

Black Swan International Limited

The Beeches

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?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

The inspection took place on 11 and 13 July 2017 and was unannounced.

The Beeches provides residential care for up to 44 people, some of whom may be living with dementia. At the time of this inspection there were 27 people living in the home. Accommodation is in a period building and people benefit from a number of communal areas and gardens.

There was a registered manager in post. 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.

All the people we spoke with during our inspection consistently talked of a service that went the extra mile to achieve an outstanding quality of life for people who lived at The Beeches. They told us people were cared for in an exemplary manner and that support was delivered in an exceptionally person centred way. Our inspection findings confirmed this.

Staff delivered care and support that epitomised the values set by the provider. People had been fully involved in the decisions around their care and support and staff had used innovative methods to achieve this. People's past lives, wishes and values had been taken into account when supporting people and this had shaped how care was delivered. This had resulted in people's individual needs being met in a dedicated, relevant and specialised manner.

People spoke of a service, staff and management team that showed immense kindness and thoughtfulness. This was brought about by a thorough understanding of those that used the service, what was important to them and a commitment to using this knowledge to support people in having an exceptional quality of life.

We were told, by people who used the service and relatives, that staff consistently demonstrated a compassionate, warm and caring approach and that they were able to adapt this to suit the individual needs of each person. Our observations confirmed this and we saw that the atmosphere of the home was one of warmth, joy and positivity. Staff were seen to consistently show respect, patience and understanding when supporting people. People told us that staff had an intuitive way of providing support and promoted

choice and independence.

The service had gone to great lengths to meet people's social and leisure needs and understood the positive impact this achieved. Individual and attentive support was delivered to meet these needs based on people's wishes, aspirations, interests and hobbies and staff had a sound knowledge of these. People's interests were also used to shape care and support in a way that empowered people.

The delivery of such high quality care had been achieved by robust quality monitoring systems, an engaged and motivated staff team, comprehensive staff training and support and a nurturing and fully involved management team. The provider understood the importance of all these factors and had demonstrated a commitment to not only achieving and sustaining this but continuing to improve. They used the opinions and suggestions of people who used the service, their relatives and staff to shape decisions and service delivery.

Reflective practice together with regular and meaningful audits had contributed to this. Sector wide information was used to further improve the service and best practice guidance was known and used. Quality monitoring was integral to the registered manager's working practice and this was supported by visits from the regional manager a number of times each week. Staffing levels were determined by observation, feedback and speaking with people who used the service, their relatives and staff. This approach had been successful as there were enough staff to meet people's needs in a prompt and very person centred nature.

The provider understood the importance of robust, yet positive, risk management and had processes in place to support this. The risks associated with the people who used the service, working practices and the premises had all be identified and well managed in order to mitigate risk. Accidents and incidents had been robustly recorded and used to identify any trends or patterns in order to reduce the risk of future occurrence. Staff had received training in safeguarding people and together with additional procedures in place, this helped to reduce the risk of people experiencing abuse.

Procedures in place meant that only those staff suitable to work with the people who lived at The Beeches were employed. Comprehensive and focused induction, training and support of staff ensured people received care from a skilled, knowledgeable and capable workforce. They worked efficiently, but flexibly, as a team and told us they felt valued, motivated and encouraged.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service had a robust knowledge of this legislation and fully adhered to its principles. Staff had received training in the subject and relevant others had been involved in best interests decisions as appropriate.

People's nutritional needs were well met and the service was flexible and adaptive in its approach to this. People told us they enjoyed the food, that it was to their liking and that there was plenty of choice. Support for people who required assistance to eat and drink was thoughtful, dedicated and at a pace directed by them. People could have what they wanted and at a time they requested it.

The service was adept at managing people's healthcare needs. Staff were knowledgeable in this aspect of care and promptly recognised any factors that may compromise people's emotional or physical wellbeing. They took appropriate and swift action in response and ensured staff were aware of what related support was required. Healthcare professionals were requested appropriately and those we spoke with confirmed the service's sound capability in managing people's healthcare needs.

All the people we spoke with told us they would wholeheartedly recommend the service to others. They told us this was because of the caring nature of the service and the positive impact it had on enhancing people's lives. Relatives felt reassured at having their family members cared for in a nurturing, kind and compassionate environment. They told us the service delivered personal touches that made a vast difference to the quality of life of their family members.

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.

The effective systems in place meant that risks were well managed and mitigated. The provider understood the importance of robust health and safety management and ensured staff shared this understanding of responsibility.

There were enough staff to meet people's individual needs in an unhurried, engaging and time appropriate manner. People received the support they required at the time they needed it.

Due to robust adherence to good practice guidelines, people received their medicines as the prescriber intended and the associated risks were fully mitigated.

Good 

Is the service effective?

The service was effective.

Staff received comprehensive training and support that resulted in dedicated and person centred care being delivered to a high standard.

The service had a good understanding of its responsibilities in regards to the Mental Capacity Act (MCA) 2005 and adhered to its principles.

People's health and nutritional needs were met in a person centred, preventative and holistic approach. The service had built strong working relationships with other healthcare professionals in order to benefit the people who used the service.

Good 

Is the service caring?

The service was outstandingly caring.

All the people we spoke with talked of exceptionally compassionate, kind and gracious staff that went the extra mile to care for people they knew especially well.

