

Water Hall Healthcare Limited

Waterhall Care Home

Inspection report





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Ratings

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

Summary of findings

Overall summary

About the service

Waterhall Care Home is a residential care home providing personal and nursing care for up to 56 older people. They also work in partnership with Milton Keynes Hospital to provide rehabilitation (step down) care. At the time of the inspection the service was supporting 50 people.

The home is situated over three floors (the ground floor is leased to the Primary Care Trust and falls under a separate registration from Waterhall Care Home).

The home offers permanent, respite and rehabilitation (step down) care. One of the areas specialises in providing care to people living with dementia. Each floor offers recreational, quiet and dining areas and there is a secure garden with several seating areas.

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

The registered manager and staff team continued to provide people with an exceptionally personalised service. People received excellent high-quality care from a dedicated staff team that were caring and compassionate and often went the extra mile. The staff team were fully committed to treating people with dignity and respect, and person-centred care was at the very heart of the service.

The whole of the staff team were extremely passionate about providing people with support that was centred around individual needs. Staff worked closely and creatively with people, this enhanced people's quality of life, boosted self-esteem, and promoted and protected people's overall wellbeing.

People received exceptional compassionate end of life care that was planned with people and their families, in advance and centred around their individual wishes, spiritual beliefs and cultural needs. Relatives and health professionals all commented how impressed they were with the knowledge of staff and their attention to detail when providing end of life care that fully respected people's diverse needs and human rights.

A culture of being open and transparency was embedded in the service. The service worked closely with other healthcare professionals. The registered manager was extremely pro-active in encouraging ideas and feedback from people using the service, relatives, staff and other professionals, to continually drive up improvement. A robust system of quality monitoring checks and audits were used to continually review all aspects of the service and timely action was taken in addressing areas identified for further improvement.

People benefitted from receiving care from a stable staff team that continually worked towards the provider's vision and values in providing high-quality person-centred care. There was a shared commitment to ensuring strong links with the community and an emphasis on enhancing people's lives through the provision of meaningful, imaginative activities and opportunities.

Staff were extremely positive about the support they received from the registered manager, saying their leadership style, inspired them to take a strong pride in their work and deliver a high-quality service.

The whole of the staff team invested time in really getting to know people. Through this they were able to identify and respond appropriately to behaviours that had the potential to place people at risk of harm. Staff were skilled in anticipating behaviours and discreetly intervened to subtly dispel potential incidents. They provided interventions that soothed and calmed people and lowered incidents of distress.

Accidents and incidents were responded to following the providers procedures and used as learning opportunities to reduce the risk of repeat incidents. The registered manager ensured all serious incidents were reported to the relevant authorities and the Care Quality Commission (CQC).

Staff understood their responsibilities to report any unsafe care. Robust and safe recruitment checks were carried out to ensure suitable staff were employed to work at the service. The staffing arrangements ensured people were provided with support as needed. Staff worked at a relaxed pace and spending time with people was their priority, this was embedded in the culture of the home.

Medicines systems were organised, and people received their medicines when they should. The Nursing and care staff responsible for administering medicines received training to ensure they had the competency and skills required to safely administer medicines. Our observations and review of records showed that staff followed current good practice protocols for the safe ordering, receipt, storage, administration and disposal of medicines.

Staff had the skills, knowledge and experience required to support people with their care and social needs. They were well supported by the registered manager and had regular one to one supervision and annual appraisals.

Nutritional assessments were carried out and food and drinks were provided based on people's individual needs and preferences. Soft and puréed meals and thickened drinks were provided for people at risk of choking. All meals and snacks were fortified. Mealtimes were a social experience staff and people using the service often took their meals together.

Staff worked closely with other professionals within the multi-disciplinary team to ensure people's health and well-being needs were fully met and to ensure that where possible, any rehabilitation goals were met. 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.

The environment met people's diverse needs. Dementia friendly signage aided in signposting people to independently orientate themselves around the home. There were points of interest around the environment to support people to independently navigate their way around, both inside and outside of the home. A range of sensory items were available for people to engage with.

Information was made available for people, relatives and others in accessible formats on how to raise any concerns or complaints. The registered manager and the provider promoted a culture of being open and transparent and took all concerns brought to their attention seriously. This meant people received safe, compassionate care, and any lessons learnt were used to continually develop the service.

