Bupa Care Homes (CFChomes) Limited

Thatcham Court Care Home

Inspection report

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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?	Good
Is the service well-led?	Outstanding

Summary of findings

Overall summary

About the service
Thatcham Court Care Home is a care home which provides accommodation and personal care or nursing care to older adults who may be living with dementia. The care home accommodates 60 people across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia. At the time of our inspection, 60 people received care.

People's experience of using this service and what we found
The service was exceptionally well-managed. There was a very positive workplace culture, which ensured the care provided was to excellent standards. There was a clear focus on continuous improvement and ensuring people could lead their best life possible. The service used nationally produced best practice guidance to shape the provision of people's care. In addition, the management team looked for innovative programmes to promote people's lives. The manager ensured audits and checks were completed regularly to ensure the safety and quality of people's care. Improvements to the service were made based on the feedback of people, relatives, staff and others. There was an excellent link with the local community to promote an inclusive culture.

People received safe care. Any risks to them were assessed, documented and mitigated to protect against avoidable harm. People were protected against abuse, neglect and discrimination. There were enough staff deployed to ensure people were safe. The premises and equipment were well-maintained, clean and tidy. Accidents and incidents were recorded, people received appropriate support afterwards and the service learnt lessons if things went wrong.

Staff were knowledgeable and skilled. They were competently able to provide the support people required. They were provided with frequent training in relevant areas of care specific to the service, which included additional complex skills. There were very good links with community care professionals which ensured people maintained a healthy lifestyle. People received effective support which met their individual needs. A holistic assessment was carried out which included people's cultural, religious and lifestyle histories. We made recommendations about the staff training in oral hygiene and the publication of food allergens.

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.

We observed people's support was very caring. Relatives, commissioners and professionals described the service as very caring and staff as kind. Without exception, people were routinely treated with dignity and respect. One person's feedback stated, "The staff were always caring and did their jobs well, but they now receive the leadership and guidance to help them become the best they can be."

There were improvements to care planning. People's care was specifically tailored to their individual needs

and life. There was a clear emphasis on supporting people to lead full and active social lives. People were encouraged to enjoy themselves and follow a broad range of activities. All staff were motivated and committed to provide people with personalised experiences that met expectations. Staff valued people's individual differences and responded in line with their preferences for support. People's diversity was recognised and promoted by the staff. People were supported to follow their faith and culture, and to maintain important family relationships.

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

Rating at last inspection
The last rating for this service was good (published 2 June 2017).

Why we inspected
This was a planned 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was exceptionally well-led. Details are in our well-led findings below.	**Outstanding** ☆

Thatcham Court 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
Our inspection was carried out by one inspector.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Our inspection was informed by evidence we already held about the service, which included information received about the service since the last inspection. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We contacted health and social care professionals who work with the service. We checked records held by Companies House, the Information Commissioner's Office, the fire brigade and the Food Standards Agency.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We contacted 70 staff and 70 relatives in writing to request comments and feedback about the service.

During the inspection
We spoke with five people who lived at the service and observed four more people's interactions with staff. We spoke with 16 employees including the regional director, registered manager, resident experience manager, a registered nurse, care workers and other support staff. We received extensive written feedback from 18 more staff, 13 relatives and other health and social care professionals.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment, supervision and performance appraisal. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received evidence about the social activities programme and management of the service.

Good

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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, neglect and discrimination. The policies and procedures from the provider ensured this.
- Staff received safeguarding training during induction and on refresher courses. They were required to undergo a knowledge check to ensure their understanding of harm of older adults.
- A 'speak up' system was in place for whistle-blowers, so that staff could anonymously provide information of concern. The management team investigated any issues of concern and liaised with the local authority safeguarding team to ensure that people were safe. Checks of safety systems were overseen by the regional director.
- There was signage throughout the entire building which advised people, relatives and visitors how to raise concerns by contacting local authorities and other agencies.