Outstanding 

Staff had built trusting, respectful and warm relationships with the people who used the service and their family members. People told us the home felt like one big, happy family.

The service delivered outstanding end of life care in collaboration with those people that used the service, their families, staff and other healthcare professionals. The person receiving the care was at the heart of all actions and decisions.

Is the service responsive?

The service was outstandingly responsive.

People had an exceptional quality of life. This was because the care and support they received was shaped around their individual social and cultural diversity, beliefs and values.

The service supported people's individual hobbies and interests and were innovative in how these were met. Strong links with the local community had been built.

The service continually strived to improve and used people's feedback and suggestions to ensure an inclusive service was delivered.

Outstanding 

Is the service well-led?

The service was outstandingly well-led.

The culture of the home was one of openness, warmth and inclusion and reflected the provider's values. The people who used the service were at its heart, supported by staff who felt valued and empowered.

People spoke appreciatively of the home's management team and their commitment and dedication to ensuring people had an exceptional quality of life.

The provider's quality monitoring system had successfully ensured that a high quality service was being delivered and that it continued to improve. This was led by good practice and reflecting on sector wide information.

Outstanding 

The Beeches

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 11 and 13 July 2017 and was unannounced. One inspector and an expert-by-experience carried out the first day of the inspection visit. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection visit was carried out by two inspectors.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding team and the local authority quality assurance team for their views on the service.

During our inspection we spoke with six people who used the service and 11 relatives. An additional relative provided us with written feedback. We also spoke with four healthcare professionals and two visiting activity providers. Furthermore, we spoke with the managing director, regional manager, registered manager, trainee deputy manager, chef, maintenance person, one senior care assistant and one care assistant. We observed the care and support being provided to the people who used the service which included the support provided over lunch time and activity sessions.

We viewed the care records for three people and the medicines records for four people who used the service. We also looked at records in relation to the management of the home. These included the

recruitment files for three staff members, staff training records, health and safety documents, quality monitoring audits and minutes from meetings held.

Our findings

People felt safe living at The Beeches. Their relatives told us they had no concerns about the safety of their family members and felt reassured that they were well cared for.

One person who used the service said, "Before I came here, I was having falls at home but I haven't fallen once since I've been here." A relative told us, "I trust the staff and have faith in them. If there's any hiccups, they call me straight away." Another explained, "I know [family member] is in safe hands."

The staff we spoke with knew how to protect, identify and report any safeguarding concerns they may have. They understood their responsibility to report any concerns and knew how to do this both inside, and outside, of their organisation. One staff member said, "Initially, I'd follow the hierarchy." Whilst another was able to give us examples of symptoms that may indicate a person was being abused. Staff told us that they had confidence the registered manager would promptly and appropriately deal with any concerns they may raise. They told us that they had received up to date training in safeguarding adults and the records we viewed confirmed this.

The service had robustly identified, assessed and managed the risks to people who used the service and these had been regularly reviewed. These included such areas as where people were at risk of developing pressure areas, experiencing falls, accessing the community or nutritionally at risk. These were individual to people, encouraged positive risk taking and gave staff guidance on how to support the person in order to mitigate the risk. For example, where one person enjoyed sitting out in hot weather, the service had encouraged this but taken measures to ensure the person's wellbeing.

The risks associated with the premises, equipment and working practices had been identified and managed in a way that helped to mitigate them and keep people safe. These included risks associated with the security of the building, lone working for staff, Legionnaire's disease, medicines management and having pets. Regular maintenance checks, servicing and equipment inspections were also in place to mitigate risk and we saw that these were regular and in date. Each person had a personal evacuation plan in place in the event of evacuation due to fire outbreak and we saw that these were accurate. The service also had an emergency continuity plan in place in the event of any adverse incidents such as loss of utilities, outbreaks of infection, non-attendance of staff or flooding. This plan gave staff direct instructions and information on what to do in each event assisting in the continuity of the service.

The provider had robust systems in place to manage risk and health and safety issues. In addition to the

above measures, the home underwent a monthly health and safety work place inspection. Information from this, and other systems, then fed into the senior management meetings before being discussed, and cascaded down, through staff teams. Health and safety best practice was shared with staff and learning from incidents shared. In addition, the provider used nationwide sector information to better improve their risk management systems.

Accidents and incidents had been thoroughly recorded and showed that appropriate and prompt immediate and subsequent action had been taken in response. These showed that the associated risk had been further assessed in order to mitigate any future risk of reoccurrence. An overview of all accidents and incidents was also in place so any trends, patterns or contributing factors could be identified.

The provider had procedures in place to help reduce the risk of employing staff who were not suitable to support the people who lived at The Beeches. This included completing Disclosure and Barring Service (DBS) checks (which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups), gaining references and requesting confirmation of address and photographic identification. The records we viewed confirmed that these documents were in place.

People told us that there were enough staff to meet people's needs in a prompt, safe and person centred manner. One person who used the service said, "If I need help, I just press the call button; I won't have to wait long." One relative explained, "I leant on the button accidentally the other day, they were quick to respond." A visiting activity provider told us, "When I'm here there is always at least one carer in the lounge in case someone needs help. I like the fact there's a window from the [registered] manager's office into the lounge so even if they're in there, they keep an eye on what's happening."

