

Wren Hall Nursing Home Limited

Wren Hall Nursing Home

Inspection report

234 Nottingham Road
Selston
Nottingham
Nottinghamshire
NG16 6AB

Tel: 01773581203
Website: www.wrenhall.com

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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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 28 and 29 September 2016 and was unannounced.

Wren Hall is a large care home for older people, most of whom are living with dementia. Wren Hall provides accommodation for 53 people. At the time of the inspection there were 53 people using the service. The service is set in a rural area with a large garden with access onto a terraced area and is split into four separate areas with separate living areas and kitchens. Wren Hall also has a day service which people within the service and community can access.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff developed exceptionally kind, positive and compassionate relationships with people. They demonstrated person centred values, which placed an emphasis on respect for the individual being supported. People's care was individualised, staff put them first and knew them really well.

Staff continually developed their skills, and followed best practice guidance in providing people's care and treatment. People were encouraged to make their own choices and remain independent. All people and relatives told us staff showed the upmost respect and dignity towards people.

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People and their relatives and friends views were sought through care reviews, surveys and meetings. Care was personalised, staff knew about people's lives, their families and what they enjoyed doing. The service recognised the individuality of each person regardless of the support they needed.

Activities were individualised, meaningful and well thought out with the focus being on people's past history, interests or hobbies. People's care plans were very detailed and written in a person-centred way. People and their relatives were given clear information about how to make a complaint.

Without exception people, visitors, staff and professionals were overwhelmingly positive about the leadership of the service. They felt that the reason for the consistent high quality of service came from the proactive and positive leadership which filtered down to all of the staff.

People received a consistently high standard of care because the registered manager led by example and set high expectations for staff. Staff were highly motivated and enthusiastic, and were committed to ensuring each person had a good quality of life.

The provider and registered manager had ensured staff were provided with a working environment that demanded excellence, but also encouraged them to develop their roles, equipping them with the skills needed to provide all people with high quality, person-centred care. The service worked in partnership with other organisations to make sure they are following current practice and providing a high quality service.

We found there was a strong emphasis on continually striving to improve, recognise, promote and implement innovative systems in order to provide a high quality service. The service had sustained outstanding practice and improvements over time.

Regular audits of care records, medicines management and health and safety checks were carried out, with positive action taken on areas that needed improvement. The registered manager met their legal obligations to submit statutory notifications when certain events occurred, such as when injury to a person occurred.

People were safe living at the service because staff knew how to recognise and report any incidents of harm. Staff were confident that the registered manager would deal with any concerns that they reported. The needs of all people living at the home were met, because the numbers of staff supporting them were high and staff were always available when people needed them. Medicines were safely administered and stored.

People had their needs met by staff that were knowledgeable and skilled to carry out their roles and responsibilities. People were asked for consent before care was provided. People were supported to have sufficient amounts to eat and drink. People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise signs of avoidable harm and how to report suspected abuse.

People's care records contained assessments of the risks to their safety whilst promoting people's freedom and independence.

People were supported by enough staff to receive care at a time and pace convenient for them.

People were supported to take their medicines on time and in a safe way.

Is the service effective?

Good ●

The service was effective.

People had their needs met by staff that were knowledgeable and skilled to carry out their roles and responsibilities.

People were asked for consent before care was provided.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet.

People had the support they needed to maintain their health.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Staff developed exceptionally kind, positive and compassionate relationships with people and demonstrated person-centred values.

People's care was individualised, staff put them first and knew them really well.

People were encouraged to make their own choices and remain

independent. Staff showed the upmost respect and dignity towards people.

Is the service responsive?

The service was exceptionally responsive.

Care was personalised, staff knew about people's lives, their families and what they enjoyed doing. There was a wide variety of activities for people to participate in both within and outside of the service.

People's care plans were very detailed and written in a person-centred way. Relatives were actively in decisions about their relations care.

People and their relatives were given clear information about how to make a complaint.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

People, visitors, staff and professionals were overwhelmingly positive about the leadership of the service.

People received a consistently high standard of care because the registered manager led by example and set high expectations for staff.

The service worked in partnership with other organisations to make sure they are following current practice and providing a high quality service.

Outstanding 

Wren Hall Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 28 and 29 September 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about.

We contacted commissioners (who fund the care for some people) of the service and Healthwatch Nottinghamshire to obtain their views about the care provided at the service.

During the inspection we observed staff interacting with the people they supported. We spoke with five people. Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with five visiting relatives, two care staff, one nurse, one member of the domestic staff team, the registered manager and one health care professional. After the inspection we spoke with two other health care professionals to gain their view on how the service was run.

We looked at the relevant parts of the care records of 11 people, three recruitment staff files and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe. I've not seen anything bad happen." Relatives we spoke with agreed. One relative said, "Absolutely she's safe. We have no worries leaving her when we're away." Another relative said, "[Relation's] very safe and very happy." A third relative said, "It's very, very safe and very secure. There are always staff around." One relative told us they were encouraged to raise concerns about people's safety by completing questionnaires sent out by the service.

The service had a nurse call system installed which enabled people to have greater freedom to walk around the premises. The system was tailored to each person's individual needs which allowed people freedom without intrusive shadowing and restrictions. When people approached an area of potential danger the system alerted members of staff who could then support people to remain safe. The system also gave a number of comprehensive reports regarding call response times. This meant that people were supported to remain safe whenever possible and call response times could be monitored to ensure that staff responded within an appropriate time.

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different types of harm and told us they would report any concerns to a member of the management team or local authority. Staff were confident a member of the management team would deal with any concerns they may raise and they could contact other bodies such as the police or CQC if need be. We received safeguarding alerts from the service in a timely manner and appropriate action was taken to make people safe.