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 outstanding (published 5 April 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 exceptionally caring.
Details are in our caring findings below.

Outstanding ☆

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 ☆

Waterhall 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

The inspection was carried out by one inspector, an assistant inspector and an inspection manager.

Service and service type

Waterhall 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

The first day of the inspection was unannounced, and the second day was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch Milton Keynes. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed notifications of events received from the provider.

We reviewed information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection and in making our judgements in this report.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff this included, registered nurses, senior care workers, care workers, the senior housekeeper, domestics, catering staff, the registered manager, the area manager, a physiotherapist and a consultant geriatrician.

We reviewed a range of records. These included four people's care records, risk assessments, accidents and incident reports and medication records. Two staff recruitment files, staff training and supervision records. We also reviewed a variety of other records in relation to the management of the service, these included management audits, satisfaction surveys and some of the providers policies and procedures.

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 said they felt safe living at the service. One person said, "I love all the staff they make me feel very safe and happy." Relatives all confirmed they had no concerns about the safety of their family members.
- Staff told us, and records showed, they were trained in safeguarding and knew how to protect people from the risks of any harm or abuse. Throughout the home the local authority safeguarding reporting contact details were displayed on notice boards.
- The registered manager was proactive in informing the local authority safeguarding team and the Care Quality Commission about all safeguarding concerns.

Assessing risk, safety monitoring and management

- There was a strong focus on positive risk taking to enable people to continue to live full and active lives. Detailed risk management plans informed staff on how to respond to behaviours. Staff were clear about the strategies to positively support people when their behaviours presented challenges to them and others. For example, a staff member said, "[Person] doesn't like other people sitting in their chair and can become very confrontational with others, we are all vigilant about this, so to avoid any incidents." This demonstrated a positive attitude in promoting people's safety.
- The registered manager and staff closely analysed all accidents and incidents. They worked with people, their families and other healthcare professionals to continually review identified risks with the aim of reducing the likelihood of repeat incidents.
- An emergency on call system was in place. All staff confirmed the registered manager, or another senior manager was always available to provide advice and support to staff.

Staffing and recruitment

- Safe recruitment practices were followed. Staff confirmed, and records showed the necessary staff recruitment checks were completed before staff commenced working at the service.
- People using the service and their relatives told us there were enough numbers of staff available. One person said, "The staff answer my call-bell promptly. I never have to wait a long time." Staff confirmed the staffing numbers were suitable to meet people's needs. We observed staff worked at a relaxed pace and were available to aid people in a timely way.

Using medicines safely

- People's medicines were managed safely and administered at the prescribed times. People receiving rehabilitation and respite care were supported to take on the responsibility of managing their own medicines to maintain their independence. One person said, "I do my own medicines, it's nice to be offered to still be able to do them."

- Staff told us, and records showed they received training in the safe handling and administration of medicines and their competency to administer medicines was regularly assessed. We observed people receiving their medicines, which confirmed staff administered them following current best practice.

Preventing and controlling infection

- People were protected from the risk from the spread of infection. The registered manager worked with the Milton Keynes Clinic Commissioning Group infection control lead to design the pathway for managing infection outbreaks in care homes.
- Staff received training on infection controls and food hygiene. We observed they followed infection control practices and supported people to maintain good hygiene.

Learning lessons when things go wrong

- The registered manager reviewed all accidents and incidents and appropriate action was taken to reduce incidents. For example, some people objected to others wandering into their bedrooms, and this had at times resulted in negative exchanges between people, placing them at risk of harm. In response, the registered manager consulted with people and their families about fitting a stair gate to their bedroom doors. This action had successfully reduced the number of such incidents. We saw that people with the gates fitted to their doors did not have their freedom of movement restricted in anyway, as they were able to operate them independently.

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 has 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

- The service worked in partnership with healthcare professionals to provide a holistic approach to the assessment process and in planning people's care. Daily head of department handovers and weekly GP meetings took place to review and discuss people's care.