Our observations during our inspection confirmed that there were consistently enough staff to meet people's needs in a prompt, individual and dedicated manner. We spent some time in various areas of the home and at all times we saw that staff were available to support people as they needed it. This support was unhurried, patient and delivered in a way that met the person's specific needs. We saw that staff had time to sit with people and fully engage with them in whatever way they wanted. We consistently saw examples of this throughout our two inspection visits.

We spoke with the registered manager about staffing levels and how these were calculated. An effective system was in place that demonstrated that the people who used the service, their relatives and staff were at the heart of the service delivery. The registered manager told us that they simply asked people and observed the interactions taking place within the home and staffed accordingly. They told us, "I talk to people and get their feedback." They went on to say that the provider trusted them to staff the home as required and added, "They never question my judgment."

People received their medicines as prescribed and robust, regular and efficient management and monitoring systems were in place to ensure this. Good practice guidance was adhered to throughout and the clear organisation of records, medicines and associated equipment contributed to the effective way the service managed medicines and the administration of them.

We looked at the medicine administration record (MAR) charts and associated documentation for four people who used the service. These records confirmed that safe administration and management of medicines was in place.

The MAR charts we viewed were legible, accurate and complete. Identification sheets including photographs were in place for each person to reduce the risk of medicine administration errors occurring. In addition,

person centred information was available to staff to indicate how the person wished to take their medicines. Where people were prescribed medicines on an 'as required' basis, detailed information was available to staff that helped ensure people received these medicines safely and appropriately. Information was recorded whenever these medicines were administered. The correct use of administration codes and associated recording was consistently applied which contributed to people's safety and adhered to good practice guidelines. Stock counts were in place for all boxed medicines and we found that for those we checked, these were accurate.

Additional systems were in place that followed good practice and mitigated the risks associated with medicines management and administration. Regular temperature checks were in place to ensure medicines were stored at the correct temperature to aid effectiveness. We saw that medicines were stored securely at all times and that only allocated and trained staff had access to them at any time. The area where medicines were stored and managed was clean, tidy and well organised. We saw that, during medicines administration, good practice was again followed and that staff had received training in medicines management and administration.

Our findings

The people we spoke with consistently told us that all staff had the skills, knowledge and aptitudes to support people effectively and in a way that enhanced their lives. Staff knew people particularly well and adapted their skills and approach to suit people's individual needs.

All of the people who used the service and the relatives we spoke with talked of staff that were knowledgeable, flexible and attentive. They spoke highly of them. People told us they had confidence in the staff's abilities to support and care for people appropriately and in a way that kept them physically and emotionally well. One person who used the service said, "Staff give you as much freedom as you are able to cope with, but know if you need help." All the visiting healthcare professionals we spoke with told us that staff had the skills to manage people's healthcare needs effectively and in a way that promoted health and wellbeing. Whilst a visiting activity provider commented on the service's ability to train staff thoroughly and in a way that achieved results.

The staff we spoke with told us that they had received an induction and the training they needed to perform their roles and meet people's individual needs. The records we viewed confirmed this. Staff had recently received additional training in understanding the needs of those people who lived with dementia and told us this had had an impact on how they supported people. One staff member said of the training, which simulated what it was like to live with dementia, "It was such an eye opener. I looked at people with dementia in such a different light. It helped me to understand what people are going through." The registered manager, who had also received the training, said, "It was frightening. I stood in the corner like a little girl, not wanting to do anything and wanting people to leave me alone. It helped me to understand people living with dementia."

Staff had received training via a number of methods and in a number of topics. Those staff that worked as champions in subjects such as equality and diversity, nutrition and dignity had received additional training to support these roles. Staff were encouraged to achieve qualifications and some staff had been educated to deliver training to their colleagues. In addition, staff had their competency to perform their role regularly assessed. During our inspection we saw that staff performed their role as trained and had appropriate skills to support people safely, compassionately and in a way that maintained people's comfort.

The staff we spoke with talked highly of the supportive, nurturing and encouraging environment they worked in. They told us they felt valued, listened to and part of the success of the home. Staff said the registered manager supported them thoroughly and in a way that encouraged them to deliver the best

service they could. One staff member told us they knew the registered manager observed their ability to perform their role but that it was done discreetly and in a way that didn't make them feel uncomfortable. They told us they worked above what was required of them not only as it achieved positive results for those living at The Beeches but because, "It's appreciated." From the records we viewed we saw that staff received regular support in a variety of forms.

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. The application procedures for this in care homes and hospitals are called 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 were being met.

The registered manager and staff had received training in MCA and DoLS and had a good knowledge of its principles and application. Where required, people's capacity to make decisions had been assessed and best interests decisions made, and recorded, with appropriate others. Detailed and appropriate DoLS had been submitted to the local authority for consideration although at the time of the inspection none had been processed. Where others had legal authority to make decisions on people's behalf, we saw that the appropriate official documentation was in place and adhered to. The service had, as required by the MCA, considered the least restrictive way in which to provide support to those who lacked capacity.

Throughout our inspection we saw that people were in control of the care and support they received and that staff requested their consent before delivering it. We saw this consistently and for every aspect of the delivered service. Our discussions with people who used the service and relatives confirmed our observations.

The people who used the service were enthusiastic about the food and drink served at The Beeches. They told us there was plenty of it, that they had a choice and that it was to their liking. One person said, "There's always a choice and if you don't like that they'll get you something else. There's always plenty to drink and they make sure I have lots in my room so I can help myself. They know that's what I like." Relatives agreed and told us the service catered well for private family gatherings and celebrations where food was required.