Information was available for people on how they could maintain their safety and the safety of others. Information was also available to staff and visitors on how to report any concerns of incidence of people being at risk of harm.

Safeguarding and whistle blowing policies and procedures were available. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they would not hesitate to use the policies if required to do so.

Procedures were in place to protect people in the event of an emergency, such as a flood or fire. People had individualised personal emergency evacuation plans (PEEPs) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These plans took into account people's physical and mental ability and were regularly reviewed. We saw regular checks and routine maintenance of the inside and outside of the homes environment and equipment. These included checks on smoke detectors, wheelchairs, hoists and water to ensure people were protected. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

People's care records contained assessments of the risks to their safety. Assessments included; people's ability to manage their own medicines, to provide themselves with personal care and to mobilise independently of staff. Assessments were reviewed at least monthly. One member of staff told us if changes

were needed then care plans and risk assessments were updated accordingly to ensure they met people's current needs. The registered manager advised us that the service utilised external resources and specialist organisations to assist them in assessing and monitoring the risks people could face in living at the home.

Three people we spoke with had mixed responses about the levels of staff. One person said, "I think they have enough staff. I find it fine." Another person said, "I think they're maybe a bit short in the morning." A third person said, "I hear staff say they could do with a few more."

Relatives told us without exception there were enough staff. One relative said, "They're always well staffed. Even at handover, one [member of staff] is always in the room. They're well staffed at night too." Another relative said, "The ratio is very good. They're [people that used the service] well supervised – often with four staff in the room [lounge area]." A third relative said, "It always seems very good levels."

Staff told us there were sufficient numbers of staff to meet people's needs and to keep them safe. One member of staff said, "Always enough staff. If people are off sick we get cover." Another member of staff said, "Yes, no problems there." A third member of staff said, "Yes most of the time." All the professionals we spoke with said there were enough staff. A health care professional said, "[Service] best staffed nursing home I have ever come across~always plenty of staff around." Another health care professional said, "Yes, one of the few nursing homes like that."

Staff were positive about the staff team and said they worked well together. Comments included, "We all work well as a team" and "We all work together as a whole team and support each other." We observed that staff worked well as a team and communicated effectively to ensure people's safety at all times. We found there were appropriate numbers of staff on duty who were deployed appropriately and, had a good mix of experience, knowledge and skills to meet people's needs. All of the staff we observed had enough time to support people at a pace convenient for them and were able to support people with activities and offer reassurance when needed. The registered manager told us that staff turnover was below the national average. This showed us that people were supported by a consistent staff team.

The registered manager told us and people's care records confirmed, that a formal assessment of people's level of dependency was regularly carried out. The registered manager advised us that this was done by using a tool that compared staffing levels against people's care needs. Where changes to people's care needs had been identified, staffing numbers were increased to support them. For example, we saw one person had been assessed as requiring continuous support, also known as one to one support, and we observed staff continually with this person throughout the inspection. Any changes in dependency were considered to decide whether staffing levels needed to be increased. We saw records that showed dependency levels were reviewed in a timely manner. This meant people were supported by an appropriate number of staff to keep them safe.

Safe recruitment and selection processes were in place. These processes included the use of psychometric testing alongside face to face interviews ensuring potential new staff embraced the values of Wren Hall. Psychometric tests are a standard and scientific method used to measure individuals' mental capabilities and behavioural style. They are also designed to measure candidates' suitability for a role based on the required personality characteristics and aptitude. Records also confirmed that reference and criminal record checks were also carried out prior to staff commencing their employment. We looked at three staff files which confirmed all the required checks had been completed before the staff began work. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm. This showed that the registered manager followed robust recruitment practices to keep people safe.

People's medicines were managed safely. People who used the service did not raise any concerns about how they were supported with their medicines. One person said, "They [members of staff] stay while I swallow my tablets." A relative said, "Its [medicines] is very well managed."

A computerised logging system was used to record what medicines people were required to take, the correct dosage and the time of day they needed them. A registered nurse told us they were able to run a report which highlighted whether a person had not received their medicines. We checked the records for six people and found these records were up to date and appropriately completed. People's computerised medicine administration records (MARs) provided staff with information that helped them administer medicines safely. Photographs were placed at the front of each person's record to reduce the risk of medicines being given to the wrong person. There was also information which included details of people's allergies.

We observed staff administer medicines in a safe way. They ensured where people needed support with their medicines they provided it. The staff member ensured people received their medicines in the way they wanted them. We spoke with this staff member; they had a good understanding of the processes needed to ensure people's medicines were managed safely.

Processes were in place to ensure that when people were administered 'as required' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times.

Staff told us, and records confirmed, that staff had attended training in medicine management and that they received a yearly medicine competency check. This ensured they were safely administering medicines.

Is the service effective?

Our findings

People had their needs met by staff that were knowledgeable and skilled to carry out their roles and responsibilities. One family member said, "The staff are excellent, very capable. It's more than just a job to them." People were positive about the staff that supported them. Relatives were confident that their family member was appropriately supported by staff that understood and knew their individual needs. A relative told us, "Staff know the people so well, they can predict what's going to happen." Another relative said, "Staff know [relation] likes their tea strong. They get to know the individual and what they like."

We observed staff supported people in an effective way. They clearly understood people's needs and spoke knowledgeably about how they supported them. People's care records contained detailed guidance for staff to enable them to communicate effectively with people. Throughout the inspection we saw staff use a variety of skills and different methods to communicate with people who were living with dementia. People responded positively to the way staff communicated with them.