Staff support: induction, training, skills and experience

- Staff received in-depth induction training and regular refresher training to keep updated with current good practice. One nurse said, "As a registered nurse I take my responsibilities extremely seriously. I always put myself forward for further training and complete on-line training to keep up to date with current best practice."
- Staff received specific dementia care training, for example 'the virtual dementia tour' at which staff get to experience some of the physical and sensory difficulties people living with dementia can experience. One staff member said. "This training is fantastic; every care home should send their staff on it. It really helps you to see things from the persons point of view, and better understand the day to day difficulties people living with dementia have to cope with." The staff training, supervision and support systems enabled staff to progress within their roles, to achieve their full potential. There was a shared commitment to all staff working cohesively with one shared goal.

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

- People were supported to eat and drink a varied balanced diet. One person said, "I can't fault the food it is great, always a full plate, and you're always offered plenty of drinks and cups of tea." A relative commented, "The kitchen team produce excellent quality hot tasty food." We saw the catering team took pride in providing home cooked meals that catered for a diverse range of individual tastes and cultures. After each meal the chef personally went around the home asking if people enjoyed the meal and took on board any suggestions from people.
- Nutritional assessments and advice from dieticians and speech and language therapists was sought and followed. The service took part in a 'water and health ageing hydration' initiative to promote good hydration practice and improve well-being. Mealtimes were an important social occasion, staff sat with people at the dining tables to eat their meal together. We observed staff and people quietly chatted together, whilst staff sensitively supported people to eat and drink, soft background music was playing, which all led to a convivial social mealtime experience.

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

- People had 'health passport' that were used in the event of a hospital admission. The information contained in the passports provided information on the person's medical history, prescribed medicines, health conditions, mobility and communication needs. On discharge from hospital the person returned with a book called 'hospital to home'. This meant people had a smooth transition on hospital admissions and discharges.
- Healthcare professionals confirmed they had excellent relationships with the service. One health professional commented on how staff worked closely with them to support people to regain their mobility and independence to enable them to return home. Records showed people's health needs were frequently monitored and discussed with the appropriate healthcare professionals and representatives.

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

- Equipment and technologies were used to monitor the safety of people at risk of falls. For example, sensor mats linked to the nurse call system alerted staff when they needed to assist people at high risk of falls to mobilize. Beds that lowered close to the floor were used for people at risk of rolling or falling out of bed (for whom bedrails would be unsafe to use).
- People living with dementia were supported to live in a home that provided stimulation, a sense of comfort, autonomy and purpose. Dementia friendly signage aided people to independently navigate their way around, both inside and outside of the home. There were items of memorabilia, books, magazines, board games, and accessories such as, hats, scarves, and baskets containing items for people to explore.
- Around the home there were many photos on display of activities people had engaged in, flowers were placed on dining tables, and in the communal lounges and corridors. There was mix of armchairs and two-seater sofas, which all aided in giving a homely feel.

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.

- Staff told us, and records confirmed they received MCA training as part of their individual training schedule. People and relatives confirmed that staff always sought their consent before providing any care or nursing care tasks. The staff demonstrated in their actions they fully understood and practiced the MCA principles.
- Decisions to deprive a person of their liberty followed the best interests' approach. Related assessments and decisions had been properly taken, using a multidisciplinary approach, involving relatives, and relevant health and social care professionals.
- Records showed that DoLS applications and authorisations from the local authority were closely monitored and regularly reviewed. This ensured any restrictions were appropriate for the person, and always followed the principles of being the least restrictive.