We observed lunch on one day of our inspection visit and saw that people could take this wherever they chose and that the service was flexible in meeting this need. Wherever people chose to have their meal, we saw that staff were available to support them to ensure a sociable, safe and relaxed experience was had. For those people that required one to one assistance we saw that this was delivered in a dedicated, unhurried and empathetic manner that promoted a sociable experience. We saw staff provided explanations, encouragement and physical touch to provide comfort. Where people required a specialist diet, we saw that this was provided. Fresh fruit, snacks and a selection of drinks were available throughout the home and for the duration of our inspection.

Staff had knowledge of people's nutritional needs and accurate information was on display in the kitchen. During discussion, the chef demonstrated knowledge of people's individual needs as well as requirements in relation to specific medical conditions. They told us food was home cooked and that the menus were

designed in collaboration with the people who used the service taking into account their requests. However, the chef told us people could have what they wished, that there were no restrictions on what could be ordered and that specific requests would be met. The people we spoke with confirmed this. A staff member told us how one person who used the service requested a particular food item that they didn't have. They told us a staff member went out and bought it and concluded, "They had it just like they requested." The chef told us, "I can give people whatever they want. When I see a person's face light up when I've given them what they want, that makes my day." The care plans we viewed showed that people's nutritional needs had been regularly assessed, associated risks mitigated and that referrals to appropriate healthcare professionals made.

People were highly complementary in how the service managed people's needs in a holistic manner taking into account their physical and emotional needs. They spoke of a service that was preventative in nature and quick to respond to any changing healthcare needs. People had access to a wide variety of healthcare services and we saw that appropriate and prompt referrals had been made as required. All four of the healthcare professionals we spoke with talked favourably about the service and its abilities to keep people well. One said, "This is the easiest care home I work with. They try everything first which has a direct impact on our work. ...we get appropriate referrals." Another said that they had a good relationship with the home and that the collaboration, "Worked well" in maintaining people's health.



Our findings

People could not speak highly enough of the caring and compassionate nature of the service, staff and management team. They told us that every member of staff demonstrated this approach consistently and without fail. They told us of the exceptionally high standard of care they received and how this made them feel. From speaking with people, we understood that a very person centred approach came naturally to the staff that worked at The Beeches. This meant that everyone we spoke with during the inspection was able to give us examples of how the service and staff had made people feel valued, important and special.

One person who used the service told us, "I'm a different person altogether because the staff care about me. They care about everything you're doing. If I went to bed and said I didn't feel comfortable, the staff would come and see to it immediately." This person said of the registered manager, "They're smashing. So caring and I love them as if they were my family." Another person said staff treated them like their own family. They said, "They are all very kind and caring and I do mean all the staff."

The relatives we spoke with talked overwhelmingly of the distinctive and positively far reaching effects of the manner in which the service and staff cared for their family members. One relative told us of the care provided, "It has changed my life. The weight of the world has been lifted from my shoulders."

Another relative explained the creative lengths the service had gone to to improve the quality of life for their family member who lived with dementia. They told us that gardening had been a real interest for them and that the service had used this knowledge to create a separate space for the person to spend time in. The relative told us that the service installed a number of plants in this area and that staff supported their family member to care and nurture the plants by assisting with watering and polishing the leaves. The relative told us that staff assisted their family member to this area when they felt upset or distressed and that it helped them to remain calm and content. The person's relative told us that this gave them a sense of purpose and self-esteem. They said, "The friendship part comes over. I think the staff have genuinely got the right motivations. They do it not only for a job but because they genuinely care." This relative told us how much this approach reassured them and prevented them from worrying about their loved one.

Throughout our inspection, people's relatives gave us examples of exceptional kindness shown by the staff and service that made their family member feel important and special. For one person, their passion was the ballet. As they were unable to attend a performance, the service organised a special event where the person could enjoy their passion at The Beeches. This included the regional manager, dressed in a tuxedo, escorting the person to a private dinner with their family in attendance followed by a showing of a ballet in

the home's cinema room. This person's relative told us, "[Family member] is getting care in the true sense of the word. It's about spending time with people and knowing their personalities. We know [family member] is in the most outstanding care; the outstanding bit being the care and the love."

Another person had enjoyed trips to the zoo but was now too unwell to go on excursions outside of the home. Their relative told us how the staff had immediately discussed with them ways in which they could overcome this. The relative told us staff had said, "We'll bring the zoo to [family member] then." The relative told us, "The Beeches is totally the right environment for [family member]." They went on to explain how well staff knew people. They said, "They pick up on the little things."

For another person who used the service, they required a specialist chair to maintain their health and wellbeing. This meant that the chair would look different to the others within the communal lounge. We saw that the service had considered the impact this may have on the person's dignity and had arranged for the chair to be upholstered in the same fabric as the other chairs in the lounge. We saw that this was a compassionate and innovative approach, looking to minimise the potential impact on the person and maintain their dignity.

One relative described staff that went the extra mile stating they were thoughtful and considerate to the comfort and happiness of their family member. They gave us an example of this that showed staff worked in creative ways to better improve the lives of those that lived at The Beeches. This relative said of the act of kindness, "I felt that it was better than winning the lottery, money could not buy it. It was so touching to think that they wanted to do even more for [family member]." A further relative said, "As soon as the staff walk into the room [family member's] face lights up. You can see they genuinely care. They're always very kind and [family member] is always giggling with the staff. I know my [family member] is being looked after very, very well." Another relative said, "No one writes [family member] off because of their dementia."