Staff told us, and records confirmed, that new staff received an induction which provided them with the skills needed to support people in an effective way. They said that it was supportive and helped them to understand what their role and responsibility was. A variety of training had taken place which included but was not limited to, fire safety, moving and handling and safeguarding adults. Staff said they also had the opportunity to shadow other members of staff.

Additional training was provided relating to the specific needs of the people living at the service. For example training in end of life care, eye and mouth care and high touch therapy. Staff had specific training in dementia about the dementia butterfly household approach. The registered manager told us how training and development was focused on enabling not only staff but volunteers and relatives to see beyond any condition a person may have. They also told us that training enabled staff, volunteers and relatives to connect with people through heightening their emotional intelligence and embracing such skills as therapeutic touch. One member of staff spoke positively about the training. They said, "We can do extra training if we want it." This meant staff had access to training to maintain and improve their skills so they could continue to provide effective and responsive care.

The registered manager told us how the management team at the service had created a bespoke development programme for aspiring team leaders at the service. They also told us that seven registered nurses from the service were enrolled on a development programme to provide more effective and timely management of episodes of ill-health so that hospital admissions are appropriately avoided.

Staff were positive about the support they received from the management team. They said that they had opportunities to meet with their line manager to review their work, training and development needs. One member of staff said, "I feel supported, the [registered manager] supports us." Another member of staff said, "[Management team] always makes times for us."

People and relatives told us, and we observed that staff asked for consent before providing care. One person

said, "They do ask me before helping me and will always say please too." A relative said, "They do ask [relation] before moving them." Another relative said, "I always hear them ask [relation] and will praise them too and talk them through the hoisting." We observed staff seeking permission from people before supporting them to move.

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.

The registered manager had a good level of knowledge about their duties under the MCA and how to support people with decision making. Two members of staff also had a good understanding of their duties under the MCA. However, two members of staff had no understanding of the MCA. We raised this with the registered manager who agreed to investigate the matter.

We checked the care records for four people who were living with dementia and found mental capacity assessments had been carried out to assess whether they were able to carry out their own personal care. Where they had been assessed as being unable to understand the need to maintain an adequate level of personal care, their relative and where appropriate, health or social care professionals attended a meeting to make decisions for them that were in their best interest.

We found for two people that decisions had been made in their best interest without a mental capacity assessment being carried out. This demonstrated that the service had not always followed the principles of the MCA. We discussed this with the registered manager. They described how they carried out decision making in relation to medication but this was not always formally documented to ensure that the principles of the MCA were always followed. The registered manager advised us that they would review each person's records to ensure that where needed, the principles of the MCA were always followed in relation their medicines.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Records showed that a comprehensive process was in place that enabled the provider to meet their obligations in ensuring that people's liberty was protected and not unnecessarily deprived. We looked at the paperwork for two people where the safeguards had been applied for and saw the staff adhered to the conditions recorded. We saw records that confirmed people had advocates in place that visited them and acted on their behalf. This told us that people could be assured that correct action had been taken to ensure they were appropriately protected and the provider was acting lawfully.

We received positive comments about the food and drink. People told us, "It's very nice food. We get a choice at meals and they'll always make us a little snack later", "I had poached eggs done for my breakfast and they were soft and nice" and "We have plenty to drink here."

The catering manager recently won Premier Foods Dysphagia Chef of 2016 for providing high quality texture modified meals for people with dysphagia. A judge on the panel commented, "[Wren Halls Catering Manager's] dish really stood out to us. It's a real challenge to make pasta dishes suitable for a texture modified diet, and [Wren Halls Catering Manager] cannelloni not only hit the mark in terms of texture and presentation, but the flavour on the plate was spot on." This meant that people who had swallowing

difficulties received appropriate food that was of a high standard.

We observed the lunch time meal in three of the four dining room areas. People were offered snacks which included strawberries, banana, kiwi and small sandwiches, one hour before the main meal which [people that used the service] helped prepare. The registered manager told us this is good practice as it prepares people's taste buds for their main meal and as such they will eat more. People chose where they wanted to eat their lunch. The meal time was relaxed with music playing in the background. We saw people help set the tables which were laid with clean tablecloths, napkins and condiments. A member of staff asked people if they would like to have their hands wiped before lunch was served. Cotton aprons were offered to people. People had the choice of two main meals and two desserts. Dishes with the meals on were placed on each table to enable people to help themselves. A member of staff sat at each table to help people serve their preference, along with family members. This enabled people to make choices and decide the size of their own meals. One relative told us "Anything [relation] wants they get. They asked for chips and beans for breakfast yesterday and they did it for them." Another relative told us they had breakfast with their relation on Christmas Day. They said, "You can do that anytime, no problem."

Effective processes were in place that ensured each person's individual nutritional needs were fully met to support them with eating and drinking. This included, the use of food moulds to transform liquidised foods to resemble their pre- liquidised form and additional seasoning to flavour foods and combat the effect of waning taste buds. Some people ate independently but were given encouragement when required. To assist with independent eating, people were provided with specialised equipment to assist them in doing so, with finger foods made available for those who do not use cutlery. We saw staff sitting with people who required assistance and helped them at the person's own pace. Staff picked up cues from a person who did not communicate verbally and offered them a drink at intervals on the person's request which maximised the amount of food the person ate. Wherever possible, staff encouraged people to eat independently. The meal time experience was regularly reviewed, monitoring the overall ambience and the enjoyment for all people.

Monthly events were held in the restaurant where family and friends could join people living at the home for a four course a la carte meal. We were told staff made an effort to transform a lounge area into a special dining restaurant and help each person who attended to dress up for the occasion. The registered manager told us they recognised the importance of special meals to celebrate family occasions and the immense social pleasure gained for people.