Assessing risk, safety monitoring and management

- People's needs were satisfactorily assessed via a pre-admission process before they moved into the service, and on a continuous basis. This ensured the service could provide safe care.
- Documentation included the "this is me" form, where people's care preferences were recorded. This provided the staff a quick overview of any risks that might be present once the person moved into the service.
- The preadmission assessment included sections on wellbeing, cultural, spiritual, religious needs and practices. This ensured the service assessed all areas of a person's life.
- "My day, my life, my story" recorded a person's social life and activities. A copy of this was given to each department at the home so that staff could prepare for a person's admission.
- Risk assessments covered mobility, specialist equipment, allergies, communication, skin integrity, toileting, dietary requirements and mental capacity. Each person was assigned a key worker who took responsibility for the updates to the risk assessments. Risk assessments were regularly updated to show changes in risks and whether new or emerging risks are incorporated.
- A relative stated, "The staff know [my mum] very well and are extremely aware of what makes her tick. The care they give her is amazing. They allow me to have peace of mind knowing that she is given the best care."
- Risk assessments of the premises and equipment were completed to ensure people were protected. These included fire safety, Legionella prevention and control, portable appliance testing and gas safety.

Staffing and recruitment

- We received some constructive feedback from staff and relatives about staffing levels. We found there were enough staff deployed to safely meet people's needs.

● A dependency tool was used to assess each person's individual needs. The tool was used to work out how many hours of care and nursing were required on each floor.
● There was evidence that feedback from workers was used by management to determine safe staffing levels. Staff could approach the management team and raise any concerns about staffing deployment, and some told us they had done so with a positive result.
● The provider operated an appropriate recruitment system to ensure new staff had the right skills and attributes to work with people. Most of the required pre-employment checks were in place. We asked for additional confirmation about this after the inspection. The regional director developed a robust personnel file audit tool following our inspection. This would further be used to ensure all pre-employment checks were in place before any new workers commenced.

Using medicines safely
● Medicines were safely ordered, stored, administered, documented and disposed of. This ensured people received the medicines they were prescribed in the manner required.
● Staff received relevant training and competency checks to ensure that they could safely provide people's medicines. This was repeated at regular intervals to keep staff knowledge and skills up to date.
● Medicines checks and audits were completed by the management team to ensure people received their medicines safely. These showed no concerns. Medicines had been administered in line with best practice guidelines.
● There were protocols in place for covert medicines (medicines hidden in food or drinks), 'as required' medicines (such as painkillers) and people who received injections. People's allergies were recorded to prevent any side effects of medicines.
● Medicines incidents, for example missed medicines, were recorded and investigated. Findings from medicines incidents were used to help train staff and as a talking point at staff meetings or other team discussions.

Preventing and controlling infection
● People were protected against the risk of infections.
● The service was clean and tidy without malodour. We noted domestic staff carrying out cleaning tasks, and that they recorded all the areas that were cleaned.
● People were further protected from harm because chemicals were locked away and staff had access to disposable personal protective equipment (gloves and aprons).
● There were infection prevention and control staff 'champions'. The resident experience manager and head housekeeper regularly reviewed cleaning practices and made changes where necessary. They wrote an annual statement of infection prevention and control which detailed their findings.

Learning lessons when things go wrong
● Staff ensured that accidents and incidents were reported to the management team to ensure issues were promptly addressed at the time they occurred. This ensured people's safety.
● When needed, investigations were launched by a member of the management team. A 'tracker' document was used to follow the investigation process, to ensure the root causes of all incidents were identified.
● Actions were put in place to prevent recurrences. Trends and themes in incidents were analysed, and these were communicated with staff. The service ensured that any identified themes were addressed to prevent recurrence.
● Referrals were made to community agencies where additional support could prevent harm. For example, a referral was made to a falls team to review reasons for a person's falls.
● Relatives explained that if an injury to a person occurred, staff responded quickly and acted professionally to ensure the person's welfare.

Good

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 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's needs, likes and preferences were assessed and documented appropriately. This ensured care was tailored to their individual needs.
- One example was a person dressing themselves with excessive clothing. Staff recognised they did not want to take over the person's level of independence. Management reviewed the person's preference and identified, with the relative, that the person required gentle prompting to dress appropriately. This ensured that their choice was respected.
- People's preferences regarding culture and faith were maintained. This included respecting people's requests for participating in various religious festivals and cultural celebrations.

Staff support; induction, training, skills and experience

- Staff had the right knowledge, skills and experience to provide effective care to people.
- Staff completed a mandatory corporate induction and set of standards specific to the location, people's needs and in line with the wider adult social care landscape.
- Staff were offered and completed advanced level training. This included advanced skills, such as collecting blood specimens from people. This meant there was a decreased reliance on outside services having to undertake diagnostic tests for people. It also provided a feeling of empowerment for staff who were competent to complete the task.
- Staff undertook regular supervision sessions with the management team or their line manager. They also completed performance appraisals to set and review objectives for their own development.
- Some staff had completed additional qualifications in health and social care. At the time of our inspection, staff were also enrolled in and studying topics related to their roles.
- The service had linked up with community organisations to engage staff in specialist training that helped support people at the service, for example dementia and swallowing difficulties education. This ensured staff received training which helped them support people in the right way.