All those we spoke with told us they were treated with utmost respect and that their dignity and privacy was maintained. One person who used the service said, "Staff knock and ask permission to enter your room. A few days ago, the lady who brought my laundry said she'd come back later because my family was visiting and she didn't want to intrude. She said 'This is your home, I can come back later.'" One relative told us how staff always explained what they were doing when assisting their family member to mobilise. During our inspection we observed this consistently. We saw that staff asked people's permission before assisting them to mobilise and that they gave them time to understand what was about to happen. We saw staff comfort, reassure and explain to people throughout this process. We saw that a screen was also used to protect people's dignity when the use of moving and handling equipment was required.

It was clear from speaking with a number of relatives that the service considered their health and wellbeing as well as that of their family members who lived at The Beeches. The service understood that the care of people's relatives directly impacted on the quality of their lives. One relative told us how caring the staff were towards them, often going the extra mile to ensure their health and comfort. They described The Beeches as their, "Second home" and said, "It is a special place and I cannot thank them enough. They look after me as well as they look after [family member]." Other relatives, particularly those that lived a distance from the home, told us how much they appreciated the regular updates the service provided. One told us, "I rely on the staff 100%. Keeping in touch with a phone call or an email has been a god send." Another relative told us, "[Family member] is being well looked after so I haven't got any worry."

The healthcare professionals and activity providers we spoke with confirmed the outstandingly caring and exceptionally dedicated approach of the staff and service. One told us, "The staff are so friendly, they ask me how I am, they look after people really well and after visiting I leave with a smile on my face." Another said,

"It feels like a family. Everyone contributes to the life and soul of the home. Staff are very caring and have an abundance of patience."

The staff we spoke with demonstrated commitment and motivation in offering a person centred service that was dedicated, gracious and of a high quality. Staff spoke of delivering care and support that was dictated by the needs, preferences and wishes of those people who used it. People were at the core of the actions of the staff and they spoke of them in affectionate, respectful and caring terms. One staff member told us about a relationship they had with one person who used the service. They told us, "I have a wonderful relationship with [person who used the service]. What I have with them is what I hope a carer would have with my Mum or Dad. I see them like my family and that's special." Another staff member told us, "We care. We treat people how we would want our own family to be treated."

People, and their relatives, had not only been totally involved in the planning of the care and support they received but had led the way in making decisions around this. What the service did exceptionally well was to communicate with people in order to understand what was important to them and their quality of life in order to deliver care that made them feel special. Staff also closely and continually liaised with family members to gain relevant information to further improve the person centred care they delivered. Furthermore, people had access to, and support with, technology in order to maintain regular contact with those important to them. This included use of video conferencing and email. The service itself also used technology to keep in touch with the relatives of those people that used the service.

People were supported to be as independent as they wished and encouraged to take part in the running of the home. They told us that staff knew them well and understood the way they wanted to live their lives at The Beeches. One person who used the service told us, "I like to be as independent as possible and staff let me do that. They help, of course but I tidy and dust my room. Sometimes I help change the bed."

One relative explained how well the service balanced their family member's need for independence and freedom with keeping them safe. They explained, "The most important thing for me is the staff's capacity and willingness to let my [family member] do things for themselves. They give the opportunity [for person] to explore and be part of things that can be dangerous and requires a unique type of supervision. Much easier just to do it for them, but that disables and frustrates them. Much more frustrating and time consuming is to sit with them and watch them carefully while they try. This is the delicate balance the service has got just right."

Another relative told us how the staff supported their family member in their position as head of the family, as they had been before moving into The Beeches. They told us this had made their family member feel valued and significant. They said of how the service supported them to privately dine together as a family, "It was like being in [family member's] dining room. [Family member] was head of the table. We all just agreed it was a really lovely feeling, [family member] was still head of the table; the matriarch."

The service took a holistic approach to caring for people who were at the end of their lives. They understood the importance of having conversations around this aspect of care with people and those that were important to them, but at a time that was right for people. We saw from the care plans we viewed that detailed and personalised care planning had taken place with those that used the service and their family members. This was in order to record people's wishes, choices and preferences for their end of life care. We saw that people's physical, emotional, spiritual, cultural and social needs had been taken into account. Wherever people had appointed others to make decisions on their behalf, we saw that official copies of these documents were on file.

When a person was reaching the end of their life, the regional manager told us that staffing levels were adjusted to ensure their needs were fully met and that they were never alone. They told us that this allowed for a staff member to sit with the person at all times. Family and friends were encouraged to stay at The Beeches during these times.

For one person who was nearing the end of their life, the service had worked collaboratively with other healthcare professionals to ensure the person experienced a comfortable, dignified and pain-free death. This included ensuring appropriate equipment, medicines, healthcare treatment and spiritual support was in place. For another person, the service had liaised with a specialist palliative care nurse and arranged for them to provide regular support to the person as well as advice to the staff and service in caring for them at the end of their life.



Our findings

Without exception, the people we spoke with told us that the The Beeches provided an extraordinary level of individualised care that enriched people's lives. They spoke of a management and staff team that were utterly intuitive to people's needs, feelings and aspirations and understood how this approach enhanced wellbeing. Innovative and creative ways of involving people in their care and support had been developed which had resulted in feelings of inclusion, enablement and belonging.

