One person told us, "The home is very open, has a nice lounge which I can go to as I don't like being in my own bedroom. I can't fault it; the staff are wonderful." Another said, "My [child relative] asked whether I was coming home, I said I am home, this is my home."
- Staff demonstrated a positive, warm and caring attitude in their interaction with people. One family member told us, "When I came in last week, my [relative] was in the café. I was overcome with emotion because a staff member was holding her hand, they're amazing. It's not just through rose tinted glasses, I just can't fault them."
- We saw many examples where staff were very positive in their interaction with people. One person was encouraged back to knitting the scarf they had started and had forgotten about. With the staff member's knowledge of their interest and love of knitting, they got them to continue and we saw they were thoroughly enjoying it.
- Staff and people were talking and laughing together and the atmosphere in all parts of the service was open, relaxed and cheerful. One family member said, "The staff are exceptionally caring. They speak to my [relative] in such a lovely way and demonstrate so much love. I often see staff giving her a gentle reassuring hug." Another told us, "They are so careful to ensure that no one is in distress and speak to people so well." A third said, "It's exceptional here, the most wonderful care staff. It was because [relative] is so well cared for that I felt able to visit my family on the other side of the world. You are made to feel like one big family."
- The manager looked at ways they could care for staff as well as the people that lived at the service. One staff member said, "The manager is really supporting the staff to feel part of the future of the service. They have introduced time for us to socialise and are planning trips and social events. I am really looking forward to this, I feel they really care about the staff too."

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

- People and their relatives were involved in the planning and review of their care and support.
- Care plans contained information as to the person's wishes and preferences, choices and decisions. We saw that people had legal representatives involved when they were unable to speak or make decisions for themselves. We saw they were fully involved in ensuring people received high quality care.
- The manager held monthly meetings for people and their relatives to share their views of the service and be involved in its development.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and treated people in a dignified way. People received care that met their individual needs and preferences. Peoples care plans identified how they could be supported to remain independent, instructing staff how to encourage and support people in individual ways. One person told us, "I like a bit of independence. The staff all seem happy, they really do. I've got no complaints, they know your name." Another said, "They leave me alone if I want to be left alone, and give me help if I need any, or if you ask for it. They can't do enough for you."
- People were supported to maintain and develop their relationships with family, friends, and the wider community. One person said, "The hairdresser is excellent and is always ready to help. They sent me a card from India, I was surprised they remembered me."
- Staff ensured that any personal care provided to people was offered discreetly and with dignity. We saw they knocked on people's doors before entering, they assisted people with their attire, so they always looked smart and dignified. We heard staff talking to people with respect using their names first so people knew they were talking to them. One member of staff said to one person, "Are you comfortable? it's no trouble at all to help you, just let me know if you need anything."

## 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.

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

- People's care and support was planned proactively in partnership with them and involved their legal representatives where appropriate. They told us they were involved in all aspects of their move to the service and felt empowered, listened to and valued. One person said, "I felt it was a very positive move coming to live here. All went very smoothly, all that I asked for was put in place and I would say I am settled now."
- Care plans were exceptionally comprehensive, up to date, written in a person-centred way and reviewed regularly. People's religious and spiritual needs were met. One person with a respiratory illness enjoyed attending a weekly group where incense sticks were burnt. This was identified as a risk of exacerbating their illness. However, these risks had been discussed in depth with them and recorded how staff could support them to manage the risks to their health, whilst they continued to take part in something they really enjoyed.
- Staff demonstrated an excellent awareness and in-depth of knowledge of the individual needs of people they supported and knew people's preferences, likes, dislikes and personalities exceptionally well. For example, one person living with dementia, started to get distressed following an activity, saying, "I want to go home." A member of staff asked the person about their previous home, engaging them with conversation and then distracting them with an activity. The person immediately relaxed in response to the staff member's creative and sensitive response.
- Staff had gone the extra mile to find out what people had done in the past and considered how they could keep people's memories alive, by arranging bespoke and personalised activities, designed to stimulate a certain memory or celebrate achievements. For example, one person, who was an artist, had been encouraged and supported to set up a life drawing and watercolour classes which people attended. The staff facilitated the time and space for this to happen. The person could continue and share with others the passion they loved. For another person, the staff had arranged for them to visit their relative in another care service just prior to their death. The person told us, "It was so important I was able to say goodbye to them."
- People's sensory and communication needs were being met and information was available in different formats if people required it. The service was complying with the Accessible Information Standard.
- The registered provider had gone to exceptional lengths to encourage people to share skills, learn new interests, socialise and form new friendship groups. The service had a cinema, gym and café for people to enjoy. There were two full time and one-part time activities staff who ensured that there were a wide range of events for people to get involved with. These included Tai Chi, keep fit sessions, hairdressing, professional entertainment, afternoon tea with the vicar, memory quiz, scrabble and dominos club, sing a longs, knitter and natter sessions, cake decorating, petting animals and film afternoons. One person said, "There's always plenty to do, I enjoy meeting up with other people, we played card games for two hours, it was lovely. [Name of activities coordinator] arranged for me have a phone call from my relative in Australia."