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

- People's preferences for food and drink were documented and the service ensured that they provided food and drinks that they liked.
- Although a menu with options was provided, people could order specialised meals without any restrictions. Food, drinks and snacks were placed throughout the building. Staff were seen to encourage people to select them and ensure they were consumed.
- People's weights were monitored regularly based on their risk of malnutrition. Where needed, food and

fluid charts were put in place to carefully monitor people's input. This ensured risks of malnutrition and hydration could be identified and acted on as early as possible.
● The service worked with the community dietitian s where people were identified as at risk of malnutrition. Fortified food and drinks were provided to people. These calorie rich foods and drinks helped prevent people losing weight. People's obesity was also assessed and managed. We saw a person who was placed on a specific diet due to them eating too much food and placing themselves at risk. This was monitored carefully by staff who liaised with the dietitian .
● There was a master list of people's food preferences and allergies located in the kitchen. However, menus on dining tables did not display allergens in foods.

We recommend the provider reviews best practice guidance for displaying food allergens.

Staff working with other agencies to provide consistent, effective and timely care
● The staff worked with many other agencies to ensure that people received the care they required in a timely way.
● The organisation worked with an advanced practice nurse from the community to review people when they became unwell. This included the prescription of medicines, management of intravenous fluids and diagnostic tests. This ensured that people were able to stay in the home without the need for hospital admissions. In addition, it meant GPs did not have to attend each time a person became ill.
● The specialised nurse was able to visit the care home and liaise with staff about a person's progress once they had started treatment. They could make further recommendations about care or change the person's treatment plan if they were not making progress.

Supporting people to live healthier lives, access healthcare services and support
● The service worked extensively in partnership with other health and social care professionals to ensure people remained healthy.
● Other professionals involved in people's welfare included the GP, wound care specialist, speech and language therapists, dietitians, equipment specialists, podiatrist, music therapist and mental health services.
● The service ensured not only that people had access to the health and social care professionals, but that staff received appropriate education and information to maintain the care recommended by the community professionals.
● People's oral care was maintained, and they had access to routine and emergency dental care. Although there were oral health care plans in place, the service did not have targeted induction, training or educational materials in place for staff.

We recommend the provider reviews best practice guidance for oral hygiene in care home settings.

Adapting service, design, decoration to meet people's needs
● Attention to detail had been used to adapt and decorate the service in a way that ensured people lived in an appropriate environment.
● This included specially themed areas for people who lived with dementia. Examples included sensory gardens, 'old-time' pictures and paintings throughout the building and tactile objects (items and displays that could be touched or felt).
● On the second floor, the wooden flooring was identified as noisy, creating distraction and contributing to people's behaviour that challenged. The service identified that replacing the floor with carpet would help prevent this, reduce noise and provide tactile stimulation for people who did not want to wear shoes. The resident experience manager said, "Their response [to the carpet] proved we made the right decision for

people."
● Plans were submitted by the service to convert a barn into a small day centre for employee childcare. This would provide close access to the care home for people to visit children and interact with them. In additional, this would provide confidence to staff that their childcare centre was close by their workplace.

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, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● The service ensured they were compliant with the MCA and associated codes of practice. This ensured people received care and treatment in line with relevant law.
● Staff received training in the MCA, there were display points and pocket cards for staff showing the principles of the MCA. The registered manager explained they worked closely with the local authority DoLS team, who were organised to provide additional staff training. This was advanced training over and above the training offered by the provider.
● Applications to deprive people of their liberty were in place which ensured lawful accommodation for people. Renewal applications were made when existing authorisations expired.
● Where a person had a power of attorney, copies were kept showing who could legally provide consent on their behalf. The right to refuse consent was respected by staff.