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 outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Without exception, the registered manager and the whole of the staff team were committed to providing unique, compassionate, care to enable people to lead safe and dignified lives. One person said, "The staff are all very professional; good company, I really like it here." We observed staff were extremely attentive and dedicated to assisting and supporting people. We saw written comments such as, 'The level of care and respect given, with all residents, not only [name] received was surreal. It was a genuine, caring loving time that [name] spent here.' And 'Thank you all so much for the care and respect given to [name] it has been a pleasure and an honour to have met you all xx.'
- Staff took great interest in people and worked in partnership with families to develop life stories that included detailed information. For example, memories about their childhood, family life, occupations, hobbies and interests. Staff commented that having such information helped to strike up meaningful conversations. We observed staff put this into practice talking with a person about their past occupation. The person responded positively smiling and talking about their past job and how much they enjoyed it.
- The registered manager encouraged staff to use emotional intelligence to understand people's individual needs. This spurred the staff to use creative solutions to provide support. For example, staff explained how during the summer months and lighter nights how they would change into pyjamas in the evenings, which helped people living with dementia to orientate themselves to the time of day. This intervention helped sooth and calm people and lowered incidents of distress in the evenings, ensuring a safe environment for others and effective and responsive support for those distressed.
- There was a strong focus on staff building trusting relationships with people. One person pointed to a member of staff and said, "She is fantastic, she makes me feel so good." A relative said, "The staff are like angels, they are so caring and compassionate, you can tell they love what they do." Similar positive comments were made by other relatives we spoke with.
- The whole of the staff team had a passion for promoting and protecting the unique identity of each person living at the home. For example, supporting people who liked to have their own space and not to join in group activities. Staff respected their wishes, whilst ensuring they did not experience any form of discrimination or isolation.
- A room and meals were provided for relatives that wished stay with their loved ones on end of life. In situations when people had no family, or they were not available, an extra staff member stayed with the person, so they were not alone. The relative of a person receiving end of life care said, "The manager and staff are all extremely caring, and very supportive. [Name of person] used to enjoy going to the church services, the vicar comes up to see [name of person] which is nice. I am very happy with the care [name of person] is receiving and so are all the rest of the family."

- Following a funeral family were invited back to the service for beverages and to talk with staff. Staff told us the registered manager always supported them to attend funerals. A memorial tree was on display with hearts hanging from the branches with the names of people that had passed away engraved on them. A staff member said, "It's so important we all remember the people that have lived here, each year we hold a memorial service, where we take a moment to think about the people that have passed away."
- An 'In loving memory' book contained positive comments from relatives thanking staff for the loving care they had provided for their family members. For example, "You all made [name] time here enjoyable and safe. [Name] loved and cared for you all, as you did for [name]. you brought a smile to their face, holding their hand, when they were in pain or cried, and the times you stroked their hair as they fell asleep."
- Ecumenical services took place regularly to bringing people of all faiths and religions together. This meant people were enabled to follow their faiths and worship together. If people wished Holy Communion was performed in private for them. A holy bible was placed on a table next to a memorial tree in the corridor for people to pick up and read if they wished.

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

- People were involved in meetings to discuss their views and to make day to day decisions about their care and support. The values of choice and respect were embedded into staff's everyday practice.
- People could have access to an independent advocate to support them in making decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.
- We observed lots of quality interactions between people using the service and staff. On many occasions people approached staff with open arms, smiling and hugging them, which was always reciprocated by the staff with a smile and hug, and we could sense the comfort this brought to people. A relative said, "[name] has advanced dementia, I visit at different times of the day and am always very impressed with just how relaxed the atmosphere is.
- The registered manager and the whole of the staff team were passionate about treating people with dignity. One person said, "The staff are all very helpful, I can't get out of bed, they help me to wash and choose what to wear. They washed my hair in bed, which was a real treat after being cared for in bed for so long." A staff member said, "I always ask before I do anything, I listen to what people say and respect their choices. I feel all the staff are a very caring bunch, we like to cheer people up." A relative said, "Staff are very 'in tune' with the residents, they focus on doing things with them rather than doing to, they say if you don't use it you lose it"

Respecting and promoting people's privacy, dignity and independence

- All staff had signed up to a 'Dignity Pledge' that consisted of 28 pledges. Examples included, respecting people's personal space, their modesty and alleviating loneliness and isolation. One person said, "The staff are ever so friendly, I felt very anxious when I first came here, but they soon put me at ease. I have a laugh and joke with them. They take time to come and visit me, alongside everything else they must do, this makes a big difference to me." One relative said, "The staff are extremely knowledgeable about dementia care. The way they care for [name] is second to none, I am in absolute awe at how they are so patient with [name] who can sometimes be very difficult. The staff have a wonderful way with [name] she completely trusts them. This home is absolutely marvellous, I would recommend it to anyone."
- Registered nursing staff kept their clinical skills and knowledge up to date. We saw a comment in a thank you note which said, "The professional nursing team dispensed care and compassion, and were always willing to listen to resident's families, and not override them."
- Staff dignity champions played a specific role in promoting people's right to be treated with respect and dignity. The dignity pledge was re-enforced with staff during daily meetings with heads of departments, and at team meetings. The champions kept up to date with current good practice and attended meetings with

other dignity champions to continually share good practice.