- We saw people, their families and volunteers making Easter decorations. There was intense concentration, conversation and lots of laughter. One person told us, "I said I couldn't make baskets, but they persuaded me to make one and I loved it." One family member said, "My [relative] is difficult to integrate but they try very hard to get them involved in some of the activities, recently they did cooking and stirring mixtures. This was really progress. [Staff member's name] is just a bundle of joy, [relative] responds so well with them." Another said, "The staff do so much with people, it really gives people a sense of worth." A third said, "My [relative] has a better social life than I do."

- People and their relatives told us that they felt engaged and valued as they had access to an extensive range of stimulating activities which were on offer seven days a week. These enabled people to have fulfilled lives, engaging in activities and hobbies that were meaningful to them. One person, who had early stages of dementia, and was very anxious about going out of their room, had told the staff they wanted to attend a church service on a Sunday. The staff arranged with the local vicar to open the church on a Sunday afternoon every month where the person could take communion without being frightened or worried. Since then, the staff have been supporting them with their daily prayers. The person has regained their ability to practice their faith which has greatly improved their wellbeing.

- The arts and craft room had been incredibly well designed, in style, textures and colour. Innovative and interactive technology had been introduced such as Tovertafel known as the 'magic table'. This was a system of projected light games displayed on a table to create playful responsive and interactive engagement with people, particularly with those living with dementia. For one person, with limited vocal communication and concentration, the gentle actions of hitting a beach ball across the table enabled them to focus, understand and recognise how to move it, and start to interact with other people during the game. Their new found enjoyment of the game and engagement with other people was recorded to show the improvements this was making to their physical and mental health. One person, who had very limited and painful use of their right shoulder and arm, had commenced a programme where fallen leaves needed to be swept up. They were given a dustpan and brush to sweep the leaves up on the table, each day as an exercise. The difference this had made to their movement and wellbeing, the manager told us, "Has been a wonder to see, truly magic and they can hold a cup now and sleep on their side in bed. They have now begun to participate with other people, laugh and smile because they are in less pain and more mobile."

- People told us about the roles they had within the service which made them feel valued. For example, one person was responsible for plant watering, maintenance and looking after the bird feeders. Another for helping with the chores such as washing up. One person said, "I do little jobs plants and potting, we've got a new shed for potting which is warm and well made outside, so we can start our own plants just like at home."

- People's skills, enthusiasm and experience were being valued and harnessed to create a service where everyone's contribution was acknowledged and significant. A daily news, quiz and reminiscence paper called the Daily Sparkle was used as an activity by the staff to stimulate discussion. A staff member told us, "We are in discussions with one person who is very keen to take this over and use their skills and experience in writing and editing our own one. They have already looked at renaming it the 'Baycroft Whisperer'. Watch this space."

- Regular social occasions and trips within the local community were very popular. People could access the service's mini bus. On the day of the inspection, we saw that additional staff were being trained to drive the minibus which would enable more outings to take place. One person said, "Last week we went to see My Fair Lady at the theatre in our own mini bus. How magical." The manager told us, "We took people to the show who had not had an opportunity to go out due to their severe dementia. People called out, tapped their feet and clapped. One person who had not spoken for years, begun to sing the songs from the show and another person cried with joy. It was the most emotional evening for people, staff and relatives, a tiny bit of normality and wonder."

## Improving care quality in response to complaints or concerns

- People, and their relatives told us the service was exceptional and they received excellent care. Intensive work was being carried out with people and relatives to improve the service they received and ensured their needs were being met. One compliment from a family member said, "I would like to pay a particular compliment to [name of staff member]. When my [relative] had been less than 100%, they had gone above and beyond, displayed patience, kindness coupled with an almost loving approach to my [relative]. Another one from a professional said, "We attended a 999 call at your service today, and saw the exceptional care, knowledge and compassion shown towards the person by two particular staff. It was so refreshing and lovely to see."
- The service had a complaints process in place. Complaints were responded to appropriately. People and their relatives were involved in finding the solution when complaints were responded to. When complaints had been made, comprehensive investigations had been carried out, and feedback given as to the outcome. The manager told us, "We try to deal with anyone's concerns quickly and to their satisfaction so that there is no need for a formal complaint. Most issues can be responded to and resolved as soon as they arise. We pride ourselves on that."