Throughout the inspection we observed staff offer people a regular supply of drinks and snacks. If able, people were encouraged to make their own drinks to encourage their independence. We also saw people choose what drinks and snacks they wanted and what sweets they wanted from the 'sweet shop'. The sweet shop was created to encourage people to exercise choice; to stimulate their mobility and to encourage and increase nutritional intake.

Each person had a nutritional risk assessment and care plan in place. These identified whether people were at risk of excessive weight loss or gain and guidance was in place for staff to support people effectively with their diet. Effective recording and reviewing of nutrition charts ensured early signs of weight loss or gain were effectively monitored. Where advice was needed from external professionals such as dieticians or GPs to support people with their diet, this had been requested in a timely manner. Records showed guidance methods such as the use of high-calorie fortified supplements and meals were used effectively.

People and their relatives told us people had their health care needs met by a variety of professionals such as a dietician, continence advisory service, optician, dentist and GP. One person said, "I have my feet done

and have the optician here." Another person said, "The physio helps me." Relatives told us that their family member had access to a GP and chiropodist. One relative said, "[Relation] sees the chiropodist and optician." Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required. A health care professional told us, "[The service] refer people on time." Another health care professional said, "The staff in the home do what they can to meet the requirements of visiting GP's and also advocate on behalf of the residents with the GP."

People's day to day health needs were met by staff. People's support records and observational charts showed that where risks had been identified staff had provided support in line with the guidance provided by external professionals. This included people who required regular assistance with repositioning because they were unable to reposition themselves. Two part-time physiotherapists were employed at the home and we saw one of them offer support and exercises to people throughout the inspection. Where people needed specialised equipment such as pressure relieving mattresses and wheelchairs with support for their head and limbs, these were provided for them.

Is the service caring?

Our findings

Without exception people who used the service and their relatives told us that staff were consistently caring, kind and people felt very well cared for. Comments about the staff included, "They're all very, very kind", "They're all very, very caring. Their role is taken very seriously", "They're so very kind to me", "If people need love, it's there" and "It was very evident from day one that the home is a caring place." Both people and relatives felt they were treated by all staff with the utmost dignity and respect. This was evident throughout our inspection. A comment in a relative's survey in 2016 said, 'Outstanding level of care.'

All of the health care professionals we spoke with told us staff were kind and caring. One health care professional told us, "Staff are very kind, I would be happy if my [relation] was living there [at Wren Hall]." Another health care professional told us the registered manager leads by example and is always kind and caring towards people.

Staff spoke positively, without exception, about working at the service. Staff comments such as, "I love the working environment and the people that live here", "We are a family, that's why I love working here and putting smiles on people's faces", "I love my job" and "The residents are exceptionally well looked after and cared for." Relatives also confirmed this. One relative said, "I hear the staff say 'I love my job'."

Staff developed exceptionally kind, positive and compassionate relationships with people. They demonstrated person centred values, which placed an emphasis on respect for the individual being supported. For example, we observed staff constantly interacting with people on a one to one level. We saw staff skilfully use soft objects to stroke people's hands and face who had minimal verbal communication skills. Other soft objects were used so people could smell them. Another person was holding a 'therapeutic doll' and a member of staff asked the person how their baby was and showed other clothes the baby could wear. This approach had a clear and positive impact on both people. People responded with smiles and clearly enjoyed the experience. We also saw a member of staff join a person living with dementia in their reality by supporting them to have a glass of wine. This approach had a clear and positive impact on the person as they were smiling and laughing throughout the experience.

There was a relaxed, calm and happy atmosphere at the service with lots of smiles, good humour, fun and gestures of affection. People were comfortable and happy around staff and there was laughter between them. The interactions were warm and loving with gentle touches like holding hands. People had clearly developed a good relationship with staff and with each other and people looked happy and content.

We observed how a person was laughing and smiling because of the playful way a member of staff was interacting with them. We also saw the chef and maintenance staff greet people with smiles and hugs and heard them chat to people about their families and what they would like to eat. A member of staff told us how much they enjoyed being with a person. They said, "I love [person's name]. I love listening to their little stories." A comment in a relative's survey in 2016 said, "When you walk in Wren Hall everyone has a smile and a warm greeting be it carers, kitchen staff or anyone involved in its running." This meant meaningful professional relationships had developed between people and care staff.

We saw that staff encouraged people to express their views and listened with interest and patience to their responses. We observed members of staff to encourage people to express where they wanted to walk if they appeared lost, they listened to their choice and supported them, where needed, to walk in their chosen direction. Those people who were in discomfort were attended to with kindness. A relative told us, "The staff do listen to [relation] and if they don't want to do something the staff won't make them." Staff were skilled in communicating with people, anticipating needs and making people aware of what their choices were. We observed they spent time with people who were more withdrawn and had difficulty communicating, and interacted well with them. Staff treated everyone as though they were special and worthy of attention, understanding their body language and/or consulting with those who were close to them. For example, we saw staff constantly asking people how they were feeling and using objects to engage people in conversation so they could express their views and make choices.

Staff continually developed their skills, and followed best practice guidance in providing people's care and treatment. For example, by promoting people's dignity and human rights through the use of evidence based positive behaviour support methods. Members of staff enabled people to make as many choices as possible by using a wide variety of verbal and non-verbal communication methods, so people could express their views and receive responsive care. From our observations the skills staff had developed through their work with recognised training providers reflected positively on people's well-being. Typical examples included staff supporting people who were living with dementia, who on occasions believed they were somewhere else, or wanted to return home. For example, one person stated they wanted to cross the road and go to the shop. The member of staff reassured the person who looked anxious, held the person's hand, walked with them for a while and then the person asked to sit down. This approach had a clear and positive impact on the person. This meant staff skills were being transferred into daily lives and not just being used when they were involved in activities with people. As a result of the care the service provides to people living with dementia it was awarded the local authority's 'Quality Dementia Mark' (QDM). This is awarded to services that have shown that they provide a high standard of care to people with living with dementia.