Throughout our inspection visit we heard many examples that demonstrated a tailored and dedicated service was delivered to those people that used the service. One way this was achieved was by meeting people's individual aspirations on a regular basis. The service had a profound understanding of what was important to each person and used this knowledge to support people to achieve their hopes and wishes. For one person, swimming had been an integral part of their daily life and the service had supported them to continue swimming. The person told us how it made them feel to once again have this opportunity. They told us it made them feel, "Wonderful." They continued, "It was something special to me. Afterwards I thought, yes, I can do it, I can swim again; I'm all right. For me, that was priceless."

For another person, in order for them to feel valued and to enhance their self-worth, the service had recognised their need to be helpful and practical. In response, the service had arranged for the person to help with the daily management of the home which included the preparation of vegetables and assisting the gardener to maintain the home's extensive grounds. We saw this person doing both of these tasks during our visit. This person's relative told us the impact this had had on both of them. They told us, "[Family member's] move to The Beeches was amazing. Soon after their arrival, [family member] complained of not being busy. When I mentioned this to [management team] they understood straight away and found [family member] tasks to keep busy...peeling potatoes. Just one of the examples of the incredible responsive nature of staff. They understand my family member's needs and respond to them without hesitation."

This person also lived at The Beeches with their pet which was incredibly important to them. We saw that the service absolutely understood the impact the pet had on the person's physical and emotional wellbeing. We saw that the person's pet had their own plan of care in place and that staff supported the person to take care of their pet, enabling the therapeutic nature of the relationship to continue. The person's relative told us, "I know The Beeches have gone out of their way to accommodate [family member's] little companion."

For a third person, the service had used one of their interests to help them become more involved and in control of the care and support they needed. The person often got confused over whether staff had

administered their medicines which resulted in distress for them. In response, a staff member had recognised that developing a system that kept track of this for them would help to reduce their confusion and upset. Staff developed, and made, a reminder system, using the person's love of animals, that they could support the person to use in order to keep track of when they had received their medicines thus reducing their distress. The service had also arranged for this person to attend a local zoo. Their relative told us, "It was a lovely thing to do. It gave [family member] a real boost and something to look forward to. It was not something we could have done ourselves." When their family member's health deteriorated, they told us, "It wasn't like [family member] had to live with it alone. The approach was one of, what can we do together? They give that little personal touch which is really important."

We saw, and heard about, a number of other examples of thoughtful, attentive and dedicated care. One relative we spoke with told us, "The staff know [family member] is happy to sit and watch television in their room but they found out that they liked to watch the birds so they put a bird table and feeders outside of their window so they can watch them from their chair." Another person who used the service told us how staff supported them to use a video and audio calling service to keep in regular contact with their family member who lived a great distance away. We saw staff assist the person to do this at our inspection. The person told us, "I don't understand these things but the staff set it up for me and I can talk to my [family member] once or twice a week. It has changed my life."

One relative we spoke with told us the impact the service had had on their family member who lived at The Beeches which, as a result, had had a positive impact on their relationship. They told us that their family member did not engage well with others but that, through the attention and hard work of staff, their family member was now happy in the company of others and developing relationships. They explained, "All I can say is that [family member's] world opened up for them. The management team and staff worked so hard to encourage [family member] and other people like them, to join in. I watched my [family member's] face come alive again and my visits felt like we were back as a couple again." This relative also praised the way the staff ensured that the care and support they delivered was in line with how the person themselves would wish for it. They told us their family member was supported to always take pride in their appearance which was important to them. The relative told us staff were quick to understand and meet this need. They said, "You only have to mention something once and it's done."

All of the healthcare professionals we spoke with talked of dedicated staff that were innovative and individualised in their approach to the care and support they provided. One described the service as, "Forward thinking" whilst another told us about the hugely positive results to a person who used the service in relation to their health and wellbeing. The healthcare professional told us, "The dedication of the staff and, in particular the manager, meant the person has improved and, quite frankly, I was amazed to see the person up and in the lounge. I did not expect that to happen."

When we spoke with staff, they talked with pride and affection about the people who lived at The Beeches. They demonstrated they had a comprehensive knowledge of people which they used to shape the personalised care and support they delivered. One staff member told us how important it was for a staff member to be with one person who lived with dementia when certain music was playing as it evoked positive memories for them. The staff member told us they got immense pleasure out of seeing the person sing. They said, "It shows there is a little bit of memory still there for them and that's very special." Another staff member told us, "People (who use the service) come first. What they want, they get. Nothing is done to our timescales."

The three care plans we viewed showed us that people's needs had been identified, assessed and regularly reviewed to ensure the care they received met any changing need. We saw they were accurate and captured

the essence of people, what was important to them and what support was needed for their wellbeing. Comprehensive and regular reviews had recorded significant events that affected the person and the care required as well as a current and holistic view of the person.

Meeting people's social and leisure needs were integral to all staff's approach and role. Whilst one staff member's role was dedicated to supporting people with this, all staff worked together to achieve it. Detailed and evocative information had been gathered on people's lives, working history, family circumstances and topics that may affect the person or were important to them. This initially helped staff build rapport and trusting relationships with those people they cared for. For example, for one person, their care plan recorded the name of the club where they used to like to go to dance. For another person, their working life had influenced the conversations staff had with them, how their room was personalised and the way in which staff comforted them should they become distressed. We saw that people's histories, as appropriate, designed the care they received and formed the basis of warm and sincere relationships with staff.