- A relative said, "I visit at different times and all the staff show great respect for the people in their care. Early evenings are particularly a difficult time for [family member], they can become very restless, I think they call it 'sun downing'? The staff anticipate this and divert [family member] they walk with them and offer reassurance. [Family member] can repeat the same questions repeatedly, but the staff always respond as though it's the first time they have been asked, they are extremely patient and always respectful." During the inspection we also observed staff putting this approach into practice, offering reassurance and support to people.

- Staff spoke of how the registered manager advocated the importance of spending time with people. A staff member said, "[Registered manager] is very supportive, we never feel any pressure to rush things. The residents always come first, other jobs can always be done later."

- When personal care was being carried out the staff placed a 'do not disturb' notice on the persons bedroom door. This gave people the added reassurance no one would enter their room whilst personal care was being provided.

- Promoting independence and maintaining skills was at the centre of the care delivery. For example, staff encouraged people to help with household tasks, washing and drying up, setting and clearing the dining tables, and light housework. This supported people to feel valued, have a sense of purpose and that their contribution was appreciated.

Is the service responsive?

Our findings

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

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

- People and relatives all confirmed they were involved in formulating their care plans. We saw they contained comprehensive information about each person's diverse range of needs.
- The care plans were held on mobile devices. Staff said using the devices meant they could record in 'real time' the care they provided, and this meant the care plans were always fully up to date. People also had care plan summaries available in their bedrooms, which highlighted their likes and dislikes, and any specific care needs, for example, eating and drinking and manual handling needs. Records showed the care plans were regularly reviewed and updated.

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 identified, recorded and highlighted in their care plans and shared appropriately with others. For example, one person was unable to verbally communicate due to their condition. Staff introduced pen and paper to communicate with the person, who was at times able to write. They also used symbols and pictures and the person was able to point at the pictures to indicate their needs.
- Staff fully understood the specific ways each person communicated their needs and feelings and took time to engage and communicate effectively with people. For example, liked to show their affection through hugging staff and rubbing noses with them 'like an Eskimo'. We observed the person approached a member of staff using this of communication. The staff member instantly responded in kind, and the person smiled affectionately to them, giving them a big hug.
- We saw that information about the service was available for people in large font supported with pictures to aid people's understanding.

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 and their relatives were overwhelmingly pleased with the care people received from staff. One relative said, "The staff are always doing things with [name of person] they are certainly never bored. The staff involve all the residents, they spend time to just sit and chat if that's what the residents want to do."
- A 'resident of the day' initiative was used whereby each month people experienced an extra special day. On this day each head of department visited the person to discuss their needs and wishes to ensure the

person's care was continuously provided in accordance with their wishes.

- A new initiative had recently been introduced called 'butterfly moments.' This involved all staff dedicating 15 minutes of their time, each day to socialise and engage with people. We observed staff used the butterfly moments to spend meaningful time. Such as, reading a favourite book, chatting about the news and current affairs, talking about mutual interests for example, football and Rugby. People said they appreciated the time staff spent with them. One person said, "I love it here there is always something going on." Another person said, "I enjoy the company of the staff, they make me feel happy."
- There was a full and varied activity programme, which enabled people to participate in activities both inside and outside of the home. Outside performers regularly visited the home to provide entertainment. The registered manager told us a person that specialised in virtual reality (VRE) had recently visited the home and people experienced using a VR, which gave people the sensation of walking along a beach on a sunny day and feeling fully immersed in the whole experience.
- Numerous photographs were on display around the home, showing the range of activities people had participated in. Such as, day trips, including a trip to Southend on Sea, visits from children from local schools, birthday and anniversary celebrations, arts and crafts sessions, and social gatherings to celebrate events such as, 'fun in the sun' where activities took place in the garden, Easter bonnet making, planting seeds Christmas celebrations and other social gatherings celebrating significant events throughout the year.
- Staff spent time getting to know people, their likes, dislikes and personal histories. One staff member said, "We always have time to spend with people, I like to see people happy, that's what really matters and makes my job so rewarding." Another said, "I play rock music for [name] they love this type of music, they used to love going to rock concerts."
- We observed people engaged in activities such as, colouring in, chatting about, family life and previous occupations. The atmosphere was light hearted with lots of fun and laughter. One person took great comfort in cradling a doll, a staff member asked them "How did your baby sleep last night?" The person smiled at the staff member and said, "Oh very well thank you" stroking the dolls face. This demonstrated the staff member respected the attachment the person had with the doll.