Staff were highly motivated to understand the needs of people to help ensure they provided a tailored approach to each person through person-centred care techniques. Staff were able to describe people's individual characteristics, habits and could recall detailed information about their life stories. One relative said, "The staff know [relation's] likes and dislikes." We saw a range of methods were used to make sure people were able to say how they felt and make their wishes known. Staff understood it was important to communicate with people so they were able to understand each other, for example, by talking slowly and clearly, using pictures and writing things down. We heard a member of staff using the skill of 'mirroring' to communicate with a person with dementia. The member of staff spoke slowly and clearly so the person understood what they said to them. This skill is a best practice technique and the member of staff was given specific dementia training by 'Dementia Care Matters' (DCM) to do this. DCM are a leading dementia care organisation who provide learning development, training resources and practice based research to promote good practice with supporting people with dementia. By mirroring back the person's words you are giving the person the best chance to remember what they have just said and enable them to say more. The person responded positively and became calm and relaxed. This showed us that staff used the knowledge and skills they had learnt in training by using person-centred care to support people's individual needs.

Every person at the service had their own key worker. Staff gave people enough information in a way they could understand so that they were able to make informed choices. Each person's care plan was specifically designed around their needs, goals and aspirations. For example, one person's dietary preferences were recorded and reviewed monthly so that staff were able to keep up to date with the person's needs.

Relatives told us and records confirmed there was a monthly system of review to make sure that all the

progress and developments were captured and care plans were regularly updated to make sure they were useful working documents. One relative said, "One of the nurses is [relation's] key worker and we have regular contact with her. They noticed [relation's] last urine infection very early on."

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People and their relatives and friends views were sought through care reviews, surveys and resident and relatives meetings. Records showed that the views of people who were unable to verbally communicate had been sought through observations by members of staff by completing an 'ill-being and well-being' score. This showed people were receiving the care and support to meet their needs.

There was a strong emphasis on encouraging people to make their own choices and remain independent. Staff told us they would ask people things such as, if they wanted to join in activities, go in the garden, help set up tables for meals and where they would like to eat their meals. One person said, "I choose my bed times and what to dress myself in. I'm free to go where I want." Another person said, "I'm always outside if I can. I look after myself and they let me do as much as possible." A relative said, "Even though [relation] needs help with everything, they choose their own bed times."

All people and relatives told us members of staff showed the upmost respect and dignity towards people. One person said, "[Staff] knock and come in. They always shut the curtains when we're getting up." A relative said, "Their [relation's] dignity is very much respected. They are really respectful of them and it's the same for everyone."

Our observations supported these comments. We heard staff address people with the utmost respect and kindness. One member of staff told us it was important to make sure, "People looked respectable and nails cleaned." Another member of staff told us it was important to, "Validate how someone is feeling. Not to correct people if they are not in a current reality and not to infantilise them." This showed us how staff used good practice to support people to maintain their dignity.

We saw records that showed members of staff were observed using a competency assessment to make sure they maintained their skills and people's dignity and self-worth during interactions. We also saw 'care in progress' signs on people's doors so prevent anyone from entering during personal care. This meant that people's privacy, dignity and preferences were respected.

The service was committed to providing outstanding end of life care that met people's needs. The registered manager told us the service was passionate about ensuring people who use the service experienced a dignified, comfortable and pain free end of life. In August 2016 the service received the Beacon Status award, the highest rating for providing outstanding end of life care awarded by the Gold Standard Framework. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling frontline staff to provide an exceptional care for people nearing the end of life. To be recognised as a beacon, a service must show innovative and established good practice.

People and relatives were also supported by the service when someone had passed away. We saw a mini church had been built, which offered people the chance to sit and pray if they wished. A relative told us relatives are encouraged to use the church after bereavement or at times of stress. One relative said, "The church in the grounds is a special place. It feels nice."

Is the service responsive?

Our findings

Care was personalised, staff knew about people's lives, their families and what they enjoyed doing. The service recognised the individuality of each person regardless of the support they needed. Staff spoke with pride about the people they cared for and celebrated their achievements. They worked flexibly and organised their day around the needs and wishes of people. Staff had an excellent understanding of what was important to people and wherever possible they were supported to do what they wanted, when they wanted.

One of the main goals for staff was to provide people with the tools and support to lead as full a life as possible and this was evident throughout the inspection. People told us they were very happy with the activities available to them and there was always a lot going on. One person said, "There's plenty to do. I went on a trip to Matlock. I'll read and go for a walk." Another person said, "I like having a singsong. We help feed the dogs too." A third person said, "I like the monthly church service."

Relatives appreciated that people were stimulated, enjoyed a range of activities, went out regularly and had took part in activities that were important to them. One relative said, "They do have a lot going on. [Relation] does crazy golf. They are hard to include in things but staff do try. [Relation] even has a dance and sings with staff." Another relative said, "There are lots of activities but it's more about the personal contact, the touchy feely, the loving. There's a great emphasis on music and they have film nights with popcorn. [Relation] went to Twycross Zoo and Chatsworth Fair." A third relative said, "[Relation] enjoys flower arranging, watching dancing and folding napkins. [Relation] loves a tour of the garden and having tea in the tea house."