Throughout our inspection, we saw, and heard, examples of the service's ability to stimulate people and support them with their hobbies and interests. This had resulted in people having an enhanced sense of wellbeing and exceptional quality of life. On a regular basis, staff sat down with people to discuss what leisure activities they would like to do before making them happen. Examples included supporting one person to experience fine dining away from the home, visiting museums for others and taking another person and their spouse to the seaside.

We saw a number of joyful, varied and fully engaging and interactive activities take place during both our inspection visits. We saw that these were on an individual or group basis dependant on people's preference. We saw that people got the dedicated and individual support and encouragement they needed to ensure they received the full benefit of the activity taking place. Staff were fully involved in the activities taking place and the atmosphere was one of inclusion and joy with lots of laughter, chatting, and smiles. People's relatives who were in attendance at the time were also fully included and encouraged to participate.

We saw that the home had a number of communal areas for people to spend time in. These included a lounge, conservatories, dining room, cinema room and relaxation room. The foyer area contained relaxed seating with a coffee machine and homemade cakes available. Furthermore, the home had a private dining room for those wishing to spend personal and secluded time with their friends and family, often to celebrate special occasions. The home had also responded to a recent request from a person who used the service to develop a library area.

The service had developed strong links with the local community. Regular visits to local amenities such as the café, bowling green, community centre and church had taken place. Church services had also taken place on a regular basis within the home for those that preferred not to attend the church. The service had also developed an intergenerational relationship with the local primary school. This saw regular visits from the school children to those that lived at The Beeches in order to interact and draw together.

All those we spoke with had had no reason to raise complaints with the service. However, they told us that they had confidence that any concerns they may have would be dealt with fully and promptly. People told us that the service continually strived to improve and listened to any suggestions or concerns they had, and quickly acted upon them. A complaints policy was visible within the service should people wish to use it.

By providing very person centred and individual care the service could react proactively to people's needs if there were any concerns. Examples in this report show how they used the learning from this to continually improve and develop the service overall. This gave them insight into a variety of different approaches and

which encouraged staff to think of positive solutions which supported people to have fulfilled lives.



Our findings

At our last inspection, carried out in August 2015, the service was rated as good in well-led. At this time, they demonstrated an open culture with management systems in place that encouraged feedback, analysis and service delivery monitoring. At this inspection, carried out in July 2017, the provider had developed these systems to further improve the care and support delivered resulting in an outstanding service. They demonstrated that the people who used the service were at the heart of the service delivery and that this was achieved by the use of creative and innovative methods in collaboration with others. A culture that recognised the importance of ongoing development had been developed that resulted in a consistently high quality and fully embedded approach.

The service had a positive, open and sunny culture and we saw the provider's values consistently and expertly working in practice for the benefit of all. The people we spoke with talked of the home, its management and staff as one big happy family. Every person we spoke with told us they would wholeheartedly recommend the service and not one person had any concerns in relation to the service delivered.

The home had a registered manager in post who had worked at the service, in various roles, for a number of years. Through discussion, they demonstrated that they fully understood their role and the responsibilities that came with it. They also demonstrated a passion and commitment to ensuring people received excellent care and an exceptional quality of life. They told us they felt completely supported by their line manager and could not speak highly enough of the ethos of the company. They told us that the provider's representatives were consistently available, approachable and, "Very involved." They said working at The Beeches was like, "Having an extended family." They told us they felt valued and that the provider had invested in them and their skills. They told us, "I can't express how it feels...just 'wow'." They described the support and ethos in place as, "Outstanding."

People were very complimentary in how they described the management of the home. We repeatedly heard that the registered, and regional, managers were people who worked constantly to have a positive impact on the lives of those that lived at The Beeches and their families. One person's relative told us, after describing the immensely positive impact the service had had on the health of their family member, "[Registered manager] has determination. They made it their mission to improve [family member's] health. The staff have done wonders and I honestly don't think [family member] would still be alive if they were anywhere else." This relative described the management team as, "Brilliant."

Another relative said of the management of the home, "I didn't think things could get any better but they have. [Registered manager] has helped [family member] so much. [Family member] is not so well now but I never worry as I know [registered manager] and all the staff will continue to care for them like they were one of their own family." A third relative told us the lengths the registered manager had gone to ensure that The Beeches was their family member's home for life.

The management team had nurtured a staff team that wholly reflected the provider's values. The people we spoke with told us this and our observations confirmed it. Staff told us they felt valued and appreciated by the management team and provider and we saw that they worked intuitively to provide care and support. This had been achieved by robust staff training, dedicated and individual staff support and by actively seeking and acting upon staff views and suggestions.

The management team understood the valuable contribution staff made in improving the service and promoting the use of creative methods of supporting those people living at the service. For example, one staff member suggested, and implemented, a successful method to assist people to be more in control of the care they received. In response, the provider ensured the staff member received a personal letter of thanks and acknowledgement. This helped staff to feel empowered and accountable for the care delivered and contributed to the positive culture within the home. One staff member told us, "We're lucky because our opinions are sought, we're not fobbed off and I feel our opinion matters. [Management team] encourage us to highlight anything."