Good

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 the same. 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; respecting equality and diversity

- People, staff and relatives told us that the service was very caring. They said the care was compassionate, friendly and there was attention to detail.
- As part of the inspection process, we received extensive feedback from people, relatives, staff and community organisations that the service was caring.
- A staff member commented, "Staff have the wellbeing of residents always at heart and genuinely care for them in all meanings of the word. It's not just a word for staff, it's a feeling. We do our absolute best to give our residents the care they need in a person-centred manner as if they were our [own] family members. It's a pleasure…"
- Relatives stated, "The nursing staff are very caring and professional, they are helpful, supportive and always have a smile on their faces. They always have time for listening to me if I have any concerns…", "The staff are very helpful and friendly and provide an excellent quality care service. I would recommend this home" and "As a family we have been impressed with the care…we have always felt it was a happy, safe environment. The staff have always been polite and friendly…you never feel you are being a nuisance if you ask for advice."
- The management team explained that the service was enabled to provide care to people from culturally and linguistically diverse backgrounds, as many had diverse heritages and were multilingual . Procedures and systems in place meant that the service ensured people's equality and diversity.

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

- People were actively involved in their care planning and reviews. They were viewed as partners in their everyday care. People who were unable to communicate their needs had their interests protected by the staff.
- A 'resident of the day' system was used to review one person's care each day of the month. The person and their relatives or advocates were invited in to review all aspects of the person's care. Each department at the service spoke about people's needs, preferences, likes and dislikes. The person's care plan was then updated to reflect any changes. Where a person could not participate in the process, staff would make informed decisions about the person's care on their behalf.
- A yearly 'residents' survey was completed to gauge people's views about the care and support provided. People and relatives said that they were treated as an individual, always treated with dignity and respect, happy and content and felt safe and secure.
- Results of the 'residents' were displayed in communal areas throughout the building. An action plan was completed by the registered manager to address identified areas for improvement. We saw evidence that

steps were taken by staff, the management team and the provider to act on people's and relatives' feedback.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was respected.

● Steps staff took to protect privacy included knocking on people's bedrooms before opening the door, drawing blinds and curtains during intimate care and covering people's bodies with sheets or towels when dressing or washing.

● People were addressed by their preferred names. We observed that people were well groomed and where a person's dignity might be impacted, staff acted quickly to maintain their appearance.

● People's independence was promoted and maintained. Staff knew what people could do for themselves and provided guidance. They were encouraged to complete their care with minimal assistance to ensure that they were performing as much of their daily living as independently as possible. For example, if someone was not eating their meal staff would remind them and attempt to place cutlery into their hands to encourage them.

● A staff member said, "The staff deliver fantastic person-centred care, understanding and knowing that no resident is the same. Residents are encouraged to be as independent as possible within their capabilities and fully supported if they are unable to…that includes the whole team, from reception, kitchen, housekeeping and of course the activity team!"

● People were routinely encouraged to celebrate important life events such as birthdays and anniversaries and were supported to maintain the life they had always lived. Family members were warmly welcomed and encouraged to dine with their relatives.

Good

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● At our last inspection, we found care plans required more content about people's needs and more frequent updating. At this inspection, people's care plans contained detailed information related to their everyday needs. This was a good improvement and fostered the provision of holistic, evidence based and person-centred care.

● Workshops for staff about care planning were organised by the management team. This included one to one support with staff where additional mentoring was identified. Staff confidence in care planning had increased, allowing them to focus on ensuring that people's care plans contained better information.

● Documents included "my day, my life, my details" which set out the range of people's preferences, likes and dislikes. A relative stated, "I always get a phone call when [my mum] is 'resident of the day'. The member of staff always tells us what has been talked about and asks if we have any concerns." This indicated inclusion of others in people's care planning, even when they could not attend the service to participate.

● Care plans included lifestyle, behavioural and emotional elements, ensuring that care was holistic and proactively avoided task-based caring for people. This therefore reinforced people's independence and helped motivate them to achieve and aspire lifestyle goals. People's equality, diversity and human rights details were included.

● Additional care plans pertaining to specific illnesses or conditions, for example epilepsy, contained comprehensive information about how to deal with any signs, symptoms or deterioration in people's health. This therefore ensured people's needs were met specifically in relation to health needs. However, we found that having detailed accounts meant people's health was better managed.

● Care plans were regularly reviewed to ensure that information about people was updated and staff had the relevant detail needed to provide the best care to people. People and relatives were active participants and partners in the care planning. One relative commented, "Residents' individual needs are consistently met, and the care staff would know what the resident's requirements are, [for example] if they have food needs/likes/dislikes etc. and what their care plan says."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were offered a stimulating range of activities, which had a positive impact on their physical and mental wellbeing. The service promoted social inclusion in the provision of everyday support and care and followed best practice guidance to ensure people were connected with their local community, friends and family.