Staff worked innovatively to provide people with person-centred activities. A relative told us that birthdays were celebrated with banners, balloons and a special cake. They said, "[Relation] was [age] the other day. They did a tea party for them as usual, then a second party for extended family a few days later." Two relatives told us with much enthusiasm about 'Wrens Nest' a monthly three course themed evening meal where relatives are invited to have a three course meal with relations. One relative told us it was like being in a restaurant. They booked a family table and members of staff waited on them. They said the experience was, "Brilliant, we loved it." Another relative said, "The Wrens Nest is wonderful. A massive effort on their [the services] part." A relative's survey in 2016 also showed the response was positive about 'Wrens Nest'. One relative said, "Another fantastic meal at 'Wrens Nest', quality food and service." This ensured people had the opportunity to spend time with people who were important to them.

People and their relatives told us that staff went the extra mile to help ensure people were supported to lead their lives in the way they wanted to, focusing on each person's personal wishes and hobbies and interests. For example, people received regular one to one time with staff. This time was spent sitting and chatting but also, assisting each person to follow their own interest. We observed this throughout the inspection. People living at the home were all either engaged in activities or spent time with staff doing what they wanted to do. One person said, "Everyday someone [member of staff] sits with me and passes the time." One relative said, "I see staff spend time with [relation] and they'll read to them, or look at postcards with them or just chat." Another relative said, "I see them chatting or walking with him when I come in and they don't know I'm

there." One health care professional said, "I am struck when I go to Wren Hall about how many of the staff are engaged in one to one or some contact with the residents."

The registered manager told us, and staff confirmed, they were fully engaged with supporting and encouraging people to do things that were important to them. Activities were individualised, meaningful and well thought out with the focus being on people's past history, interests or hobbies. One person was keen on heavy rock music and a log cabin in the garden had been converted into a place where they can go and listen to their chosen music. Another person had been a keen golfer and the home had a crazy golf course built for them in the garden. Each person had two memory boxes, one in their bedroom and the other in the communal areas, which contained items that were important to them. We observed throughout the inspection people being encouraged and supported by staff to use them. These provided opportunities for people to communicate their preferences so staff could incorporate these into people's daily routine. This showed us that the service went the extra mile, was responsive and provided a personalised service.

The registered manager told us there was no activities coordinator employed as it was the responsibility of every member of the care team to provide and support people with activities that were important to them. We observed all staff engaging with people throughout the inspection. It was clear staff enjoyed spending time with people and showed a genuine warmth and interest in the people they were with. Throughout the inspection we saw every person either taking part in an activity or spending time with staff. People were not left socially isolated and were encouraged as much as possible to take part in individual or group activities. Staff used a variety of innovative ways to encourage people living with dementia to take part. People's past employment and life history were used to encourage wide spread participation in activities. We observed people cutting up fruit for a fruit salad, sorting and tidying boxes of items that were important to them, playing with balls of wool for knitting, colouring books, playing cards, laying tables and washing and drying dishes. All of these activities bore some relation to their past life. This person-centred approach enabled people to lead fulfilling lives and enjoy activities that interested them. This all contributed to the calm and positive atmosphere throughout the service.

People had access to a wide range of person-centred activities in the garden. The garden area of the service had been transformed to provide people with space to walk freely and to enjoy time alone or with friends. The registered manager told us a bar, café, crazy golf area and artificial beach equipped with deckchairs and shelters had been built in response to people's feedback. All of these facilities offered people the opportunity to experience every day activities within the comfort of their home and garden. We saw photos of an Easter egg hunt held in the garden which local school children attended and other events such as barbeques and galas. Two health care professionals confirmed this. One said, "They've [the service] has gone to great lengths to develop a friendly, accessible, useable, safe outdoor space and to develop protocols that facilitate residents to use it."

The registered manager told us, and relatives confirmed, that training for staff and relatives was available for a new initiative called, 'A Soundtrack to My Life'. This involved twelve songs or pieces of music, which were particularly meaningful to a person being put onto a CD and played to the person to promote and encourage interaction. This person-centred approach would help people and staff to continue to form important relationships so people could continue to live fulfilling lives.

People who were able, were encouraged to access their local community alone if they wished to. We observed one person who regularly went to the local shop and told us they went to the cinema when they wanted to. There was a day service for the local community at the service. This gave the opportunity for people living at the service to meet people from the local community and to make new friends. The member of staff who ran the day service had the necessary skills and experience to deliver chair based exercises

which promoted a healthy lifestyle. Additionally, the service kept free range chickens, which a person collected eggs from for people's breakfast. The service had two dogs, which we saw regularly produced smiles from the people living at the service. This demonstrated the service was promoting social interaction with the local community which reduces the risk of social isolation and encourages new meaningful relationships to be made.

The registered manager ensured that all people received the care and support they needed as soon as they came to the service. An initial pre-admission assessment was completed to ensure people were suited to the service, and if they were, the appropriate support was put in place. Pre-admission assessments were built upon by more detailed life stories such as personal histories, likes, dislikes and preferences and a contemporary account of what was important to people now. This ensured a smooth and safe transition for all people when they arrived at the service.

People's care plans were very detailed and written in a person-centred way. They were well organised, up to date and included comprehensive information about each individual. Care plans were written in a way that conveyed to staff what was important to each person and described in good detail the support to be provided. For example, in one care plan we read information which guided staff to encourage a person to engage in an activity they did before they moved into the service. This enabled the person to take part in an activity which was important to them whilst continuing meaningful relationships outside of the service.