## End of life care and support

- Systems, information, the environment and equipment were in place to support people and their families at the end of their life.
- The staff discussed and recorded, in an exceptionally sensitive way, people's end of life wishes with them and their families. This was to ensure the service could meet these wishes to have a personalised and comfortable end to their lives. For example, one person felt very anxious talking about their death and dying. We saw in their care plan their preferred intervention which demonstrated empathy and understanding in them being able to express their anxieties. This ongoing discussion led to a gradual acceptance and the development of an end of life care plan where the person was fully engaged in the process.
- Detailed plans had been written in a very person centred and sensitive way. Where discussed, these recorded people's wishes and preferred arrangements. For example, fast acting pain control management, if a Do Not Attempt Cardiopulmonary Resuscitation (DNACR) was in place and their funeral arrangements.
- Staff went the extra mile to ensure people received the best care. We were told of one example where a nurse had identified that a colleague needed additional support to meet one person's dying needs. They returned to the service, after having already completed a long shift, to guide and support the staff in a particularly complex procedure. The person's passing was peaceful and pain free.
- At the time of the inspection, one person had come to the service to receive palliative care. The manager told us that, due to the excellent care by their staff team, the person had maintained reasonable health, had not deteriorated and was enjoying the support and facilities on offer at the service and they were no longer on an end of life pathway.
- The service provided excellent support to people's families and friends to make this difficult time a little bit easier. This included providing them with meals, refreshments and drinks and offering overnight accommodation if this was needed.
- The registered manager had strong links with the local hospice and had arranged training so that all staff were clear about how to support people in the final stages of their life. Professionals who had contact with the service told us, "The service was immensely welcoming, and staff responded really well to our input. Although the service had a couple of hiccups in the early days, they were very quick to respond and put things right to give people the best care, and I think they do."

# 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

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

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

- The manager had the skills, knowledge and experience to lead the service. They were committed, caring and lead by example. A family member said, "They are very approachable and have an open-door policy, that is so refreshing in a manager." Staff told us that management were visible and supportive, "I always see the manager walking around the home, they are very involved."
- The manager had brought to the service an emphasis on good practice and wellbeing by recognising and valuing their staff team. Their inclusive and innovative approach to team and skill building with treats and trips, decided by the staff, and awards given when good care had been observed were valued. Staff told us individual recognition gave them a sense of pride and achievement in their work. One staff said, "I have never had such focus on me. We all feel extremely special working here." Another said, "I feel privileged to work here and care for people." Another said, "I'm very impressed with the new manager, they ensure we have loads of training, enjoy our work and in turn make people happy."
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The manager understood their responsibilities in respect of this.
- The provider and the manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration.

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

- The management including nursing staff were clear about their roles, and understood quality performance, risks, and regulatory requirements. The registered provider had defined staff's role, and had embedded a strong emphasis to ensure that everyone was responsible for driving improvements.
- Governance and audit processes had been sufficiently embedded and the data could demonstrate that improvements were continuously being made. For example, the system for maintenance checks on a daily, weekly and monthly basis had been improved to make it more time efficient and to flag up and resolve issues quickly without inconvenience to people who used the service.
- The registered provider had invested in a computerised records system. This enabled information to be recorded immediately about people's needs so that all staff could provide high quality up to date personalised care. Staff told us that the new system was excellent, less time consuming on paperwork and

more time spent with caring for people.

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

- People and relative's views about the service were sought through regular meetings, reviews, activities, surveys and informal gatherings. Records showed very good action points, discussions and involvement. The manager told us that they and the staff acted on people's concerns and wishes, however small or complex. "[Name of person] told us they wanted crumpets, they now have crumpets. Some of the men want more specific activities, such as live football matches, horse racing and a pint down the pub, which we are currently organising."
- Staff meetings were organised for all staff to give them an opportunity to discuss any changes and raise any suggestions. The notes of one meeting illustrated actions taken, for example, an increase in staffing levels on one floor so that people with dementia had the one to one support they needed and also protected mealtimes had been introduced so that people could enjoy their meal without distractions. One staff member said, "I love my job so much, it gives me so much joy to help people, gives me a sense of purpose."

Continuous learning and improving care

- Systems for communication with staff at all levels and senior management level were becoming more established as the manager was new in post. The managing director was supportive, involved and had oversight of the service.
- Staff training and development was actively monitored by the manager. Where people's needs changed, staff were given further training as necessary. Ongoing learning and personal development was embedded in the culture of the service.
- Incidents, investigations and compliments were learnt from and used to drive improvements.

Working in partnership with others

- The service worked in partnership with key organisations to support people to access good healthcare, equipment and specialist support to ensure an individual approach to care. Health, mental health and social care professionals provided individualised care and support to people.
- Community groups, entertainers and volunteers were actively encouraged to get involved and people benefitted from the talent, enthusiasm and caring they provided.