The staff we spoke with all told us they were happy in their roles, worked exceptionally well as a team and felt fully supported. One said, "[Registered manager] is always approachable. If we need flexibility, it's there, [registered manager] will come in. They are a hands on manager." Another staff member who told us they felt 'very' supported in their role said, "I can't thank them [management team] enough. They're brilliant." They went on to say they received, "Lots of encouragement and praise."

We discussed how the service supported staff and promoted the positive, open culture with the registered manager. They told us, "It's about giving staff a chance. I encourage them and help them. It's important to do positive supervisions with staff." They told us they regularly worked alongside staff delivering care which enabled them to lead by example and monitor the service. Staff confirmed this and we saw many examples of this during our inspection. In addition, we heard how the provider cascaded learning from incidents down to all staff at all levels. This referred to incidents that occurred both within all the services of the provider as well as those within the health and social care industry. They gave us examples of this that demonstrated they strived for excellence by learning and reflecting on incidents and information. This encouraged an open and transparent culture within the staff team.

It was clear that the service delivery was fully influenced by those people that used it and that decisions were made with their involvement and input. This was observed via number of methods. One person who used the service explained, "We get asked to choose 'Employee of the Month' but I refuse because they are all good. If I choose one it suggests the others aren't as good which isn't true." We saw that people had choice in how they spent their day and that they were consulted in every aspect of this, and at every opportunity. For example, on one day of our inspection visit, an important sporting event was taking place. We saw that the service adapted its delivery to accommodate those people that wished to watch it. Regular meetings had taken place with people who used the service where they had been encouraged to provide feedback and make suggestions. Furthermore, the service offered regular and individual face to face meetings for people who preferred this method rather than a group setting. The registered manager also told us that people who used the service were included in the recruitment and interviewing of potential staff. The service also conducted formal ways of gaining people's feedback and suggestions via questionnaires.

We saw that this had been completed recently and that the results were overwhelmingly positive and that they had been fed back to staff.

Robust quality monitoring systems were in place that had effectively examined and assessed the service and driven continuous and sustained improvement. The management team, including the managing director, had a comprehensive overview of the service delivered at The Beeches and this contributed to the system. The provider had a regional manager in place for the home that they ensured had the capacity to visit the home a number of times each week. The provider understood the importance of this in order for it to be a successful tool within its quality monitoring systems. In addition, a number of regular and comprehensive audits had been completed. A number of staff, and relatives, told us that the service was clearly driven by people's needs and quality of life. This was confirmed by the management team with one telling us, "If the people who use the service need something, it's there." The managing director told us, "The home is needs driven, not budget driven."

The provider had further strengthened the high quality of care delivered, and demonstrated a commitment to further improvements, by working with other agencies. For example, people who lived at The Beeches had worked with a local university to advise, and work together with, researchers in order to shape how people living in care homes could contribute to future research projects. This project had recognised the impact the invaluable knowledge and experience of older people could have on future research projects. This demonstrated the provider's acute awareness of the positive contribution people's expertise could make on shaping the future. Furthermore, they had also contributed to a Healthwatch Norfolk project seeking to explore best practice in the management of pressure ulcers. As a result, areas of the home's processes in relation to this aspect of care, was used to demonstrate good practice in the project's findings.

The provider had also acknowledged the current difficulties in sustaining a future source of, and the retainment of, high quality staff members and had worked in collaboration with others to help mitigate against this. For example, The Beeches had worked with a local college in providing opportunities for health and social care students to work alongside its staff in order to develop their experience and skills. Additionally, the service had engaged with another project run by the college on supporting young people with disabilities and other barriers, into sustained paid employment. This had seen the service work closely with the project in order to effectively integrate staff into The Beeches workforce. This not only demonstrated an understanding of the positive impact a diverse and inclusive workforce can have on those living at The Beeches but also the importance of sustaining and retaining high quality staff. The service had further strengthened this by the completion of exit questionnaires and interviews for those staff choosing to leave their employment.

The Beeches demonstrated that they were very firmly a part of the local community and worked in collaboration with a number of other professionals and local groups to achieve excellent results. We spoke with a number of these who all confirmed the exceptional service The Beeches delivered. One told us, "I wouldn't hesitate to recommend the home, it's excellent." Another said, "I would be very happy for one of my loved ones to come here." A third explained, "Staff are forward thinking. They are receptive to advice and seem intent on improving care and learning."

The majority of people we spoke with described a service that has continued to improve. One relative told us, "It's an excellent feel to The Beeches now." Another said, "The team get stronger and stronger." Whilst a visiting activity provider said, "I've been coming here since before the current owners took the home over and I have seen a big improvement, this home has changed completely." The staff we spoke with agreed. One told us how the current provider had completely turned the home around with their commitment to ensuring their values were adhered to. Another staff member said, "I've been here through the good times

and bad and these are definitely good times."

Every person we spoke with talked enthusiastically and meaningfully about the service and the impact it had had. Each person said they would wholeheartedly recommend it and had no concerns. One person who used the service said, "I wouldn't want to be anywhere else. Anything you want, you just tell the staff and they get it for you. There's nothing I want for. I'm lucky and I love it here." A relative told us, "They are so much more than a care home to me and my family and a lot of other people I talk to at The Beeches. I would like to give them any reward that is available." Another said, "I think it's amazing."