Care records covered areas such as a person's mobility, level of communication, emotional needs, dietary requirements, religious and cultural needs and likes and dislikes. Where one person's nutritional needs were highlighted by a hospital after discharge back to the service, their dietary preferences were reviewed monthly accordingly. Daily records were written in a way that conveyed useful information about how people had spent their day, who with, their mood and their physical health which would help inform care plan reviews and evaluations. This meant that staff were provided with information to make sure people received support that was effective and responsive to meet their needs.

Relatives were aware that their relations had a care plan and were actively involved in decisions about their relation's care. Discussions during care plan reviews involved a person's care as well as their preferences in relation to activities. One relative told us, "We have a review meeting every month or so and sit in with the carers and nurses. We had one last week and they said about two hourly turns now and having paracetamol regularly as [relation] can't notify about [their] pain now a days." Another relative said, "They [the service] have a monthly meeting so they can go through the person's needs and family are invited too. So we feel involved. But we don't feel we have to wait for that meeting to ask anything." We saw records which showed relatives were also reminded during relatives meetings the importance of people's life histories and were encouraged to speak to the service so they could update care plans when needed. This made sure the service continued to be responsive and effective to people's needs by making sure their information on people was up to date.

People and their relatives were actively encouraged to express their views about the service and were given clear information about how to make a complaint. There was a complaints policy with an easy read version using simple words and symbols to help people to understand the process. Staff knew people well and knew how they were feeling by their behaviours which meant that staff had the opportunity to spot concerns and deal with them before they escalated.

One person said, "I've not had to complain ever." A relative said, "I've never had to complain. I could talk to any of them [members of staff] if something was not right." Three relatives had minor concerns but said they were dealt with in a timely manner. One relative said, "My only complaint was the other day when

[relation's] en suite light hadn't been working and it was put right the same day." Another relative said, "We asked for [relation] to sit in the middle of the lounge, not at the bottom by the window on her own. That's been done and [relations] more involved." Relatives had the opportunity to discuss concerns in relatives meetings. Records showed that and issues raised under 'not working' were actioned and dealt with in a timely manner.

Relatives said that they were kept well informed about incidents, what was happening to their relative and the registered manager was approachable and easy to talk to. A family member said, "[Registered manager] is very approachable. I feel if something is not right, she'd sort it." Another relative said, "[Registered manager] acts on anything raised." Records showed that the service received one complaint, this was taken seriously, investigated comprehensively and responded to quickly and professionally. This meant that people and relatives had the confidence that any concerns would be taken seriously and acted upon.

Is the service well-led?

Our findings

Without exception people, relatives, staff and professionals were overwhelmingly positive about the leadership of the service. They felt that the reason for the consistent high quality of service came from the proactive and positive leadership which filtered down to all of the staff. People told us the registered manager had developed a high quality service and that they cared about the people living there. Everyone reported being happy in the service. One person said, "I'm very happy here." Another person said, "I reckon it's one of the finest homes in the area."

Staff consistently gave us positive feedback about the registered manager's leadership. Comments included, "Very dynamic and proactive is what she does", "She's brilliant, flexible, if you've got an issue she'll sort it out", "Enthusiastic and drives us and infectious with her ideas" and "Proactive about dealing with concerns." A staff survey in 2016 had been conducted and all thirty three members of staff who completed the survey felt valued by the management team.

All of the health professionals consistently commented positively on the registered manager's leadership of the service. One health professional said, "[Registered manager's name] is a palpable and recognisable presence within the home. I conducted an interview study as part of research with the staff. Many of them spoke about her as an inspiration and a trailblazer. Because of this the staff often spoke of feeling very close to each other and functioning as 'a family'."

People and relatives we spoke with confirmed the service heard and acted on their views. There was a strong sense that the lines of communication between people, their relatives and management were open, enabling and supportive. Comments included, "We have a very good rapport", "She's always around and is easy to talk with", "If I feel something's not right, she'd sort it" and "She listens and takes actions. Her finger is on the pulse." This demonstrated that the registered manager promoted an open and transparent ethos within the service. This enabled people who used the service, those that mattered to them and staff to make their views, ideas and concerns known.

The culture of the service was open and inclusive and encouraged staff to see beyond each person's support needs. The provider had clear values which the registered manager promoted to staff. Staff demonstrated the provider's values of 'privacy, dignity and respect' to help people succeed and celebrated their success. Staff told us that there were staff meetings where they could raise any concerns or issues. We noted from the minutes the registered manager consulted and involved staff in decisions, gave opportunities for staff to raise any issues and thanked staff for their work. This told us that the registered manager was open and transparent in their approach.

The registered manager told us they were expected to be a role model and they had a genuine passion about providing the best possible service. The service had a strong emphasis on treating everyone with regard to their needs around equality and diversity. Staff confirmed that the management team promoted a culture which supported people to live as fulfilled and meaningful a life as possible. We found the culture of the service was positive, person-centred, inclusive and forward thinking. We spoke with a range of

professionals, families and staff who all felt this was an excellent, enabling and inspiring service. A health care professional told us after visiting the service, "I was left with the impression of a team who emphasised learning and embracing quality improvement approaches in a transparent manner. This is highly commendable."

The registered manager had ensured staff were provided with a working environment that demanded excellence, but also encouraged them to develop their roles, equipping them with the skills needed to provide all people with high quality, person-centred care. The registered manager told us, and a member of the management team confirmed this, all members of the management team held a leadership and a coaching or mentoring qualification. This ensured that people and staff would receive support, guidance and leadership even when the registered manager was unavailable.

The registered manager told us that each shift was led by a nurse to "Support them [each team] to make decisions." The service also expected members of staff to develop their knowledge and to support each other, if they needed guidance in a specific area. For example, champions were in place in specific areas such as medication, infection control, dementia and end of life care. This ensured the staffing team had the confidence to make decisions for themselves, without the need of reassurance from the registered manager, whilst each shift was led by a nurse.