End of life care and support

- The service had close links with a local hospice that provided end of life training under the Gold Standard Framework (GSF). This is a systematic, evidence-based approach to optimising care for people approaching end of life, in providing high quality end of life care. This meant the service reached quality standards that were recognised as offering a high level of palliative and end of life care for people. At the last GSF annual appraisal the service achieved re-accreditation.
- A registered nurse had received a GSF award for providing high quality end of life care. The service held regular GSF meetings with GP's and group reflection meetings with staff each time a person passed away to continuously review and improve their practice in relation to end of life care. Each person had an advance care plan 'thinking ahead' document to discuss their advance decisions.

Improving care quality in response to complaints or concerns

- People and relatives felt confident if they raised any complaints they would be quickly addressed. One person said, "I see the manager every day, they always pop in to say hello and ask how things are, I don't think you could get a better home than this."
- A copy of the complaint's procedure was displayed in each person's bedroom and within the front entrance of the home. This ensured that people and relatives had the information they needed if they wished to make a complaint.
- Records of complaints evidenced they had been fully investigated by the registered manager following the complaints procedure.

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

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

- The culture at the service was without doubt extremely person centred, open and transparent. A relative said, "[Registered manager] is marvellous, she knows about everything and everybody, I don't know how she does it? I see her doing her daily walk about, she is very caring and dedicated to her job." The registered manager was committed to continually motivating the entire staff team to strive for excellence. Their approach was very personable, and approachable and engaged the staff team in activities to motivate and boost team morale. One person commented in a thank you note, '[Name of couple] visited the home almost every day and we were always met by true, honest, hardworking professionals.'
- People, relatives and staff consistently expressed great confidence in how the service was managed. All the comments we received from people, relative's and healthcare professionals were extremely complimentary about the management of service. For example, "This home is brilliant, the manager and staff are extremely caring and dedicated, they give [name of person] the best quality of life, I really can't fault it." And, "This is a marvellous home, I feel extremely fortunate [name of person] lives here. The staff provide excellent care for [name of person], it's always spotlessly clean and has a lovely homely feel. I have recommended it to others to come and live here."
- Effective communication systems were in place to ensure the whole of the staff team were involved in daily decisions. One member of staff told us, "The communication between the different staff groups is great. The manager shares everything with us, we feel included and our views are valued."
- Daily 'heads of department' meetings took place each morning to catch up on events over the last 24 hours. We observed all heads of departments participate in problem solving and decision making during the meeting. The registered manager raised action points and delegated tasks to individual staff to act on.
- The nursing staff were supported by a clinical lead nurse on day to day clinical issues. They completed a daily report for senior management with information from each department to ensure the service was safe and any risks identified were swiftly addressed.
- Staffs contribution to the continual development of the service was recognised. Long service was celebrated and an 'employee of the month' scheme was operated, which led to nominated staff attending an annual 'shining star of the year' award ceremony. All the staff team had a shared commitment to ensuring people were supported to lead fulfilling lives, to the best of their ability.

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

- Robust systems to review, audit and analyse data and other records ensured quality standards remained

high and processes were in place to ensure oversight and scrutiny of the care being delivered. The management team had joint responsibility for the oversight of the care at the service.