● People had a very active social life both within and outside of the care home. A continuous log of a person's social life, activities and lifestyle was maintained in their care documentation. We saw people had attended various trips into the community, participated in karaoke, baking, artwork and vegetable gardening. At the time of our inspection, staff were learning lines to a pantomime they would act out for people. This would contribute to people's mental wellbeing.
● In addition, community members were welcomed into the service to speak and connect with people. This included volunteers, charities, members of faith-based organisations and children. This enhanced people's experiences. They were not only able to engage with a different generation, but also share their personal experiences, allowing many people to become more vocal and confident.
● For people who did not leave their bedroom or building, specialised social activities were provided. This included on a group and individual basis. The activities coordinator explained this was completed so all people had the same opportunity to participate in an active life.

Meeting people's communication needs
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.
● People's communication needs were comprehensively assessed, documented and staff were aware of any communication impairments.
● There was a specific "senses and communication" care plan which set out the strategies to use with each person to ensure they received information in a way in which they could understand it. This included information about communication aids and the level of verbal communication a person could achieve.
● Where a person could not communicate verbally, we saw alternative communication methods were in place. This included pictures, easy-read literature, documents in large fonts and tactile communication methods such as electronic tablet computers. People were included in all aspects of care, irrespective of their communication methods. This
● We saw steps that were put in place to manage a person's deteriorating vision due to their medical condition. This included large text, pictures and more frequent verbal information being provided to them. Staff explained the person's reliance on written documentation was reduced, and the other methods used ensured they still received all relevant information. As a result their confidence had grown and they were included in all elements of care.

Improving care quality in response to complaints or concerns
● There was an appropriate complaints management process in place. This included a suitable policy, signage and leaflets for people, relatives and others. People and relatives told us they knew how to make a complaint. For example one told us, "Information is easily available around the home, whether that's for staff, outside agencies or relatives."
● The management team walked around the service and spoke with people and relatives daily. They recorded all feedback, whether it was a concern or a complaint. They were prompt to address any issues.
● Formal complaints were logged, acknowledged in writing, and full investigation took place. A written outcome was then provided to the complainant. There was the opportunity to escalate a complaint if the complainant is not satisfied with the outcome, but all the complaints at the time of the inspection had been resolved at local level.
● The management team examined concerns and complaints for themes or trends to complaints, but there were none identified.

End of life care and support

● No one received palliative care at the time of our inspection.
● Do not resuscitate orders were in place. There was evidence that people and relatives were consulted before one was put in place. This documented people's and relatives' involvement in end of life care planning.
● There were also recommended summary plans for emergency care and treatment. This included people's preferences about the type of care they would like when they were approaching their end of life.

Outstanding ☆

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care

● The service was always using innovative ways of working to ensure people received quality care. Best practice guidance and latest innovations in adult social care were used in everyday practice. This promoted people's physical and mental wellbeing.

● People's Zimmer frames were decorated to make them stand out and more visible. People's frames were decorated as a sports car, shopping trolleys and as a cruise ship. This enabled people to see their frame and remember to use it when they were mobilising. It also became a talking point with staff, relatives and other people. The service measured the pre-and post-fall rate. They found by decorating the frames, the rate of falls had diminished considerably. No one had sustained a fracture for more than one year.

● The service organised the 'dementia bus' to attend the care home and put staff through the experiential life of a person living with dementia. This was followed by training with staff especially in sensory overload and how to overcome it. Staff provided very positive feedback about the training. They said they felt overwhelmed, emotional and had learnt good tips and ideas which they put into practice with people they cared for daily. There was a significant positive impact on people's care by staff. Workers were more informed and skilled in caring for people living with dementia, and actively used appropriate, evidence-based techniques in everyday support and care.

● Reminiscence programmes were implemented and promoted, to stimulate people's memories and improve their mood. We saw 'talking points', a series of each person's life photos made into a book. Staff and relatives could sit with the person to talk about the photos and the memories or emotions they provoked. One person's family member worked in the fire brigade, so the staff organised for the firefighters to visit the service, talk with people and show them their equipment. People were intrigued and immensely enjoyed talking with the emergency services personnel.