The service worked in partnership with other organisations to develop and drive improvement. The provider was a national dementia specialist, which meant staff could access relevant advice and support on managing people's complex needs through person-centred care. They promoted best practice through various awards. For example, the provider was awarded Level 1 Butterfly Home Status by Dementia Care Matters for the 5th consecutive year in 2016. Dementia Care Matters completed a qualitative observational audit of the service and the award was given for 'Exceptional Person Centred Dementia Care'. Comments from the audit included "The passion and ongoing drive of the owner/ manager to always seek out new ways of enriching the lives of all the people shines through and is evidenced in a continuing willingness to seek out feedback" , "The whole staff team show huge amounts of love, kindness and genuine regard for people in all their interactions" , "The team worked incredibly hard all day showing outstanding patience" , "A real sense that people not tasks were the central focus throughout the day" , "Outstanding mix of different opportunities to occupy people built into the natural flow of the day" and "There is little to improve on with a team who are clearly very skilled in bringing a wide range of different occupational opportunities very naturally into the day."

At the service, staff used the person-centred approach to support people which helped the service being shortlisted for Gold Standards Framework (GSF) Care Home of the Year Awards 2016. The GSF assesses the quality of end of life care against national standards and is an evidence based approach to improve end of life care for people. The GSF press release stated 'All of the shortlisted homes had achieved Beacon status (the highest possible) at GSF reaccreditation and demonstrated an outstanding commitment to provide their residents the very best personalised care right up until the end of their lives.'

We found there was a strong emphasis on continually striving to improve, recognise, promote and implement innovative systems in order to provide a high quality service. The service had sustained outstanding practice and improvements over time and had achieved a recognised quality assurance accreditation system. For example, the service had achieved Investors in People award which it has retained for a number of years. The framework is a performance model that provides a pathway towards future progress, and a journey of continuous improvement. We found the registered manager was highly committed to this model by supporting and managing staff well to achieve sustainable results. They told us we are, "Striving to be better." This was reiterated when we spoke with members of staff. One said the

service is "Constantly striving to improve." The service had consistently been awarded a band 5 rating by Nottinghamshire County Council which is the highest rating a home can achieve. A health care professional told us "Everything they [service] do, I feel they [service] do very well in deed."

Relatives were actively encouraged to express their views about the service. The registered manager, eight staff and four relatives completed a two day course in 'Sit and See' an observation to assess the quality of staff interaction to promote compassionate care to people. Subsequently relatives and staff have used the observational tool and feedback their findings to the registered manager. For example, 'Friends of Excellence' a support group of people and their relatives which is encouraged by the registered manager to give 'honest feedback' provided the service with feedback by using the 'Sit and See' observational tool. In 2015 'Friends of Excellence' observed several meal times over a week. One comment included "Individuals are fully involved in making choices and involved in decisions about what they eat and drink." A Halloween themed activity was also observed and comments included "Staff members were pro-active in leading the activity." Another relative who is a member of 'Friends of Excellence' also told us, "We said about giving more notice for the 'Wrens Nest' dinner nights, so the manager publishes an annual list of dates."

People and their relatives were involved in the running of the service. There were regular residents meetings and people discussed the catering, activities, housekeeping and care. We noted from the minutes of these meetings that people were happy with the service they received and people's requests were listened to. Relatives had the opportunity to attend regular relatives meetings. Relative's minutes are displayed on the services website and showed discussions had taken place about all aspects of the service and concerns addressed. One relative said, "They have a meeting about every 6 months~quite a big evening meeting. They tell us about any new initiatives and we can raise anything." Relatives also told us they had the opportunity to feedback through surveys sent to them. One relative said, "We get two papers [surveys] a year. But they encourage feedback at all times as its [service] constantly striving to get good practice. They [the service] seriously work at it." A relative's survey in 2016 had been conducted and all twenty three relatives who completed the survey said they would recommend the service to family and friends.

The service publishes two regular newsletters called 'In Touch' and 'Friends of Wren Hall'. The newsletters promote individual resident's achievements or celebrations, details of new staff and those who had left, a welcome to those people who had moved into the service and farewells to those who had left or passed away. Activities, outings and events were reported upon with encouragement for people to share their ideas for future entertainment with the staff team. We saw evidence that people's suggestions had been acted upon and that outings had been arranged to nearby attractions as a result.

Regular audits of the environment, infection control, medicines management and health and safety checks were carried out, with positive action taken on areas that needed improvement. Accidents, incidents and complaints were monitored and reported to the provider, so any risks were highlighted and followed up and any themes or trends identified. A monthly observational audit of people who are unable to verbally communicate was completed using 'well-being and ill being' indicators. The results showed that people were receiving an effective, caring and responsive service as the 'well-being' indicators were being met.

The service strives for excellence through consultation, research and reflective practice. The service received an external LPZ [A National Prevalence Measurement of Quality of Care] benchmarking audit which is an annual, independent measurement of the quality of care in the healthcare sector. The health care professional involved in the audit said, "Wren Hall was a participant home when we launched the LPZ benchmarking audit in the East Midlands. I attended and went over their performance data with them. They were very open to the suggestion that, although they do things very well, that things could be done better. In

response to the audit they modified their approach to recognising and managing pressure ulcer risk and pressure ulcers."

The registered manager met their legal obligations to submit statutory notifications when certain events occurred, such as when injury to a person occurred. They provided additional information promptly when requested, and worked in line with their conditions of registration.

The registered manager was awarded an MBE in the New Year's honours list 2014 for services to older people.