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

- The registered manager was committed to providing a service with high quality performance. They had extensive experience and fully understood their role and regulatory responsibilities. They supported staff at all levels to strive for excellence, staff understood their roles and responsibilities and had clear lines of accountability. The staff support systems ensured all staff received regular training and supervision, and opportunities were made available for staff to diversify in their roles and progress in their career.
- The provider was proactive in striving for continuous improvement in the care for people living with dementia. They took part in the National Dementia Care Strategy, which looks at evidence-based interventions for people living with dementia, how to provide meaningful person-centred care, activities and dignified end of life care.
- All of the staff expressed great respect for the registered manager and spoke of their commitment, passion and pride working in a home that continually strived for excellence. They were confident to raise any concerns and to suggest any improvements. Whistleblowing was encouraged, and staff were supported by the registered manager to feel safe to whistleblow.
- The registered manager ensured all notifiable events were reported to the Care Quality Commission (CQC) without delay. The rating from the last inspection was on display within the service and on the provider website.
- Effective quality assurance systems were used to continually monitor all aspects of the service. These were overseen by the registered manager and the area manager. Any areas identified for improvement had action plans put in place with timescales for completion. We saw the actions identified had been completed within the timeframes.

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

- Effective systems were used for people and relatives to feedback on all aspects of the service they received. Through regular meetings and daily interactions with the registered manager, and heads of departments. In addition, people were asked to complete satisfaction surveys. Also, at any time, people, relatives and health professionals could provide written feedback on the provider website. Comments received from relatives were extremely positive, praising the hard work of the housekeeping, catering, care and nursing staff for not making the home appear like a 'Care Home'.
- Information about the aims and objectives of the service was provided for people in accessible formats. People on rehabilitation and respite care completed satisfaction surveys on their experience of using the service. Records showed the comments people had made in the surveys were positive. The registered manager analysed the feedback received from the satisfaction surveys to identify areas for further improvement. The results were shared in staff meetings and displayed for all people and relatives to see. Based on people's feedback improvements were made, for example, changes to menus and the provision of activities.
- Each person was visited daily by the chef to seek feedback on the meals they received. Regular food surveys were completed, and the results were reviewed by the registered manager and the catering team. As an outcome from feedback, pictorial menu albums had been created showing a variety of plated up meals for people to browse through, to assist in selecting their meals.
- The registered manager had an open-door policy. During the inspection we observed relatives were comfortable approaching the registered manager to discuss their family members care. Relatives had

opportunities to attend meetings with the registered manager, and the meeting minutes showed areas discussed included activity provision, staffing matters, meals and upgrades to the environment.

Continuous learning and improving care

- The registered manager closely reviewed and monitored all accidents and incidents. Records showed timely action was taken to reduce the likelihood of repeat incidents to ensure people received safe care. For example, due to a miscommunication a person was discharge home without a community care package in place. To ensure this did not happen again a safe discharge checklist was put in place. The registered manager coached the nursing staff on managing discharges and working in partnership with other multidisciplinary teams and other relevant persons, when discharging people on rehabilitation care.
- Nominated staff took on 'Champion' roles, they researched good practice, they attended training and meetings with other champions and cascaded their learning to the whole of the staff team. Areas included, dignity, dementia, nutrition and hydration, end of life, infection control, continence, tissue viability and medication. This meant people received care from staff which was based on current best practice to maintain health and well-being and respond promptly to any changes.
- The provider took part in the National Dementia Care Strategy, which is a department of health initiative which looks at evidence-based interventions for people living with dementia, across three key areas. To improve awareness, earlier diagnosis and intervention, and provider a higher quality of care. Taking part in this initiative meant people benefitted from receiving care from a provider that continually strived to provide care for people living with dementia, based on current research and best practice.
- The staff training, supervision and support systems enabled staff to progress within their roles, and to achieve their full potential. There was a shared commitment to all staff working cohesively with one shared goal.
- Staff were supported in their roles and their contribution to the continual development of the service was recognised. An 'employee of the month' scheme was operated, which led to nominated staff attending an annual staff award ceremony.
- All of the staff team had a shared commitment to respecting people's human rights and ensuring people were supported to lead fulfilling lives, to the best of their ability.

Working in partnership with others

- The registered manager and staff worked very closely with other health and social care professionals.
- The provider were accredited members of the Gold Standard End of Life Framework. The National Activity Providers Association (NAPA). Dementia Care Matters and the National Dignity Council. Learning from these organisations was shared throughout the staff team to provide care that was based on current best practice.
- The registered manager said they had taken on an initiative working with the Milton Keynes Clinical Commissioning Group infection control lead to design a pathway for managing infection outbreaks in care homes. In developing a pathway it was anticipated care home providers would be better equipped to prevent, early detect and manage infectious outbreaks.