● The staff recognised the importance of technology in connecting people with their relatives and friends. The home had internet access throughout and there was evidence people used social media and internet-based communication services to speak with family and friends, often regaining their connection to society. One relative said, "They organise a lot of social events, but mum is never keen to join in! She likes music and she has an [interactive electronic device]. She uses it to play her favourite music and listen to the radio. My brother, who lives in New York, can call her on it…" By ensuring the service promoted technology, people were able to maintain relationships, and remain involved in fundamental familial bonds.

● The service implemented the 'Postcards for kindness' scheme. The purpose was for external community members (not connected with the care home) to send postcards to people explaining their holidays, lives and asking questions. This encouraged people and staff to read the postcard messages together, look at the pictures on the postcards, write responses and fostered links with the wider community. It also gives people

in the community who might themselves be lonely, the chance to write to someone and receive a response. The programme fostered inclusion of people into society.

● The service held 'Around the world' days. These were used to celebrate different culture, equality and diversity amongst people and their family. There were country-themed days, and people received passports and food, flags and activities for different countries. Staff dressed in traditional costumes of the countries. They also provided demonstrations and explanations of local customs and traditions. There were more than six countries that people 'visited' as part of the project; these included Spain, France, Italy, Germany and India. Evidence showed the engagement of people, the positive effect on their emotional wellbeing and them providing their own life history of living in other countries around the world.

● The service held a drinks trolley competition to promote people's hydration. They decorated the trolleys brightly and showed them to people, as well as having people help serve up the drinks. This helped ensure better hydration for people and prevented urine infections. There was a noticeable drop in infections.

● The service had considered the impact of people's gender in living a positive lifestyle. They had an existing hairdressing salon and manicure parlour but were in the process of setting up a separate barber shop to meet men's needs. In addition, they had set up a bar (named after one person who lived at the service) which served alcoholic beverages in a traditional style.

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

● The service had a positive, strong engagement with people, relatives and members of the community. This meant people benefitted from the active links with the community. People who lived at the service was viewed by others as an integral part of the local community. There were several examples of engaging and including others in the service.

● An intergenerational group called "Timetravellers" was created by the service. The group, comprised of people and children, met fortnightly to talk and undertake activities together. Staff were encouraged to bring their own children into the group. Indoor playgrounds were created in the lounge rooms of all three floors, so that children could be with people. This promoted positive interaction. One staff member said that some people who had not communicated verbally for a long time had started speaking and singing once the "Timetravellers" group commenced. This had significant impact on their confidence and helped to reduce people's isolation. People began to look forward to the next group and interacting with the children.

● There was a very active 'residents' committee which was chaired and attended only by people who used the service. This meant people were involved in important decisions related to the way the home was run. Requested improvements from the staff meetings and 'residents' committee were posted on the "You said, we did" board. For example, people had requested wine and cheese evenings, and these were incorporated into the social life list. People reported that this added an additional activity to their lives that they missed after they moved into residential care, .

● The service was part of the nearby community dementia forum, which was hosted at the care home. They actively promoted information about dementia and supported others in the community who were carers for people living with dementia. This meant community members could receive free advice and support from knowledgeable professionals at the care home. The service also created a family support group, realising that there was a lack of local advice for relatives who were dealing with the journey associated with people's diagnosis of dementia.

● The management team created a staff support group so that staff could confidentially bring personal issues to the attention of management. Following review of the trial period, the management team changed this from a group to an individual leader visibility and approach, so that staff could hold any confidential discussions with a manager about any aspect of their life. This meant that the provider was able to ensure staff wellbeing, which in turn increased staff workplace culture. The positive workplace culture produced a happy energy with people, relatives and other visitors and improved wellbeing.

● Relatives were free to visit at any time, and there were no restrictions. They were actively encouraged to visit as often as possible to increase connectedness, motivate people and maintain a 'family'-style culture within the care home. Some relatives visit people at the home each day and have meals with them. This promoted a family network and allowed people to engage with important relations at all times.

Working in partnership with others

● The service actively engaged well with multiple agencies within the community to benefit people. This included with the local newspaper, who regularly featured stories about the quality of the care at the service. This allowed people to share their experiences of care and support from the service within the wider community. Therefore, this gave them a sense of acceptance and inclusion in society and had become a talking point in the local area.

● The kitchen staff had completed specialised training work with a community speech and language therapist in the preparation and presentation of food that had a modified texture. They had been recognised by the community care home support team from the clinical commissioning group with three awards. This was published in a local newspaper as a best practise initiative to ensure people with swallowing difficulties were given nutrition that was appealing. The kitchen team had additionally researched everyday meals they could recreate in puree form to resemble the original food. We saw a picture of a cake created from puree which appeared very realistic.

● The speech and language therapist stated, "I was last in there in June to train an extra dysphagia (swallowing difficulties) champion and to do supervision with the existing champions I had already trained. They were all very responsive and engaged. The chefs [are] excellent in preparing appropriate food for the residents."

● The service hosted student nurses from nearby universities for their clinical placements. The service's registered nurses were buddied with the students who accompanied them during their shifts. This provided a strong link with nearby educational institutions and ensured student nurses received appropriate work experience in caring for older adults and people living with dementia.

● One student wrote, "Thank you for letting us follow you all around and answering all of our questions! The care you show the residents and the passion you all have for the job you do has been really nice to see. We've learnt a lot about how a care home works and how each individual with dementia is different..."

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

● People, relatives and healthcare professionals told us the home was exceptionally well-run. Comments included, "The home has gone from strength to strength", "Home from home! Fantastic team led by a wonderful manager" and "The staff are friendly, approachable, considerate, compassionate and demonstrate an understanding of [my mum's] day to day needs."

● In September 2019, the service implemented the "everyone's welcome" pledge. This included raising awareness and helping create a better understanding of and respect for all the differences which made people unique, creating a welcoming, inclusive culture in the organisation led by the management team and acting against any form of discrimination, harassment or bullying.

● When a group of new staff commenced in post, the service decided to implement a study group each Thursday night. Staff could attend the workshop to learn new skills. This included self-reflection, writing care plans for themselves, games and quizzes to help improve their knowledge about people's needs and preferences. Presentations and questions and answers were used about topics such as medicines and assessing mental capacity. The study group took place during protected time (allocated hours specifically for learning). This increased staff awareness, productivity and knowledge.

● There was a detailed statement of purpose and separate philosophy of care in place and the values of the service were prominently displayed throughout the building. Staff were spoke with knew the core values of

the service, which included passionate, accountable and extraordinary care.
● Where possible, the service included people in measuring the service's care quality. The resident experience manager conducted a dining room experience and 'first impressions' audit. They were assisted by a person who used the service. This provided feedback about how changes could be made to both aspects. For example, the person identified that salt and pepper were not always placed on the tables. The person helped to remind staff that they must set the table completely for each meal service. Checks afterwards showed that the condiments were always placed on the tables.
● The management team joined people for meals at different times of the day and on varying days of the week. This was so they could directly listen to people's experiences, prompted socialisation with other staff members and allowed managers to receive and act on people's feedback.

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 service continuously provided information to people, relatives and staff in a transparent way. This included the display of survey results, ad hoc feedback and what actions had been taken as a result.
● Audits and checks were completed by a variety of the staff to review the quality of the care at the service. Checks of the quality of care were shared amongst the staff team, to gather different views and perspectives on how the service operated, what worked well and what could be improved. This meant that staff were given ownership of the service.
● The regional director conducted audits and provided specific details about how to constantly improve practice. For example, at one review they identified that additional detail could be placed into accident and incident investigations. When they came back to check, details in the investigation documents were more detailed and showed actions taken to ensure people were safe.
● The management team had a good knowledge of the duty of candour requirement; the need to provide an apology if something went wrong. The regional director had organised refresher training for the local registered managers, to update their knowledge about candour and work through some example case studies.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The registered manager had the necessary knowledge, skills and experience to ensure a well-led service. This included having completed higher level qualifications in management. This allowed people's experiences in the service to be enhanced and staff to be treated as crucial elements of successful practice.
● There was a very positive workplace culture. The staff were clear about their roles and spoke passionately about how the management team supported them, so they could assist people to lead meaningful lives and to have an exceptional quality of life. Comments from staff included, "I personally would describe the culture as a family. We all help each other. We are all trained in each department to be able to help each other out, we all 'muck' in. There are no boundaries to each department", "They support the staff. I always feel like the door is open and talk to them about personal situations as well as work matters" and "They are always supportive. If you have a problem, they will try and work it out with you in the best way possible."
● In addition to all the other meetings, there was an additional weekly meeting with relatives where there was protected time for them to speak with management team about any issues in more detail.